

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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
1a	Name of plan UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1983
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) UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION FUND 6 HYDE ROAD, 2ND FLOOR FARMINGTON, CT 06032-2830
2b	Employer Identification Number (EIN) 06-1065206
2c	Plan Sponsor's telephone number 860-677-8118
2d	Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2025	MARK ESPINOSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 12807
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) 4298 6a(2) 4271 6b 3089 6c 5167 6d 12527 6e 386 6f 12913 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3

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

1B

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	001
UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION	06-1065206	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030090	12913	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	10006555

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

Specify nature of costs ▶

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

(2) Dividends and credits.....

7c(2)

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

7c(3)

(4) Transferred from separate account

7c(4)

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

7c(5)

▶

(6) Total additions

7c(6)

0

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

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

7e(1)

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

7e(2)

(3) Transferred to separate account

7e(3)

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

7e(4)

▶

(5) Total deductions

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ 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 UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION	D Employer Identification Number (EIN) 06-1065206

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 447028671
(2) Actuarial value of assets for funding standard account	1b(2) 466664389
c (1) Accrued liability for plan using immediate gain methods	1c(1) 435174377
(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) 409315192
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) 656220821
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 10269416
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 23121779
(3) Expected plan disbursements for the plan year	1d(3) 24646779

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 KATHLEEN A. RILEY, FSA, MAAA	Date 23-04134
Type or print name of actuary SEGAL CONSULTING	Most recent enrollment number 617-424-7300
Firm name 116 HUNTINGTON AVENUE, 9TH FLOOR BOSTON, MA 02116-5744	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	449223335
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3292	226822096
(2) For terminated vested participants	5249	166187372
(3) For active participants:		
(a) Non-vested benefits		8608526
(b) Vested benefits		254602827
(c) Total active	4298	263211353
(4) Total	12839	656220821
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.46 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	8245275	0			
Totals ►			3(b)	8245275	3(c) 0
(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	114.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.29 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	6.50 %	6.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.9 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.7 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1525000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	3877166

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	67380094	9507156
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 869981**e** Total charges. Add lines 9a through 9d.....**9e** 14254303**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 58860336**g** Employer contributions. Total from column (b) of line 3.....**9g** 8245275**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	17983429	5127736

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 4404865**j** Full funding limitation (FFL) and credits:

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

9j(1)	54190617
9j(2)	126923858

9j(3)**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** 76638212**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 62383909**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****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION	D Employer Identification Number (EIN) 06-1065206	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SIGULAR GUFF ADVISERS, LLC
52-2037618

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EATON VANCE MANAGEMENT
04-3101341

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MESIROW FINANCIAL
36-3429602

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

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

SIGULAR GUFF ADVISERS, LLC

13-3855629

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

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

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

SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	302009	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

PANAGORA ASSET MANAGEMENT

04-3063840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	246175	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	190578	Yes ☐ No ☒

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

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

STERLING ORGANIZATION LLC

20-5095365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	186238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIGULAR GUFF ADVISERS, LLC

13-3855629

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	182257	Yes ☐ No ☒

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

LSV ASSET MANAGEMENT INTRNATIONAL

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	178043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	165577	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ROCK CREEK GROUP

04-3648062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	160632	Yes ☐ No ☒

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

WESTERN ASSET MANAGEMENT

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	152189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL MARCO ADVISORS

13-2626110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	145000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW TOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	141268	Yes ☐ No ☒

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

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	136290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONSTITUTION CAPITAL PARTNERS, LLC

82-0831325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	116477	Yes ☐ No ☒

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	98391	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INTERCONTINENTAL RE CORP.

11-3786306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	91765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOOMIS SAYLES & COMPANY, L.P.

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	79419	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 3

06-0844353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEMO LAW GROUP

47-0959287

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	69600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERGANSER CAPITAL MANAGEMENT

46-3651540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	43435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 6

06-0844353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	39157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 4

06-0844353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38371	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE 5

06-0844353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38371	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE 1

06-0844353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLE, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMPLOYEE 2

06-0844353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	26273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	12789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	12368	Yes ☐ No ☒

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

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

AUTOMATED DATA PROCESSING INC

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11147	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEBSTER BANK

06-1187536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9629	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	7596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ROCK CREEK GROUP	28 52	160632

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GEORGETOWN FUND (E) LTD 27 HOSPITAL RD GOERGETOWN KY1-9008 KY	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	26974

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE STRAT OPP 2018 98-1382125	INVESTMENT MANAGER FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	55551

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE STRAT OPP 2020 98-1508459	INVESTMENT MANAGER FEES

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	48503

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HAMILTON LANE PRIV EQ VIII 110 WASHINGTON ST, STE 1300 CONSHOHOCKEN, PA 19428	INVESTMENT MANAGER FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	59550

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HL STRAT OPP OFFSHORE VII LP 98-1588386	INVESTMENT MANAGER FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW TOWER TRUST COMPANY	28 52	141268

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MEPT 52-6218800	MANAGEMENT FEES

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	949
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRAVELERS 13-2988846	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	11419
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CONSTITUTION CAPITAL PARTNERS, LLC	28 52	116477
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IRONSIDES OPPORTUNITIES FUND 86-1449418	INVESTMENT MANAGER FEES	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SIGULAR GUFF ADVISERS, LLC	28 52	82369

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIGULER GUFF SMALL BUYOUT V 87-2258157	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SIGULAR GUFF ADVISERS, LLC	28 52	79000

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIGULER GUFF SMALL BUYOUT IV 83-2907315	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SIGULAR GUFF ADVISERS, LLC	28 52	20888

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SIGULER GUFF SMALL BUYOUT II 81-1138441	INVESTMENT MANAGEMENT

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND				B Three-digit plan number (PN) 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION				D Employer Identification Number (EIN) 06-1065206	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA ACCOUNT					
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY					
c EIN-PN 22-1211670-038		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10006555	
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST					
b Name of sponsor of entity listed in (a): NEW TOWER COMPANY					
c EIN-PN 52-6218800-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15535303	
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT GLOBAL FIXED INCOME FUND					
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY					
c EIN-PN 04-3200030-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19616867	
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND					
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY					
c EIN-PN 52-2037618-010		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63141734	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400 INDEX FD					
b Name of sponsor of entity listed in (a): AMALGAMATED BANK					
c EIN-PN 13-4920330-011		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26022505	
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK					
c EIN-PN 25-6078093-023		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3481866	
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INT'L LEADERS COLLECT					
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY					
c EIN-PN 27-6331814-012		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18189450	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2024 v. 240311					

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION	D Employer Identification Number (EIN) 06-1065206

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1714118	1838448
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	833581	668166
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	227519	445647
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	443158	438098
(2) U.S. Government securities	1c(2)		20335042
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		14250440
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	67899321	63234487
(5) Partnership/joint venture interests	1c(5)	170227693	172937143
(6) Real estate (other than employer real property)	1c(6)	11182514	10630616
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	140251202	145987725
(10) Value of interest in pooled separate accounts	1c(10)	10266587	10006555
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	46659093	29529666

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	3871	17571
f Total assets (add all amounts in lines 1a through 1e)	1f	449708657	470319604
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	257363	270672
i Acquisition indebtedness	1i		
j Other liabilities	1j	227959	218244
k Total liabilities (add all amounts in lines 1g through 1j)	1k	485322	488916
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	449223335	469830688

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	8245275	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8245275
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	183155	
(B) U.S. Government securities	2b(1)(B)	673615	
(C) Corporate debt instruments	2b(1)(C)	449076	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	590482	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1896328
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	902428	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		902428
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	237485236	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	223994963	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7297527	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14972674
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-886242
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		45918263

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20926292	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		20926292
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	267749	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	5432	
(4) IQPA audit fees	2i(4)	31000	
(5) Investment advisory and investment management fees	2i(5)	2629750	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	302009	
(8) Legal fees	2i(8)	69600	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	28136	
(11) Other expenses	2i(11)	1050942	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4384618
j Total expenses. Add all expense amounts in column (b) and enter total	2j		25310910

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20607353
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		144097676
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 557972.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION		D Employer Identification Number (EIN) 06-1065206
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 06-1065206		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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 THE STOP & SHOP SUPERMARKET CO

b EIN 04-3008884

c Dollar amount contributed by employer 8217516

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 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 1.00

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

a Name of contributing employer UFCW UNION LOCAL 19 PENSION FUND

b EIN 06-1065206

c Dollar amount contributed by employer 11120

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 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 1.00

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

a Name of contributing employer UFCW UNION LOCAL 19

b EIN 06-0721822

c Dollar amount contributed by employer 16640

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 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 1.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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: 44.8 % Private Equity: 10.2 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.4 %

High-Yield Debt: 0.0 % Real Assets: 25.0 % Cash or Cash Equivalents: 0.7 % Other: 8.9 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**UNITED FOOD AND COMMERCIAL WORKERS’
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS’ FOOD
PENSION PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
United Food and Commercial Workers' Union
Local 919 and Contributing Employers' Food
Pension Plan

Opinion

We have audited the financial statements of the United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Killingworth, Connecticut
October 3, 2025

**UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
Money market deposit accounts	\$ 3,919,964	\$ 4,008,575
United States Government and Agency securities	20,335,042	-
Corporate notes and bonds	14,250,440	-
Corporate common stocks	63,234,487	67,899,321
Limited liability company	51,650,159	51,566,500
Common collective trusts	142,505,859	136,685,785
Pooled separate account	10,006,555	10,266,587
Real estate investment trust	10,630,616	11,182,514
Private equity	19,984,412	18,236,597
Hedge funds	9,545,254	28,422,496
Limited partnerships	121,286,984	118,661,193
Total investments	<u>467,349,772</u>	<u>446,929,568</u>
RECEIVABLES		
Employer contributions	668,166	833,581
Accrued interest	319,071	86,478
Total receivables	<u>987,237</u>	<u>920,059</u>
OTHER ASSETS		
Cash	1,838,448	1,714,118
Property and equipment - net	17,571	3,871
Due from affiliated funds	43,795	49,884
Prepaid expenses	82,781	91,157
Total other assets	<u>1,982,595</u>	<u>1,859,030</u>
Total assets	<u>470,319,604</u>	<u>449,708,657</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	270,672	257,363
Due to broker for securities purchased	218,244	227,959
Total liabilities	<u>488,916</u>	<u>485,322</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 469,830,688</u>	<u>\$ 449,223,335</u>

See accompanying notes to financial statements.

**UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value		
of investments	\$ 34,874,209	\$ 40,233,097
Interest and dividends	<u>2,798,779</u>	<u>4,867,208</u>
	37,672,988	45,100,305
Less: investment expenses	<u>(2,766,040)</u>	<u>(2,636,867)</u>
Investment income - net	<u>34,906,948</u>	<u>42,463,438</u>
Employer contributions	<u>8,245,275</u>	<u>8,405,893</u>
Total additions	<u>43,152,223</u>	<u>50,869,331</u>
DEDUCTIONS		
Benefits paid	20,926,292	19,578,356
Administrative expenses	<u>1,618,578</u>	<u>1,514,384</u>
Total deductions	<u>22,544,870</u>	<u>21,092,740</u>
NET INCREASE	20,607,353	29,776,591
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>449,223,335</u>	<u>419,446,744</u>
End of year	<u><u>\$ 469,830,688</u></u>	<u><u>\$ 449,223,335</u></u>

See accompanying notes to financial statements.

**UNITED FOOD AND COMMERCIAL WORKERS’
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS’ FOOD
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

General - The Plan was created on January 1, 1983, pursuant to an Agreement and Declaration of Trust adopted by the Trustees of the United Food and Commercial Workers’ Union Local 919 and Contributing Employers’ Food Pension Plan (the Plan). The Plan is maintained pursuant to collective bargaining agreements which provide for the rate of employer contributions, the type of work and areas of work for which contributions are payable and certain other terms governing contributions. Its purpose is to provide for retirement, permanent and total disability and survivor benefits to eligible participants and beneficiaries of the United Food and Commercial Workers’ Union Local 919 and Contributing Employers’ Food Pension Plan. The Plan is administered by the Board of Trustees (Trustees) consisting of an equal number of employer and union representatives.

The Plan is a non-contributory, defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trustees have engaged an actuary to determine the required contribution based on the current benefit level.

Contributions to the Plan are made by contributing employers at the rates established by the collective bargaining agreements.

Pension Benefits - The Plan provides pension benefits as defined in the Plan. Benefits will vary depending on several factors including age of the pensioner at time of application for benefits, pension credits, benefit rates and type of pension and payment form elected upon request for payment of the benefit.

Participants with five years of vested service (prior to 1991, ten years of vested service) are entitled to monthly pension benefits beginning at normal retirement age (age 65). The Plan permits early retirement for vested employees with 10 years of service between the ages of 55 to 61. Early retirement benefits are paid at an amount less than those paid to participants who reach normal retirement age. Participants may elect to receive their pension benefits in a form of joint survivor annuity (if married), life-only (if unmarried) or ten-year certain, after 5 years of participation service.

If an active, vested participant dies, a death benefit equals to one-half of the value of the participant’s accumulated pension benefits is paid to the participant’s surviving spouse, if any, beginning at the participant’s early retirement date.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Amendment - Subsequent to year end, on April 1, 2025, the Board of Trustees approved the second amendment of Plan which allows participants to be employed up to 75 hours post-retirement without suspension of benefits.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investments Valuation and Income Recognition - The Plan's investments are stated at fair value as represented by investment managers and custodian. Fair value is the price that would be received by the Plan to sell or transfer an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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

Furniture and Equipment - Furniture and equipment is stated at cost less accumulated depreciation. Depreciation is computed by the straight-line method over the estimated useful lives of three to five years for office furniture and equipment. Depreciation expense totaled \$4,568 and \$623 for the years ended December 31, 2024 and 2023, respectively.

Employer Contributions - The Plan is funded by contributions made by employers on behalf of eligible employees. These contributions are based on hourly rates set through collective bargaining agreements. For both years presented, the minimum funding requirements of ERISA have been met. Employer contributions are accounted for as exchange transactions.

Administrative Expense Allocation - The Pension Plan is affiliated with the UFCW and Participating Employers New England Health Fund. Both are Multiemployer Funds and are sponsored by the United Food and Commercial Workers' Union Local 919. Certain common costs are paid by the Pension Fund and reimbursed by the Welfare Fund. A portion of these common expenses are allocated to and reimbursed to the Pension Fund in accordance with policies established by the Trustees of both funds. Costs allocated to the Health Fund totaled \$385,913 and \$381,918 for the years ended December 31, 2024 and 2023, respectively.

Payments of Benefits - Benefits are recorded when paid.

NOTE 3. PLAN TERMINATION

Although they have not expressed any intent to do so, the Trustees of the Plan have the right to terminate, suspend, withdraw, amend, or modify the Plan in whole or in part, at any time. In the event the Plan is terminated, the Trustees shall determine the disposition of the assets, provided that any distribution is made solely for the benefit of the former participants and for the purposes set forth in the Plan Trust Agreement, in accordance with ERISA.

Whether all participants receive the benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at the time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to credited services by the employees in covered employment to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary from Segal and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and date of payment.

Actuarial valuations were made by Segal as of December 31, 2024 and 2023. The following information was in the report:

	2024	2023
Vested benefits:		
Participants currently receiving benefits	\$ 183,315,931	\$ 169,647,918
Other vested benefits	242,543,568	235,956,737
Total vested benefits	425,859,499	405,604,655
Non-vested benefits	3,583,966	3,710,537
Total actuarial present value of accumulated plan benefits	<u>\$ 429,443,465</u>	<u>\$ 409,315,192</u>

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Actuarial present value of accumulated plan benefits, January 1,	<u>\$ 409,315,192</u>	<u>\$ 401,171,401</u>
Increase (decrease) during the year attributable to:		
Interest	25,925,383	25,439,844
Benefits accumulated	4,236,891	2,282,303
Benefits paid	(20,926,292)	(19,578,356)
Change in actuarial assumptions	10,892,291	-
Net change	<u>20,128,273</u>	<u>8,143,791</u>
Total actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 429,443,465</u></u>	<u><u>\$ 409,315,192</u></u>

Significant actuarial methods and assumptions underlying the actuarial computations are as follows:

Actuarial
Cost Method

Entry Age Normal Actuarial Cost Method.

Actuarial Value
of Assets

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

Actuarial Assumptions:

Interest Rate
Assumption

6.25 % (previously 6.50%).

Current Liability
Interest Rate

2.43%.

Mortality

Healthy: PRI-2012 Employee and Healthy Retire Blue Collar amount - weighted tables projected generationally with scale MP-2021 (previously MP-2020).

Disabled: PRI - 2012 Disabled retiree amount-weighted mortality tables projected generationally with scale MP-2021 (previously MP-2020).

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Retirement Rates

Participants are assumed to retire based on the following table:

Age	Annual Retirement Rates
55 - 61	2%
62 - 64	20%
65	40%
66 - 70	25%
71	100%

The retirement rates were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent 5 years.

Administrative
Expenses

\$1,575,670

On March 31, 2024, the actuary certified that for the Plan year beginning January 1, 2024, the Plan is not considered “endangered”, “seriously endangered”, or “critical”, based on the terms defined in the Pension Protection Act 2006, as amended by Multiemployer Pension Reform Act of 2014 (“MPRA”).

Subsequent to year end, on March 27, 2025, the actuary certified that for the Plan year beginning January 1, 2025, the Plan is not considered “endangered”, “seriously endangered”, or “critical”, based on the terms defined in the Pension Protection Act 2006, as amended by Multiemployer Pension Reform Act of 2014 (MPRA).

Funding Policy

Contributions to the Plan are made by contributing employers at the rates established by the collective bargaining agreements. The Plan's actuary has represented that contributions for the years ended December 31, 2024 and 2023 have met the minimum funding requirements of ERISA.

NOTE 5. TAX STATUS

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

NOTE 5. TAX STATUS (continued)

The Plan obtained its latest determination letter dated March 2, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination letter. However, the Plan's legal counsel believes that the Plan is currently designed, and Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified, and the related Trust is tax-exempt under Section 501(a) of the Internal Revenue Code as of the financial statement date.

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 (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market deposit accounts: Valued at the daily closing price as reported by the fund, which is at the NAV of the funds, and are classified within level 1 of the valuation hierarchy.

U.S. Government and Agency securities and Corporate notes and bonds: The custodian uses prices obtained from an independent third party pricing service to measure fair value of these investments. The custodian validates prices received from the pricing service using methods including comparison to prices received from additional pricing services, comparison to quoted market prices, where available, comparison to internal valuation models, and review of other relevant market data. Investments are stated at fair value. Those listed or traded on any generally recognized securities exchange or quoted in the NASDAQ are generally valued at regular trading session closing price. If any such investment is not traded on valuation date, it is valued at the most recent quoted bid price.

Corporate common stocks: Are valued at the closing price on the active market on which the individual securities are traded.

Hedge funds:

- Eaton Vance Institutional Senior Loan invests primarily in senior floating rate loans, debt obligations and equity securities. Investments for which valuations or market quotations are not readily or are deemed unreliable are valued at fair value using methods determined in good faith by or at the direction of the investment adviser in a manner that reflects the security's value, or the amount that the Fund might reasonably expect to receive for the security upon its current sale in the ordinary course.
- EnTrust Capital Diversified Hedge Fund invests substantially all of its net assets in EnTrust Capital Diversified Fund, Ltd. (the "Master Fund"); an exempted company incorporated under the laws of the British Virgin Islands on December 28, 2001, under a master feeder arrangement. The Fund seeks to achieve above-average rates of return and long-term capital growth by employing a "multi-manager" approach, maintaining investments through private investment entities and/or separately managed accounts (each, a "Portfolio" and collectively, the "Portfolios") with a broadly diversified group of investment management professionals ("Manager") specializing in alternative investment strategies.
- EnTrust Special Opportunities III, Ltd. Fund invests substantially all of its net assets in EnTrust Special Opportunities Master Fund III LP (the "Master Fund"); an exempted limited partnership organized under laws of Cayman Islands, which pursues the investment strategy of the Fund. The Master Fund's investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- EnTrust Special Opportunities Fund II invests substantially all of its net assets in EnTrust Special Opportunities Master Fund II LP (the “Master Fund”); an exempted limited partnership organized under laws of Cayman Islands, which pursues the investment strategy of the Fund. The Master Fund’s investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts.
- EnTrust Permal Special Opportunities Fund IV invests substantially all of its net assets in EnTrust Permal Special Opportunities Master Fund IV LP (the “Master Fund”); an exempted limited partnership organized under laws of Cayman Islands, which pursues the investment strategy of the Fund. The Master Fund’s investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts.

Limited liability company:

- Western Asset US Core Plus, LLC investments are carried at fair value and reflect the Fund’s proportional share of the estimated fair value of the underlying net assets of the limited liability company.

Common collective trusts:

- NHIT Global Fixed Income Trust records securities at fair value. NHIT utilizes the market approach for valuing investment. Market approach uses observable prices and other relevant information generated by market transactions involving identical or comparable assets.
- The Multi-Employer Property Trust (MEPT) is an open-end commingled real estate equity fund that invests in a diversified portfolio of institutional - quality real estate assets and 100 percent union-built new construction properties. The Fund invests in office buildings, bulk distribution and research and development facilities, retail centers, apartments and hotels in order to maintain a diversified, institutional-grade “core” portfolio that produces strong and stable current income. MEPT’s primary investment strategy is to create top-quality, core, income-producing assets through development, rehabilitation, or acquisition and repositioning of undervalued assets. New Tower, on behalf of MEPT, maintains an asset valuation process. Each asset in the Fund’s portfolio is appraised annually and updated quarterly by an independent, state-certified, MAI-designated member of the Appraisal Institute who must be selected and engaged by New Tower.
- Longview Mid Cap 400 Index Fund (Fund) is a tax-exempt, nonregistered diversified index fund. It was established by Amalgamated Bank (Trustee) as one of the investment options offered by the Investment Management Division of the Trustee to private retirement trusts exempt from federal income tax under Section 501(a) of the Internal Revenue Code of 1986, as amended. The Fund is under the exclusive management and control of the Trustee. The Trustee also serves as the custodian for the Fund.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Fund's investment objective is to provide investment results that approximate the performance of the Standard & Poor's MidCap 400 Composite Stock Price Index ("S&P MidCap 400 Index") through the use of passive investment strategies. There is no assurance that the Fund will meet its investment objective.

- AFL-CIO Labor Equity Index Fund was established for the benefit of certain plans, which cover (1) members of unions and other organizations that are affiliated with the ASB Labor; (2) members of other labor organizations; (3) employees of all of these entities; or (4) certain government plans. AFL-CIO securities which are traded on a recognized stock exchange are valued daily at the last sale price on the national securities market. Short term investments or money markets are valued at cost, which approximates market value.
- William Blair Collective Investment Trust (the Trust) is a Trust established under the laws of the State of Maine pursuant to a Declaration of Trust, dated December 18, 2009, as amended (the Declaration of Trust). The investment objective is to seek long-term capital appreciation by investing in a diversified portfolio of equity securities, including common stocks and other forms of equity investments (e.g., securities convertible into common stocks), issued by companies of all sizes domiciled outside the U.S.

Pooled separate account:

- Insurance contracts held with Prudential Real Estate Investment Separate Accounts SA II (PRISA) are pooled separate accounts, and their investments are composed primarily of real estate investments either directly owned or through partnership interests and mortgages and other loans on income producing real estate. The estimated market values are based upon property appraisal reports prepared by independent real estate appraisers (members of the Appraisal Institute or an equivalent organization) within a reasonable amount of time following acquisition of the real estate and no less frequently than annually thereafter.

Limited partnerships:

- LSV Int'l Value Equity Fund values all securities at fair value. Securities traded on a national exchange are valued at the last reported sales price or, if there are no sales, at the latest bid quotation. Foreign securities are valued on the basis of quotations from the primary market in which they are traded and translated at each valuation date from the local currency into U.S. dollars using current exchange rates. All over-the-counter securities for which reliable quotations are available are valued at the latest bid quotation. All short-term investments are valued at net asset value. All other securities for which market quotations are not readily available are valued at fair value as determined in good faith by the Custodian, under the direction of the Investment Manager.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- Hamilton Lane Strategic Opp. Offshore Fund IV Series 2018 LP is an exempt limited partnership formed under the laws of the Cayman Islands and is a feeder fund in a master-feeder structure whereby the Partnership invests in Hamilton Lane Strategic Opp. Fund IV Series 2018 LP. The Partnership agreement is set to terminate on April 30, 2023, unless extended at the discretion of the General Partner for up to two successive one-year terms; and for further one-year periods with the consent of the Advisory committee or a Majority in Interest (as defined in the Main Partnership Agreement). The Partnership records investments in the Main Partnership at fair value, which is the Partnership's allocable share of the assets of the Main Partnership. The performance of the Partnership is directly affected by the performance of the Main Partnership and indirectly by the performance of the holdings.
- Hamilton Lane Strategic Opp. Offshore 2016 Fund LP is an exempt limited partnership formed under the laws of the Cayman Islands and is a feeder fund in a master-feeder structure whereby the Partnership invests in Hamilton Lane Strategic Opp. 2016 Fund LP. The agreement with the partnership is set to terminate on April 30, 2023, unless extended by and at the discretion of the general partner for up to two successive one-year terms at the sole discretion of the general partner for additional periods with the consent of the Partnership's advisory committee or a majority interest.
- Hamilton Lane Private Equity Offshore Fund VIII, LP is an exempt limited partnership formed under the laws of the Cayman Islands and is a feeder fund in a master-feeder structure whereby the Partnership invests in Hamilton Lane Private Equity VIII LP. The Partnership agreement is set to terminate on October 26, 2026, unless extended by and at the discretion of the general partner for up to two successive one-year terms at the sole discretion of the general partner for additional periods with the consent of a majority interest.
- Hamilton Lane Strategic Opportunities Offshore Fund VI (Series 2020) LP (the Partnership), a Cayman Islands exempted limited partnership. Hamilton Lane Strategic Opportunities Fund VI (Series 2020) GP LLC (the General Partner), a Delaware limited liability company, is the sole general partner of the Partnership.

The Partnership is a feeder fund in a master-feeder structure whereby the Partnership invests substantially all of its assets in the Main Partnership, in accordance with the subject to the other provisions of the Agreement and the Main Partnership's Amended and Restated Limited Partnership Agreement (the Main Partnership Agreement). The Partnership will terminate on the date that the Main Partnership terminates, which will be on February 28, 2026, unless extended at the discretion of the General Partner for up to two successive one-year terms; and for further one-year periods with the consent of the Advisory Committee or a Majority in Interest (as defined in the Main Partnership Agreement).

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The Main Partnership is a feeder fund in a master-feeder structure whereby the Main Partnership invests substantially all of its assets in Hamilton Lane Strategic Opportunities Fund VI (Series 2020) Holdings LP (Holdings). The Main Partnership's investment objective, through Holdings, is to create a portfolio of opportunistically-oriented private market investment that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments.

- Hamilton Lane Strategic Opportunities Offshore Fund VII LP (the Partnership), a Cayman Islands exempted limited partnership. Hamilton Lane Strategic Opportunities Fund VII GP LLC (the General Partner), a Delaware limited liability company, is the sole general partner of the Partnership. The Partnership's investment objective, through Holdings, is to create a portfolio of opportunistically-oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments.
- Mesirow Financial Private Equity Partnership Fund VI, LP is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership terminates on June 27, 2025. Provisions in the Partnership Agreement allow for three one-year extensions to provide for orderly liquidation of remaining assets. Investments' fair value is estimated by the General Partner and, except in circumstances considered by the General Partner, in its reasonable discretion, to require a different approach, an investment interest held by the Partnership in a private equity limited partnership is valued based on the Partnership's net asset value in the investment. The net asset value of the private equity Limited Partnerships have been determined in accordance with the applicable accounting guidance. These estimated values may differ from actual values when realized and differences would be material. The Partnership holds moderately sized portfolios designed to provide a diversification by manager, vintage year and sub-asset strategy providing exposure to premium U.S. and non-U.S. private equity managers including buy-out, growth equity, venture capital and special situations strategies.
- Mesirow Financial Private Equity Partnership Fund VII-A, L.P. is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership terminates on May 25, 2030. Provisions in the Partnership Agreement allow for three one-year extensions to provide for orderly liquidation of remaining assets. Investments' fair value is estimated by the General Partner and, except in circumstances considered by the General Partner, in its reasonable discretion, to require a different approach, an investment interest held by the Partnership in a private equity limited partnership is valued based on the Partnership's net asset value in the investment. The net asset value of the private equity Limited Partnerships have been determined in accordance with the applicable accounting guidance. These estimated values may differ from actual values when realized and differences would be material. The Partnership holds moderately sized portfolios designed to provide a diversification by manager, vintage year and sub-asset strategy providing exposure to premium U.S. and non-U.S. private equity managers including buy-out, growth equity, venture capital and special situations strategies.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- Mesirow Financial Private Equity Partnership Fund VII- B, L.P. is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership terminates on February 6, 2028. Provisions in the Partnership Agreement allow for three one-year extensions to provide for orderly liquidation of remaining assets. Investments' fair value is estimated by the General Partner and, except in circumstances considered by the General Partner, in its reasonable discretion, to require a different approach, an investment interest held by the Partnership in a private equity limited partnership is valued based on the Partnership's net asset value in the investment. The net asset value of the private equity Limited Partnerships have been determined in accordance with the applicable accounting guidance. These estimated values may differ from actual values when realized and differences would be material. The Partnership holds moderately sized portfolios designed to provide a diversification by manager, vintage year and sub-asset strategy providing exposure to premium U.S. and non-U.S. private equity managers including buy-out, growth equity, venture capital and special situations strategies.
- Mesirow Financial Private Equity Partnership Fund VIII- A, L.P. (the Partnership), is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership is scheduled to terminate on September 14, 2033. Provisions in the Partnership allow for up to three one-year extensions of the initial term. Investment strategy is emphasis on middle-market buy out and growth equity, investments in cash flow positive businesses focused on developed market opportunities particularly in U.S. and Canada.
- Mesirow Financial Private Equity Fund VIII- B, L.P. (the Partnership), is a Delaware limited partnership that invests in companies operating in a diverse range of industries. The Partnership is scheduled to terminate on April 21, 2032, the tenth anniversary of the Commencement Date, April 21, 2022. However, provisions in the Partnership allow for up to three one-year extensions of the initial term. Investment strategy is emphasis on middle-market buy out and growth equity investments in cash flow positive businesses with geographic focus on developed market opportunities, particularly in U.S. and Canada.
- Sterling United Properties Fund I is a Delaware Limited Partnership that invests in stabilized grocery-anchored shopping centers. The term of the Partnership is ten years from the initial closing date of June 30, 2016.

The fair values of real estate investments are estimated based on the price that would be received from the sale of an asset in an orderly transaction between marketplace participants at the measurement date. Investments without a public market are valued based on assumptions made and valuation techniques used by the Advisor.

The fair value of the real estate investments is determined by the General Partner with any resulting change in value being recorded as unrealized appreciation or depreciation in the accompanying statements of operations.

- Sterling United Properties Fund II, LP is a Delaware limited partnership that invests in stabilized grocery-anchored shopping centers. The term Partnership is ten years from the initial closing date of May 8, 2020.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The fair values of real estate investments are estimated based on the price that would be received from the sale of an asset in an orderly transaction between marketplace participants at the measurement date. Investments without a public market are valued based on assumptions made and valuation techniques used by the Advisor.

The fair value of the real estate investments is determined by the General Partner with any resulting change in value being recorded as unrealized appreciation or depreciation in accompanying statements of operations.

- Siguler Guff Small Buyout Opportunities Fund III, LP is a Delaware Limited Partnership that invests in pooled investment vehicles managed by investment managers and direct investments primarily focused on buyout, recapitalization, and growth equity transactions.

The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

- Siguler Guff Small Buyout Opportunities Fund IV, LP is a Delaware limited partnership that invests in pooled investment vehicles managed by investment managers and Direct Investments primarily focused on buyout, recapitalization, and growth equity transactions.

The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

- Siguler Guff Small Buyout Opportunities Fund V, LP a Delaware limited partnership that invests in pooled investment vehicles managed by investment managers and Direct Investments primarily focused on buyout, recapitalization, and growth equity transactions.

The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

- Corbin ERISA Opportunity Fund, L.P. is a Delaware Limited Partnership that invests primarily in a broad range of public and private credit instruments with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit, and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

The General Partner, together with the Investment Manager, uses their best judgment in estimating fair value of the Fund's investments. However, there are inherent limitations in any estimation techniques. The fair value estimates presented herein are not necessarily indicative of amounts the Fund could, or will ultimately, realize in actual transactions and such differences could be material.

- Ironside Opportunities Fund II is a Delaware Limited Partnership that invest in opportunistic credit investments in corporate debt and equity investments, including senior and unitranche loans, corporate bonds, mezzanine securities and equity securities in companies whose principal operations are in North America.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The partnership investments are stated at fair value, as determined in good faith by the General Partner, after consideration of pertinent information including available market prices, types of securities, marketability, restrictions on dispositions, recent and subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, current financial position, operating results and other appropriate information. The fair values assigned to the securities held are based upon available information and do not necessarily represent amounts which might ultimately be realized, since such amounts depend on future circumstances and may not be reasonably determined until the individual positions are liquidated.

Real estate investment trust:

- U.S. Real Estate Investment Fund values are stated at estimated fair value and are reviewed and adjusted quarterly.

Private equity:

- Georgetown Fund (E), LTD is valued at net asset value as determined and reported by the investment manager and represent the Plan's proportionate share of the estimated fair value of the underlying net assets of the private equity fund. This class is comprised of hedge funds, which invest in a diverse group of alternative investments including, but not limited to fixed income, equities, commodities, currency, and derivative markets following a variety of strategies.

Because of the inherent uncertainty of the valuations of the investments noted above, the estimated values may differ significantly from the values that would have been used had a ready market for these investments existed, and the difference could be material.

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2024:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Corporate common stocks	\$ 63,234,487	\$ 63,234,487	\$ -	\$ -
U.S. Government & Agency securities	20,335,042	-	20,335,042	-
Corporate notes and bonds	14,250,440	-	14,250,440	-
Money market deposit accounts	3,919,964	3,919,964	-	-
Total assets in the fair value hierarchy	101,739,933	<u>\$ 67,154,451</u>	<u>\$ 34,585,482</u>	<u>\$ -</u>
Investments measured at net asset value	<u>365,609,839</u>			
Investments at fair value	<u>\$467,349,772</u>			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2023:

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Money market deposit accounts	\$ 4,008,575	\$ 4,008,575	\$ -	\$ -
Corporate common stocks	67,899,321	67,899,321	-	-
Total assets in the fair value hierarchy	71,907,896	<u>\$ 71,907,896</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value	<u>375,021,672</u>			
Investments at fair value	<u>\$446,929,568</u>			

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

The following table summarized investments measured at fair value based on the NAV per shares at December 31, 2024:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Western Asset US Core Plus LLC	\$ 51,650,159	\$ -	Daily	15 day written notice
NHIT Global Fixed Income Trust	19,616,867	-	Daily	1 day notice
NewTower MEPT	15,535,303	-	Quarterly	Upon written request
AFL-CIO Labor Equity Index Fund	63,141,734	-	Daily	Upon written notice
PRISA - Prudential	10,006,555	-	Valuation Date	3 months
U.S. Real Estate Investment Fund	10,630,616	-	Quarterly	90 day written notice
Georgetown Fund (E), LTD	19,984,412	-	Quarterly	90 day written notice
Entrust Special Opp Fund III	2,396,727	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
Longview MidCap 400 Index Fund	26,022,505	-	Daily	Upon written notice
Entrust Cap Diversified FD Ltd-Class X, 12/31/2016	123,116	-	N/A	N/A
Entrust Permal Special Opp IV	6,982,579	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Entrust Special Opp Fund II	\$ 42,832	\$ 442,706	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
LSV International Value Equity Fund	23,496,139	-	Upon written notice	one week
Hamilton Lane Private Equity Offshore Fund VIII L.P.	3,920,588	2,469,055	Not permitted	N/A
Mesirow Financial Private Equity Partnership Fund VI, L.P.	8,324,504	931,000	Not permitted	N/A
Sterling United Properties Fund I	12,356,429	-	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination
Sterling United Properties Fund II	6,534,798	1,237,765	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination
Siguler Guff Small Buyout Opp Fund III	2,572,376	400,000	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund IV	10,412,160	1,681,653	Not allowed	N/A
Sigulaer Guff Small Boyout Opp Fund V	6,614,793	4,376,287	Not allowed	N/A
Hamilton Lane Strategic Opp Offshore 2016, L.P.	381,275	3,302,571	Not permitted	N/A
Corbin ERISA Opp FD L.P.	16,591,229	-	Daily	65 Day notice
Mesirow Financial Private Equity Fund VII-B	3,859,359	22,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VII-A	2,427,896	286,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-B	3,918,518	412,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-A	1,380,964	740,000	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore IV 2018, L.P.	2,201,093	1,453,171	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore VI (2020), L.P.	5,220,064	858,866	Not permitted	N/A
Hamilton Lane Strategic Opps Fund VII	6,271,293	1,523,709	Not permitted	N/A
Ironside Opportunities II Fund	4,803,506	6,864,305	Not permitted	N/A
William Blair Int'l Leader	18,189,450	-	Valuation date	N/A
	<u>\$365,609,839</u>	<u>\$ 27,001,088</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table summarized investment measured at fair value based on the NAV per shares at December 31, 2023:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Western Asset US Core Plus LLC	\$ 51,566,500	\$ -	Daily	15 day written notice
NHIT Global Fixed Income Trust	20,070,530	-	Daily	1 day notice
NewTower MEPT	16,792,540	-	Quarterly	Upon written request
AFL-CIO Labor Equity Index Fund	57,300,002	-	Daily	Upon written notice
PRISA - Prudential	10,266,587	-	Valuation Date	3 months
U.S. Real Estate Investment Fund	11,182,514	-	Quarterly	90 day written notice
Georgetown Fund (E), LTD	18,236,597	-	Quarterly	90 day written notice
Eaton Vance Institutional Senior Loan	18,379,043	-	Daily	3-5 day notice
Entrust Special Opp Fund III	2,573,361	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
Longview MidCap 400 Index Fund	24,275,487	-	Daily	Upon written notice
Entrust Cap Diversified FD Ltd-Class X, series 6/30/18	33,244	-	N/A	N/A
Entrust Cap Diversified FD Ltd-Class X, series 3/31/18	30,695	-	N/A	N/A
Entrust Permal Special Opp IV	7,108,229	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
Entrust Special Opp Fund II	297,924	442,706	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
LSV International Value Equity Fund	25,123,243	-	Upon written notice	one week
Hamilton Lane Private Equity Offshore Fund VIII L.P.	4,623,164	2,551,118	Not permitted	N/A
Mesirow Financial Private Equity Partnership Fund VI, L.P.	9,826,693	978,500	Not permitted	N/A
Sterling United Properties Fund I	11,861,784	261,385	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table summarized investment measured at fair value based on the NAV per shares at December 31, 2023 (continued):

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Sterling United Properties Fund II	\$ 4,916,316	\$ 2,329,689	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination
Siguler Guff Small Buyout Opp Fund III	3,671,273	430,000	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund IV	10,660,599	1,920,870	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund V	3,703,361	6,867,719	Not allowed	N/A
Hamilton Lane Strategic Opp Offshore 2016, L.P.	1,098,178	3,313,810	Not permitted	N/A
Corbin ERISA Opp FD L.P.	15,040,989	-	Daily	65 Day notice
Mesirow Financial Private Equity Fund VII-A	2,486,007	340,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VII-B	3,531,419	22,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-B	3,588,176	620,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-A	1,067,165	980,000		
Hamilton Lane Strategic Opp Offshore IV 2018, L.P.	3,297,675	1,537,613	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore VI (2020), L.P.	6,770,185	974,815	Not permitted	N/A
Hamilton Lane Strategic Opps Fund VII	7,394,966	2,173,156	Not permitted	N/A
William Blair Int'l Leader	18,247,226	-	Valuation date	N/A
	<u>\$375,021,672</u>	<u>\$ 25,743,381</u>		

NOTE 7. PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the contributing employers, and certain others.

The Plan holds shares in Bank of New York Mellon temporary investment fund and cash reserve fund. BNY is a service provider to the Plan and, therefore, these transactions and the Plan's payment of fees to BNY qualify as party-in-interest transactions. In addition, the Plan has arrangements with service providers providing legal, actuary, audit, and tax services. These transactions are party in interest transactions under ERISA.

NOTE 8. AFFILIATED ACTIVITIES

The Plan is related to the United Food and Commercial Workers' Union Local 919 (the "Union"). This related party contributes to the Pension Fund on a monthly basis on behalf of their eligible employees.

The total contributions from these related parties are as follows:

	Years Ended December 31,	
	2024	2023
United Food and Commercial Workers' Union Local 919	\$ 16,640	\$ 18,264

The Union maintains the leases for the Plan's mailing machine. The Plan reimburses the Union for the monthly charges based on policies established by the Trustees and the Union. The Plan's portions of the shared expense were \$15,816 and \$15,574 for the years ended December 31, 2024 and 2023, respectively.

NOTE 9. PENSION BENEFIT GUARANTY CORPORATION

The Plan is a defined benefit plan and certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

If plan benefits have been increased within the five year period before plan termination, the entire amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a statutory ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

Whether participants will receive all their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by PBGC.

NOTE 10. RISKS AND UNCERTAINTIES

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

NOTE 10. RISKS AND UNCERTAINTIES (continued)

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

NOTE 11. INVESTMENT CONCENTRATION

The Plan is invested in NHIT - Global Fixed Income Trust, a common collective trust ("CCT"). The Plan's investment in the CCT represents 20.57% and 20.36% ownership of the units outstanding of the CCT at December 31, 2024 and 2023, respectively.

The Plan is invested in Georgetown Fund E, Ltd, a private equity. The Plan's investment in the private equity represents 27.96% and 18.42% ownership of the private equity at December 31, 2024 and 2023, respectively

NOTE 12. RELATED PARTY LEASE

The Plan leases its facilities from the United Food and Commercial Workers' Union Local 919, a related party, under an annual fixed rental agreement through September 30, 2026. The monthly rent is \$3,500. Rent payments totaled \$42,000 for the years ended December 31, 2024 and 2023. Rent payments allocated to the Health Fund totaled \$22,680 for the years ended December 31, 2024 and 2023. The rent is based on a market analysis performed by an independent third party.

NOTE 13. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan participate in one multiemployer defined benefit pension plan under the terms of a collective bargaining agreement. The Plan remits the contributions to this multiemployer defined benefit pension plan for the shared employees on behalf of the Benefits Funds. The Health and Welfare Fund reimburses the Plan for its share of the contributions based on a cost allocation study. The risks of participating in this multiemployer defined benefit pension plan are different from a single-employer plan in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

NOTE 13. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

- c. If the employer chooses to stop participating in any of its multiemployer defined benefit pension plans, the employer may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

The Plan's participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2024 and 2023, are outlined in the table below. The zone status is based on information that the Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
UFCW Union Local 919 & Contributing Employers Food Pension Plan	06-1065206	001	Green as of December 31, 2024.	No	Green as of December 31, 2023.	No	2/28/2026

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2024	12/31/2023	12/31/2024	12/31/2023	12/31/2024	12/31/2023	12/31/2024	12/31/2023
UFCW Union Local 919 & Contributing Employers Food Pension Plan	\$ 5,068	\$ 5,068	No, Plan year ending 12/31/2024.	No, Plan year ending 12/31/2023.	\$1.00 per hour worked.	\$1.00 per hour worked.	6	6

NOTE 14. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 3, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Insurance	\$ 563,325	\$ 526,418
Consulting fees	302,009	274,210
Office salaries	232,042	220,319
Office supplies and expenses	123,376	139,176
Legal fees	69,600	60,000
990-T tax expense	119,342	55,000
Postage and printing	35,753	34,941
Accounting fees	36,432	33,950
Employee benefits	35,707	34,428
Trustees' expenses	28,136	46,811
Payroll taxes	25,718	24,645
Rent expense	19,320	19,320
Outside services	16,789	16,462
Miscellaneous expense	1,115	25,835
Utilities	5,346	2,246
Depreciation	<u>4,568</u>	<u>623</u>
Total administrative expenses	<u><u>\$ 1,618,578</u></u>	<u><u>\$ 1,514,384</u></u>

UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Schedule H, Part IV, Item 4i

EIN: 06-1065206
Plan No. 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>United States Government and</u>					
		<u>Agency securities:</u>					
	FHLMC Pool #SD-8161	Bond	127,944	4.000 %	08/01/51	\$ 118,289	\$ 118,552
	FHLMC Pool #SD-7552	Bond	479,198	2.500	01/01/52	399,531	395,501
	FHLMC Pool #SD-7556	Bond	373,769	3.000	08/01/52	320,566	321,124
	FHLMC Pool #SD-7564	Bond	171,485	5.000	06/01/53	168,484	167,128
	FHLMC Pool #SD-7565	Bond	172,183	5.500	09/01/53	172,667	171,921
	FHLMC Pool #SD-8157	Bond	443,716	3.000	06/01/51	382,012	379,356
	FHLMC Pool #SD-8161	Bond	242,752	2.500	07/01/51	195,088	199,248
	FHLMC Pool #SD-8183	Bond	537,530	2.500	11/01/51	442,454	439,227
	FHLMC Pool #SD-8184	Bond	73,274	3.000	11/01/51	62,100	62,384
	FHLMC Pool #SD-8233	Bond	243,201	5.000	06/01/52	231,953	235,441
	FHLMC Pool #SD-8324	Bond	346,645	5.500	05/01/53	341,053	342,530
	FNMA GTD REMIC PIT 19-M1B A2	Bond	93,916	2.469	08/25/29	83,115	85,451
	FHLMC Multiclass MTG 1519 X1	Bond	2,155,909	Var.	12/25/35	97,437	94,407
	FHLMC Multiclass MT	Bond	1,563,981	Var.	10/25/30	80,154	72,209
	FHLMC Multiclass MTG 165 X1	Bond	3,699,966	Var.	09/25/34	181,106	177,598
	FHLMC Multiclass MTG K130 X1	Bond	1,494,281	Var.	06/25/31	87,497	79,780
	FHLMC Multiclass MTG K129 X1	Bond	1,076,284	Var.	05/25/31	53,940	52,706
	FHLMC Multiclass MTG K132 X1	Bond	2,995,650	Var.	06/25/31	89,641	82,326
	FHLMC Multiclass MT	Bond	4,742,029	Var.	09/25/31	100,768	92,754
	FHLMC Multiclass MTG 154 A2	Bond	500,000	Var.	01/25/33	487,324	481,685
	FNMA Pool #0CB7117	Bond	143,301	6.000	09/01/53	143,525	145,387
	FNMA Pool #0FM7599	Bond	392,551	3.500	01/10/51	353,418	351,062
	FNMA Pool #0FM8911	Bond	304,523	3.500	02/01/51	271,692	272,338
	FNMA Pool #0FM9993	Bond	419,592	3.500	07/01/51	377,633	375,333
	FNMA Pool #0FS1133	Bond	375,382	4.000	05/01/52	345,996	347,510
	FNMA Pool #0FS1463	Bond	177,028	4.000	05/01/51	168,537	164,070
	FNMA Pool #0FS5284	Bond	387,691	3.500	09/01/50	350,921	347,340
	FNMA Pool #0FS7331	Bond	183,701	3.500	06/01/52	163,293	164,218
	FNMA Pool #0FSB558	Bond	210,824	4.000	05/01/51	201,667	195,436
	FNMA Pool #0FM3664	Bond	168,702	4.000	03/01/49	153,572	156,346
	FNMA Pool #0MA4047	Bond	673,136	2.000	06/01/50	551,761	528,809
	FNMA Pool #0MA4325	Bond	815,710	2.000	05/01/51	664,629	639,035
	FNMA Pool #0MA4379	Bond	387,056	2.500	07/01/51	321,982	317,792
	FNMA Pool #0MA4414	Bond	234,117	2.500	08/01/51	188,245	192,613
	FNMA Pool #0MA4438	Bond	306,709	2.500	09/01/51	249,872	250,673
	FNMA Pool #0MA4467	Bond	407,429	3.000	10/01/51	353,062	348,123
	FNMA Pool #0MA4494	Bond	360,459	3.000	11/01/51	302,644	308,333
	FNMA Pool #0MA4549	Bond	431,678	3.000	01/01/52	361,193	367,393
	FNMA Pool #0MA4565	Bond	153,606	3.500	02/01/52	137,933	136,370

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>United States Government and Agency securities (continued):</u>					
	FNMA Pool #0MA45B0	Bond	162,097	3.500 %	03/01/52	\$ 140,897	\$ 143,616
	FNMA Pool #0MA4618	Bond	180,019	4.000	04/01/52	165,505	164,641
	FNMA Pool #0MA4656	Bond	336,915	4.500	06/01/52	313,278	317,411
	FNMA Pool #0MA4709	Bond	154,202	5.000	07/01/52	148,347	149,129
	FNMA Pool #0MA4737	Bond	125,001	5.000	08/01/52	120,900	121,012
	FNMA Pool #0MA4761	Bond	248,784	5.000	08/01/25	241,670	240,828
	FNMA Pool #0MA4869	Bond	309,926	5.500	12/01/52	302,512	305,974
	FNMA Pool #0MA4919	Bond	58,052	5.500	02/01/53	56,501	57,330
	U.S. Treasury Bond	Bond	1,485,000	3.125	02/15/43	1,230,172	1,174,368
	U.S. Treasury Bond	Bond	95,000	3.875	02/15/43	87,570	83,912
	U.S. Treasury Bond	Bond	1,590,000	4.125	08/15/53	1,479,834	1,418,519
	U.S. Treasury Bond	Bond	920,000	4.375	08/15/43	887,716	866,557
	U.S. Treasury Bond	Bond	35,000	4.250	08/15/54	35,801	32,019
	U.S. Treasury Bond	Bond	615,000	4.125	08/15/44	572,863	557,153
	U.S. Treasury Note	Note	745,000	3.125	08/31/29	700,406	705,567
	U.S. Treasury Note	Note	1,535,000	4.625	10/15/26	1,533,330	1,544,302
	U.S. Treasury Note	Note	1,455,000	4.250	06/30/31	1,476,087	1,436,579
	U.S. Treasury Note	Note	10,000	4.375	07/31/26	10,119	10,016
	U.S. Treasury Note	Note	965,000	3.875	08/15/34	940,856	912,678
	U.S. Treasury Note	Note	410,000	3.750	08/15/27	405,124	404,747
	U.S. Treasury Bill	Bill	30,000	0.000	07/10/25	29,175	29,175
		Total United States Government and Agency securities				20,635,417	20,335,042
		<u>Corporate Bonds:</u>					
	FIRST NATIONAL MASTER NOTE 1 /	Bond	215,000	5.340	05/15/30	214,962	216,972
	FirstKey Homes 202 SFR2 C 144A	Bond	270,000	1.667	10/19/37	258,989	262,683
	Florida Power & Light Co	Bond	75,000	5.300	06/15/34	74,744	75,245
	Ford Credit Auto Owner Tru B C	Bond	230,000	5.710	12/15/30	234,609	233,885
	Ford Credit Auto Lease Tr B A3	Bond	275,000	4.990	12/15/27	274,991	276,804
	Ford Motor Co	Bond	70,000	3.250	02/12/32	57,657	58,224
	GM Financial Consumer Auto 3 C	Bond	200,000	5.920	02/16/29	202,578	204,352
	GM Financial Automobile LE 2 B	Bond	220,000	5.560	05/22/28	219,959	222,402
	Georgia Power Co	Bond	250,000	4.750	09/01/40	226,590	228,170
	Goldman Sachs Group Inc/The	Bond	360,000	Var.	07/21/32	293,717	300,416
	HPEFS Equipment Tru 1A A3 144A	Bond	100,000	5.180	05/20/31	99,625	100,578
	HPEFS Equipment Trus 2A B 144A	Bond	330,000	5.350	10/20/31	330,714	333,099
	Hyundai Auto Lease SE B B 144A	Bond	210,000	5.560	08/15/28	209,953	212,722
	JPMorgan Chase & Co	Bond	275,000	Var.	01/23/35	274,731	273,741
	John Deere Owner Trust 20 A A4	Bond	330,000	4.910	02/18/31	327,577	331,964
	LIFE 2021-BMR Mortg BMR D 144A	Bond	118,970	Var.	03/15/38	117,632	117,186
	LIFE 2022-BMR Mort BMR2 D 144A	Bond	100,000	Var.	05/15/39	96,094	92,650
	Berkshire Hathaway Energy Co	Bond	250,000	5.950	05/15/37	258,968	258,595
	Morgan Stanley	Bond	360,000	Var.	07/21/32	291,956	298,382
	National Rural Utilities Coope	Bond	300,000	1.650	06/15/31	236,643	243,246
	NXPT Commercial Mo Stor A 144A	Bond	130,000	Var.	11/05/41	128,050	124,042
	PFS Financing Corp A A 144A	Bond	255,000	5.800	03/15/28	257,660	258,608
	PFS Financing Corp CA 144A	Bond	300,000	5.520	10/15/28	301,766	304,272
	PNC Financial Services Group I	Bond	175,000	Var.	01/24/34	168,466	170,620
	Sempra	Bond	250,000	4.000	02/01/48	193,023	189,290
	Synchrony Card Funding LL A2 A	Bond	330,000	5.740	10/15/29	335,943	336,250
	T-Mobile USA Inc	Bond	185,000	2.875	02/15/31	160,112	162,595
	T-Mobile US Trust 20 2A A 144A	Bond	295,000	4.250	05/21/29	294,944	292,826

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Shares/ Type	Principal	Interest Rate	Maturity Date		
		Corporate Bonds (continued):					
	Tennessee Gas Pipeline Co 144A	Bond	250,000	2.900 %	03/01/30	\$ 218,200	\$ 224,130
	Transcontinental Gas Pipe Line	Bond	255,000	3.250	05/15/30	236,803	232,374
	Truist Financial Corp	Bond	300,000	Var.	01/26/34	287,145	291,570
	UDR Inc	Bond	290,000	3.100	11/01/34	236,228	236,243
	US Bancorp	Bond	320,000	Var.	02/01/34	302,240	306,387
	Ventas Real TY LP	Bond	250,000	2.500	09/01/31	204,468	211,260
	Verizon Communications Inc	Bond	265,000	2.550	03/21/31	234,347	228,358
	Verizon Master Trust Serie 4 B	Bond	370,000	5.400	06/20/29	369,941	373,090
	Verizon Master Trust 8 B	Bond	135,000	4.820	11/20/30	134,984	135,042
	Verizon Master Trust 8 C	Bond	55,000	4.990	11/20/30	54,999	55,008
	Virginia Electric and Power Co	Bond	300,000	5.050	08/15/34	299,322	292,782
	Volvo Financial Equ 1A A3 144A	Bond	105,000	4.290	10/16/28	104,983	104,247
	WRKCO Inc	Bond	160,000	3.900	06/01/28	152,082	154,413
	Wells Fargo & Co	Bond	275,000	Var.	04/24/34	272,162	272,005
	AT&T Inc	Bond	160,000	2.550	12/01/33	127,013	128,965
	American Tower Corp	Bond	260,000	2.100	06/15/30	215,220	222,784
	BMP 2024-MF23 MF23 B 144A	Bond	100,000	Var.	06/15/41	99,750	100,156
	BMO 2024-5C6 Mortgage T 5C6 A3	Bond	100,000	5.316	09/15/57	103,000	100,285
	BX Commercial Mort Volt C 144A	Bond	100,000	Var.	09/15/36	98,625	99,438
	BX Trust 2024-BIO BIO B 144A	Bond	215,000	Var.	02/15/41	215,073	215,135
	BX 2024-PALM PALM B 144A	Bond	199,038	Var.	06/15/37	198,541	197,794
	Bank of America Corp	Bond	365,000	Var.	10/24/31	296,376	304,954
	Benchmark 2022-835 Mort B35 AS	Bond	300,000	Var.	05/15/55	278,566	279,537
	BMO 2024-5C4 Mortgage T 5C4 A3	Bond	320,000	Var.	05/15/57	329,600	336,323
	BP Capital Markets America Inc	Bond	300,000	4.812	02/13/33	294,495	289,506
	BX Commercial Mort MOHS B 144A	Bond	153,101	Var.	05/15/41	152,719	153,198
	Camb Commercial MOR CX2 A 144A	Bond	180,000	2.700	11/10/46	147,459	146,045
	Capital One Multi-Asset E A 1 A	Bond	180,000	3.920	09/15/29	179,965	176,897
	Charter Communications Operati	Bond	205,000	6.384	10/23/35	199,625	204,709
	Citigroup Commerci SMRT A 144A	Bond	200,000	Var.	10/12/40	203,031	203,234
	Citigroup Inc	Bond	365,000	Var.	11/03/32	298,566	304,326
	CNH Equipment Trust 2024-C A3	Bond	275,000	4.030	01/15/30	274,958	271,101
	UBS Group AG 144A	Bond	300,000	Var.	05/14/32	252,861	261,108
	Crown Castle Inc	Bond	195,000	2.100	04/01/31	156,932	161,448
	Energy Transfer LP	Bond	300,000	5.750	02/15/33	302,913	304,113
	Enterprise Fleet Fin 3 A2 144A	Bond	160,000	5.310	04/20/27	159,978	161,160
	Enterprise Fleet Fin 2 A4 144A	Bond	125,000	5.690	12/20/30	124,983	128,103
	Essex Portfolio LP	Bond	250,000	1.650	01/15/31	196,290	203,393
		Total Corporate Bonds				14,157,096	14,250,440
		Corporate common stocks:					
	AbbVie Inc.		1,180			145,070	209,686
	Abercrombie & Fitch Co		5,373			713,128	803,102
	Acadia Pharmaceuticals Inc.		13,324			286,616	244,495
	Acco Brands Corp		9,781			52,826	51,350
	Accodlade Inc.		850			3,369	2,907
	Acuity Brands Inc.		295			34,714	86,178
	Addus Homecare Corp		1,112			103,822	139,389
	Amalgamated Financial Corp		2,000			49,801	66,940
	Aercap Holdings Nv		2,829			272,335	270,735
	Agco Corp.		878			70,951	82,075
	Aldeyra Therapeutics Inc		4,566			17,257	22,784
	Alector Inc.		5,401			52,084	10,208
	Alexander & Baldwin INC		2,589			48,722	45,929

(a) Issuer, Borrower	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Type Shares/ Principal Interest Rate Maturity Date		
		<u>Corporate common stocks (continued):</u>		
Alignment Healthcare Inc.		2,323	\$ 31,760	\$ 26,134
Alkermes Plc		15,432	365,786	443,824
Allison Transmission Holdings		752	31,563	81,261
Ally Financial Inc.		7,550	315,973	271,875
Alphabet Inc		2,898	507,635	548,591
Alto Ingredients Inc		3,334	5,808	5,201
AMC Networks Inc.		1,525	13,883	15,097
Amcor		4,603	50,562	43,314
Amdocs LTD		5,761	485,385	490,492
American Assets Trust INC		3,419	80,879	89,783
American Eagle Outfitters Inc.		14,340	237,565	239,048
American Public Education Inc.		316	5,726	6,816
American Superconductor Corp		1,515	43,356	37,314
Ameriprise Financial Inc.		532	118,622	283,253
Amicus Therapeutics Inc.		30,046	321,066	283,033
Andersons Inc/The		4,110	198,074	166,537
Apogee Enterprises INC		2,798	136,787	199,805
Apple Inc.		2,135	292,862	534,645
Amplify Energy Corp		4,294	33,007	25,764
Amphenol Corp		6,797	430,972	472,052
Arista Networks Inc.		4,636	140,898	512,417
Arvinas Inc.		709	23,758	13,592
Atkore International Group Inc.		1,013	117,317	84,535
Atmus Filtration Technologies		16,895	16,895	16,534
Atricure Inc.		3,789	146,096	115,792
Autoliv Inc.		881	66,095	82,629
Aviat Networks Inc.		197	4,776	3,568
Avient Corp		4,804	218,468	196,291
Aveanna Healthcare Holdings I N		827	4,177	3,779
Axogen Inc.		3,642	21,245	60,020
Baker Hughes Co.		3,790	101,745	155,466
Banco Latinoamericano De Comer		1,182	29,528	42,044
Bandwidth Inc.		2,593	27,609	44,133
Bank of Marin Bancorp		508	14,872	12,075
Baycom Corp.		297	6,048	7,971
Banner Corp.		4,183	215,478	279,299
Barrett Business Services Inc.		288	5,931	12,511
Berry Corp		8,508	64,626	35,138
Berry Global Group Inc.		808	39,500	52,253
BGC Group Inc		38,545	183,236	349,218
Biocryst Pharmaceuticals Inc.		5,018	73,608	37,735
Bio-Rad Laboratories Inc.		671	220,848	220,430
Biogen Inc		1,386	319,284	211,947
Bioventus Inc.		1,475	10,532	15,487
Biohaven LTD		1,894	76,864	70,741
Black Hills Corp		4,494	228,057	262,989
Blueprint Medicines Corp.		2,638	224,559	230,086
Boise Cascade Co.		636	68,131	75,595
Booz Allen Hamilton Holding Co		3,443	390,151	443,114
Brady Corp.		2,316	123,632	171,037
Braemar Hotels & Resorts Inc.		3,298	7,527	9,894
Bridgebio Pharma Inc.		10,164	222,968	278,900
BorgWarner Inc.		2,529	85,505	80,397
BP PLC.		4,933	163,595	145,819

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Shares/ Type	Interest Principal	Maturity Rate		
		Date				
		Corporate common stocks (continued):				
	Bread Financial Holdings Inc		1,237		\$ 76,759	\$ 75,531
	Bristol-Myers Squibb Co		3,853		184,459	217,926
	Brinker International Inc.		3,365		418,092	445,156
	Build-A-Bear Workshop Inc.		118		2,904	5,433
	Builders Firstsource Inc.		309		32,715	44,165
	Business First Bancshares Inc.		705		16,713	18,118
	Cadence Design Systems Inc.		1,673		170,939	502,670
	Calix Inc.		4,224		182,234	147,291
	Camden National Corp		367		15,026	15,686
	Capital City Bank Group Inc		1,445		47,104	52,959
	Capital Federal Financial Inc.		9,361		56,874	55,324
	Cardinal Health Inc		1,807		202,556	213,714
	Carlisle Cos. Inc.		192		28,997	70,817
	Carnival Corp		15,050		374,336	375,046
	Carter Bankshares Inc		311		4,857	5,470
	Celldex Therapeutics Inc		1,676		69,742	42,353
	Casey's General Stores Inc		967		243,399	383,154
	Cencora Inc.		981		120,843	220,411
	Centene Corp		3,563		267,881	215,847
	Central Pacific Financial Corp.		2,902		79,296	84,303
	Chatham Lodging Trust		1,874		17,981	16,772
	CF Industries Holdings Inc.		558		45,318	47,609
	CVB Financial Corp		18,148		383,706	388,549
	CSX Corp		2,735		93,354	88,258
	Cigna Group		722		190,555	199,373
	Cisco Systems Inc.		8,443		479,373	499,826
	Cimpress		1,330		110,893	95,388
	Ceco Environmental Corp		79		1,895	2,388
	Citigroup Inc.		4,031		197,337	283,742
	Clear Secure Inc.		2,055		74,261	54,745
	Clearwater Paper Corp		1,974		70,161	58,766
	Colony Bankcorp Inc.		1,098		11,010	17,722
	Commercial Metals Co		7,082		311,106	351,267
	Compass Therapeutics		1,430		2,260	2,073
	Commercial Vehicle Group Inc.		1,456		12,564	3,611
	Commscope Holding Co Inc		15,839		11,005	82,521
	Core & Main Inc.		1,613		62,675	82,118
	Conduent Inc		19,449		66,885	78,574
	Coursera Inc.		5,469		45,418	46,486
	Curblin Properties Corp		1,950		42,705	45,279
	Constellium		14,445		270,256	148,350
	Cooper-Standard Holdings Inc.		1,899		33,894	25,750
	Core Molding Technologies Inc.		298		5,956	4,929
	Credo Technology Group		14,003		327,599	941,142
	Cummins Inc.		234		29,641	81,572
	Daktronics Inc.		422		5,095	7,115
	Davita Inc		1,364		133,266	203,986
	Deckers Outdoor Corp		1,746		165,254	354,595
	Denny's Corp		5,533		62,320	33,475
	Definitive Healthcare Corp		597		2,524	2,454
	Destination XL Group Inc		1,079		4,326	2,903
	Diamondrock Hospitality Co		11,833		113,532	106,852
	Dick's Sporting Goods Inc.		1,788		293,039	409,166
	Diebold Nixdorf Inc.		347		13,575	14,935

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		Shares/ Type Principal Interest Rate Maturity Date		
		<u>Corporate common stocks (continued):</u>		
Dominion Energy Inc.		1,753	\$ 92,282	\$ 94,417
DMC Global Inc		1,975	47,273	14,516
Domo Inc.		2,726	77,146	19,300
Donnelley Financial Solutions		1,012	15,876	63,483
Dover Corp.		440	33,706	82,544
Dynavax Technologies Corp		893	12,070	11,404
Eastern Bankshares Inc		7,272	96,913	125,442
Eastman Chemical Co.		546	41,289	49,861
Emcor Group Inc.		176	10,369	79,886
Emerson Electric Co.		683	42,031	84,644
Enterprise Bancorp Inc.		708	18,460	27,994
Enviri Corp		6,351	48,669	48,903
Esquire Financial Holdings Inc		609	26,471	48,415
Energizer Holdings Inc		184	6,555	6,420
Essa Bancorp Inc.		400	6,843	7,800
Essent Group LTD		5,454	307,311	296,916
Eversource Inc.		1,513	93,679	93,125
Expand Energy Corp.		1,502	124,638	149,524
Equitable Holdings Inc.		6,090	279,433	287,265
Extreme Networks Inc.		3,056	89,159	51,157
Eyepoint Pharmaceuticals Inc		1,741	10,352	12,970
Fabrinet		5,208	850,823	1,145,135
Federal Signal Corp		3,183	223,156	294,077
Federated Hermes Inc		2,792	104,918	114,779
Fidelity National Financial Inc.		4,754	201,485	266,890
First Bancorp/Puerto Rico		11,878	196,349	220,812
First Bancorp/Southern Pines N		3,778	141,983	166,119
First Commonwealth Financial C		3,593	56,805	60,794
First Financial Bankshares Inc.		216	7,852	7,787
First Financial Cor/IN		415	17,822	19,169
First Community Bankshares Inc.		1,408	50,724	58,629
FirstEnergy Corp.		2,318	96,096	92,210
F5 Inc.		2,055	443,950	516,771
Foghorn Therapeutics Inc.		2,037	10,043	9,615
1st Source Corp.		522	28,409	30,474
1stDibs.com Inc		1,156	5,850	4,092
Fox Corp.		8,040	351,973	367,750
Fortinet Inc		5,399	303,469	510,098
Flour Corp.		13,639	567,421	672,675
Meta Platforms Inc.		842	426,898	492,999
Frontdoor Inc.		4,888	172,481	267,227
Full House Resorts Inc.		1,011	4,824	4,125
Franklin Covey Co		1,308	55,506	49,155
FS Bancorp Inc.		536	17,714	22,008
FTAI Aviation LTD		1,346	199,412	193,878
Garmin LTD		1,763	309,848	363,636
G-111 Apparel Group Ltd		1,058	31,588	34,512
Gartner Inc.		1,015	325,459	491,737
Generation Bio Co		2,694	9,026	2,856
Gentex Corp.		2,876	64,444	82,627
Genuine Parts Co		735	91,508	85,819
Gilead Sciences Inc.		2,569	191,530	237,299
Godaddy Inc.		2,526	389,074	498,557
Global Industrial Co		367	11,787	9,098

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		Shares/ Type	Interest Principal	Maturity Rate Date		
		<u>Corporate common stocks (continued):</u>				
	Graham Corp	194			\$ 5,634	\$ 8,627
	Global Water Resources Inc.	1,162			15,460	13,363
	Goldman Sachs Group Inc.	498			181,346	285,165
	Grey Media Inc.	7,872			59,416	24,797
	H&R Block Inc.	6,237			401,284	329,563
	H&E Equipment Services Inc	3,902			177,813	191,042
	Halliburton Co.	5,274			199,242	143,400
	Hawaiian Electric Industries	14,407			139,223	140,180
	Hartford Financial Services	2,483			184,577	271,640
	HBOT Financial Inc.	196			3,024	4,292
	HCA Healthcare Inc.	652			183,737	195,698
	HealthStream Inc.	2,518			64,289	80,072
	HNI Corp	3,014			146,012	151,815
	Helix Energy Solutions Group	20,149			121,468	187,789
	Heritage Commerce Corp	6,634			79,897	62,227
	Heritage Financial Corp	2,467			44,777	60,441
	Hilltop Holdings Inc.	2,093			70,867	59,923
	Hologic Inc	2,900			213,676	209,061
	Hims & Hers Health Inc.	4,657			92,938	112,606
	Hometrust Bancshares	1,695			45,259	57,088
	Honest Co Inc.	901			2,315	6,244
	Horizon Bancorp Inc.	855			12,074	13,774
	Huron Consulting Group Inc	2,139			223,827	265,792
	Hyster-Yale Inc.	952			66,939	48,485
	Ibex Holdings LTD	1,004			18,374	21,576
	ICU Medical Inc.	1,151			197,276	178,601
	Impinj Inc.	784			128,386	113,884
	Infusystem Holdings Inc.	488			3,099	4,124
	Ingredion Inc.	347			33,315	47,733
	Innodata Inc.	309			4,530	12,212
	Innospec Inc.	1,267			148,623	139,446
	Integra Lifesciences Holdings	222			4,814	5,035
	Intapp Inc	1,489			66,196	95,430
	Interface Inc	4,741			63,369	115,443
	International Bancshares Corp.	7,191			343,078	454,184
	Ironwood Pharmaceuticals Inc.	4,689			20,358	20,772
	Intuit Inc.	775			355,642	487,087
	Jackson Financial Inc.	3,202			269,950	278,830
	Jacobs Solutions Inc	627			41,391	83,780
	Jazz Pharmaceuticals PLC	1,861			209,153	229,182
	Jeld-Wem Holding Inc	10,149			150,206	83,120
	KB Home	8,845			562,804	581,293
	Kearny Financial Corp/MD	2,040			12,271	14,443
	Kinetik Holdings Inc	685			28,198	38,846
	KLA Corp.	811			389,186	511,027
	Kodiak Sciences Inc.	2,378			6,449	23,661
	Knight-Swift Transportation Ho	1,678			93,856	89,001
	Koppers Holdings Inc	730			21,269	23,652
	Latham Group Inc	4,335			14,676	30,172
	Labcorp Holdings Inc	917			178,188	210,286
	Lands' End Inc.	163			2,298	2,142
	LCNB Corp	742			10,989	11,226
	Lear Corp.	854			102,589	80,874
	Liberty Latin America LTD	5,788			50,352	36,812

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		Shares/ Type	Interest Principal	Maturity Rate		
		Date				
		Corporate common stocks (continued):				
	Liberty Latin America LTD		2,595		\$ 20,910	\$ 16,452
	LifeTime Brands Inc.		627		6,871	3,706
	Lindblad Expeditions Holdings		1,631		11,806	19,344
	Lifeway Foods Inc.		379		5,820	9,399
	Life Time Group Holdings Inc.		2,263		53,185	50,058
	Liquidity Services Inc		1,996		32,428	64,451
	Leidos Holdings Inc.		3,046		454,165	438,807
	LXP Industrial Trust		6,956		60,958	56,483
	Lithia Motors Inc.		988		360,239	353,141
	Lockheed Martin Corp		1,044		543,495	507,321
	Louisiana-Pacific Corp		451		38,614	46,701
	Livanova PLC		6,136		290,773	284,158
	Lumen Technologies Inc.		30,952		203,576	164,355
	LSB Industries Inc		5,996		61,883	45,510
	Luxfer Holdings PLC		595		6,660	7,789
	Lyondellbasell Industries NV		655		54,410	48,647
	Mara Holdings Inc.		7,059		122,760	118,379
	Macrogenics Inc.		6,551		75,263	21,291
	Madison Square Gaden Entertainment		430		14,618	15,308
	Maiden Holdings LTD		1015		1,706	1,715
	Masco Corp.		1,129		43,447	81,932
	Matson Inc.		547		88,806	73,757
	Maximus Inc.		3,664		316,053	273,518
	Mayville Engineering Co Inc		717		7,674	11,271
	McKesson Corp.		356		93,887	202,888
	Mercury General Corp		3322		129,367	220,847
	Merit Medical Systems Inc.		4,608		299,948	445,686
	Meritage Homes Corp.		1,917		362,912	294,873
	Mersana Therapeutics Inc		4,372		25,172	6,252
	Methode Electronics Inc.		3,393		34,593	40,003
	MetLife Inc.		3,235		190,214	264,882
	Mid Penn Bancorp Inc.		481		14,149	13,872
	Microsoft Corp		1,070		434,415	451,005
	Minerals Technologies Inc		4,348		292,605	331,361
	Mistras Group Inc.		232		2,062	2,102
	Modine Manufacturing Co		281		8,896	32,576
	Molina Healthcare Inc		775		243,420	225,564
	Molson Coors Beverage Co		3,537		214,281	202,741
	Moog Inc		3,371		460,558	663,578
	Mueller Water Products Inc.		10,443		199,435	234,967
	Mueller Industries Inc		1,028		40,172	81,582
	Murphy Oil Corp		4,949		182,461	149,757
	Murphy USA Inc		708		210,743	355,239
	Myers Industries Inc		2,812		49,392	31,044
	Natural Grocers by Vitamin		1,034		17,277	41,070
	Nature's Sunshine Products Inc.		1,496		25,999	21,931
	NB Bancorp Inc.		1,770		29,620	31,966
	Netapp Inc		4,290		402,267	497,983
	Netscout Systems Inc.		3,678		65,252	79,665
	Newmark Group Inc		7,427		119,323	95,140
	NMI Holdings Inc		11,292		317,366	415,094
	Northwest Bancshares Inc		6,782		82,511	89,455
	NPK International Inc		3,228		21,878	24,759
	Northern Technologies Internat		89		1,565	1,201

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		Shares/ Type	Interest Principal	Maturity Rate Date		
		Corporate common stocks (continued):				
	Northern Grumman Corp	1,106			\$ 565,083	\$ 519,035
	Northern Bancorp Inc	90			6,059	7,015
	Norwegian Cruise Line Holdings	12,935			356,328	332,818
	Novovure LTD	7,315			148,031	217,987
	NRG Energy Inc	1,036			54,950	93,468
	Nucor Corp.	369			40,144	43,066
	Ocular Therapeutix Inc.	4,752			40,416	40,582
	OFG Bancorp	5,755			182,761	243,552
	OGE Energy Corp	2,243			80,304	92,524
	O-I Glass Inc	19,968			355,808	216,453
	Oil States International Inc.	7,052			43,476	35,683
	Olympic Steel Inc	113			4,164	3,708
	OLO Inc	10,947			81,375	84,073
	Omnicell Inc	2,533			104,267	112,769
	One Gas Inc	3,747			299,489	259,480
	One Group Hospitality Inc/The	1,472			7,011	4,269
	Oak Valley Bancorp	76			1,801	2,223
	Orasure Technologies Inc	6,034			39,034	21,783
	Orrstown Financial Services Inc.	1,003			23,510	36,720
	OshKosh Corp.	872			88,495	82,901
	Ovintiv Inc.	3,708			181,793	150,174
	Owens & Minor Inc	1,433			25,980	18,729
	Owens Corning	266			23,408	45,305
	Pathward Financial Inc	3,330			167,860	245,021
	Paychex Inc.	3,323			382,481	465,951
	Packaging Corp of America	218			26,482	49,078
	Parsons Corp	5,128			473,158	473,058
	Parker-Hannifin Corp	128			14,630	81,412
	PC Connection Inc	170			7,850	11,776
	PDF Solutions Inc.	3,330			102,250	90,176
	Peloton Interactive Inc.	2,892			28,023	25,160
	Petco Health & Wellness Co Inc.	3,029			13,939	11,540
	Pediatrix Medical Group Inc.	3,167			34,939	41,551
	Pfizer Inc	8,270			232,058	219,403
	Philip Morris International In	1,836			166,804	220,963
	PG&E Corp	4,592			96,727	92,667
	Piedmont Office Realty Trust	9,647			155,098	88,270
	Pinnacle West Capital Corp.	1,055			79,589	89,432
	Pioneer Bancorp Inc/NY	388			3,472	4,470
	Post Holdings Inc	1,966			177,361	225,028
	Powell Industries Inc	643			43,329	142,521
	PPL Corp.	2,842			82,776	92,251
	Pricesmart Inc	1,477			110,990	136,135
	Primis Financial Corp	230			2,672	2,682
	Prog Holdings Inc.	2,944			141,991	124,413
	Proto Labs Inc	3,246			141,078	126,886
	Provident Financial Services	1,593			30,210	30,060
	Plexus Corp	1,385			169,520	216,725
	PTC Therapeutics Inc.	6,211			256,816	280,365
	Pubmatic Inc	2,072			34,341	30,438
	Prudential Financial Inc	2,250			245,874	266,692
	Pure Cycle Corp	285			3,021	3,614
	QCR Holdings Inc.	503			35,262	40,562
	Q2 Holdings Inc.	661			25,514	66,530

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		Corporate common stocks (continued):				
	Quest Diagnostic Inc.		1,350		\$ 191,909	\$ 203,661
	Qupit Home Medical Corp		775		2,477	2,364
	Rambius Inc		10,605		359,027	560,580
	Rapid7 Inc.		8,034		429,859	323,208
	Rayonier Advanced Materials In		710		2,448	5,857
	Re/Max Holdings Inc		204		2,412	2,177
	Regenxbio Inc		3,520		65,919	27,210
	Regional Management Corp.		1,046		26,406	35,543
	Regions Financial Corp.		11,123		198,252	261,613
	Reliance Inc		168		22,396	45,236
	Repay Holdings Corp		5,041		46,040	38,463
	Realreal Inc		1,124		2,799	12,285
	Republic Bancorp Inc/KY		113		4,427	7,895
	Rex American Resources Corp		1,913		77,266	79,753
	Ring Energy Inc		23,223		23,223	15,651
	RCM Technologies		294		6,038	6,515
	Rocky Brands Inc		206		6,175	4,697
	Radius Recycling Inc		2,918		154,461	44,412
	Ew Scripps Co/The		6,938		14,652	15,333
	Rogers Corp		756		113,763	76,817
	Royal Caribbean Cruises LTD		1,592		156,909	367,258
	Ryder System Inc		548		48,915	85,959
	Ryman Hospitality Properties		2,904		266,905	303,003
	SM Energy Co		11,085		503,760	429,655
	S&T Bancorp Inc		3,365		113,917	128,610
	Sanima Corp		7,720		380,129	584,172
	Sally Beauty Holdings Inc		1,580		17,749	16,511
	Seacost Banking Corp of Florida		1,193		52,791	53,215
	Selectquote Inc		1,533		4,575	5,703
	Shake Shack Inc		1,771		122,534	229,876
	Shell PLC ADR		2,285		125,465	143,155
	Sierra Bancorp		372		7,706	10,758
	Shyft Group Inc/The		571		7,753	6,704
	Sight Sciences Inc		1,567		14,409	5,704
	Site Centers Corp		975		56,034	14,908
	Skywest Inc		1,523		148,415	152,498
	Smartfinacial Inc		532		13,316	16,481
	Snap-On Inc.		243		50,563	82,494
	Sonos Inc		16,703		296,490	251,824
	Sonoco Products Co.		979		54,873	47,824
	South Plains Financial Inc.		662		11,957	23,004
	SPX Technologies Inc		2,872		411,134	417,933
	Sprout Social Inc.		6,276		334,333	192,736
	State Street Corp		2,995		219,774	293,959
	Steel Dynamics Inc.		370		20,133	42,206
	Steelcase Inc		12,136		119,494	143,448
	Sterling Infrastructure Inc		1,471		150,985	247,790
	Stitch Fix Inc		1,031		3,326	4,444
	Stonex Group Inc.		756		45,020	74,065
	Sunstone Hotel Investors Inc		14,886		144,566	176,250
	Superior Group of Cos Inc		291		5,694	4,810
	Sutro Bioharma Inc.		4,905		34,677	9,025
	Sweetgreen Inc		9,735		327,728	312,104
	Smith & Wesson Brands Inc		753		9,283	7,609

(a) Issuer, Borrower	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Type Shares/ Principal Interest Rate Maturity Date		
		<u>Corporate common stocks (continued):</u>		
Synaptics Inc		1,397	\$ 125,319	\$ 106,619
Synovus Financial Corp		5,451	198,351	279,255
Synchrony Financial		4,233	140,927	275,145
Teekay Corp		5,556	43,779	38,503
Telephone And Data Systems Inc.		12,806	186,735	436,813
Tenaya Therapeutics Inc		3,494	10,135	4,996
Tenable Holdings Inc		2,800	119,295	110,264
Tenet Healthcare Corp		1,490	136,237	188,083
Tetra Technologies Inc.		14,109	55,648	50,510
TG Therapeutics Inc		1,739	41,914	52,344
Third Coast Bancshares Inc		765	14,519	25,972
Thredup Inc		8,990	24,170	12,496
3M Co		667	82,268	86,103
Timberland Bancorp Inc/Wa		528	15,719	16,109
Timken Co/The		1,077	85,524	76,865
T-Mobile US Inc.		408	40,075	90,058
Towne Bank/Portsmouth Va		1,544	51,219	52,589
Totalenergies Se Adr.		2,660	149,621	144,970
Traeger Inc		3,879	13,223	9,271
Trevi Therapeutics Inc		651	2,043	2,682
Traverse Therapeutics Inc		5,433	58,790	94,643
Tri Pointe Homes Inc.		1,685	46,722	61,098
Trinet Group Inc		886	95,963	80,422
TXNM Energy Inc.		3,952	150,990	194,320
Taylor Morrison Home Corp		5,664	334,543	346,693
TTM Technologies Inc		10,187	154,781	252,128
UFP Industries Inc.		379	33,968	42,694
UGI Corp		3,362	91,089	94,909
UMH Properties Inc		5,877	86,634	110,958
Usana Health Sciences Inc		1,025	38,959	36,787
Unisys Corp		7,454	37,334	47,184
United Natural Foods Inc.		905	24,183	24,716
United Rentals Inc.		108	20,901	76,080
United Parcel Service Inc		689	89,008	86,883
United Therapeutics Corp		586	141,798	206,764
Uniti Group Inc		4,486	24,536	24,673
Unity Bancorp Inc.		491	11,679	21,413
Universal Health Realty Income		678	29,975	25,228
Upbound Group Inc		2,391	72,046	69,745
Unum Group		4,317	175,867	315,271
Urban Outfitters Inc		6,882	258,647	377,684
Varex Imaging Corp		231	3,306	3,370
Varonis Systems Inc		5,418	250,383	240,722
Veracyte Inc		3,123	94,929	123,671
Verizon Communications Inc.		2,201	95,483	88,018
Verint Systems Inc		162	4,443	4,447
Pursuit Attractions and Hospit		881	28,269	37,451
Viemed Healthcare Inc		2,914	26,598	23,370
Virdian Therapeutics Inc		1,766	37,543	33,854
Vishay Precision Group Inc		172	5,787	4,037
Virco MFG. Corp		572	7,102	5,863
Vistra Corp.		659	25,306	90,856
Vontier Corp		2,301	72,598	83,917
W&T Offshore Inc.		8,826	32,635	14,651

(a)	(b)	(c)	(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Type	Shares/ Principal	Interest Rate	Maturity Date
	<u>Corporate common stocks (continued):</u>			
	Waystar Holding Corp	19	\$ 408	\$ 697
	Western New England Bancorp In	283	1,894	2,604
	Weave Communications Inc	434	3,805	6,909
	Wells Fargo & Co.	4,305	171,535	302,383
	Western Union Co/The	19,272	236,578	204,283
	Westlake Corp	379	35,330	43,452
	Willdan Group Inc	1,328	25,503	50,584
	Wolverine World Wide Inc	2,002	25,605	44,444
	XCEL Energy Inc	1,382	87,633	93,313
	Xencor Inc.	769	18,545	17,672
	Xenia Hotels&Resorts Inc.	13,103	181,171	194,711
	Yelp Inc	1,786	64,858	69,118
	York Water co/The	266	10,262	8,704
	Zeta Global Holdings Cap	18,795	459,821	338,112
	Numiez Inc	188	4,333	3,604
	Zions Bancorp NA	4,948	198,207	269,971
	Total corporate common stocks		54,658,648	63,234,487
	<u>Money market deposit accounts:</u>			
* EB Temp Inv FD		3,481,866	3,481,866	3,481,866
Federated Govt. obligated fund		438,098	438,098	438,098
	Total money market deposit accounts		3,919,964	3,919,964
	<u>Limited liability company:</u>			
Western Asset US Core Plus LLC		2,323,862	30,981,206	51,650,159
	<u>Common collective trusts:</u>			
NHIT Global Fixed Income Trust		1,698,430	18,882,732	19,616,867
AFL CIO Equity Index Fund		1,104,744	34,170,970	63,141,734
Multi-Employer Property Trust		15,505,474	6,470,258	15,535,303
William Blair Int'l Leaders Collective Fund		1,132,861	22,000,000	18,189,450
Longview Midcap 400 Index Fund		7,451	14,471,307	26,022,505
	Total common collective trusts		95,995,267	142,505,859
	<u>Pooled separate account:</u>			
PRISA		128	6,806,461	10,006,555
	<u>Real estate investment trust:</u>			
U.S. Real Estate Investment Fund		10,581,859	6,119,466	10,630,616
	<u>Private equity:</u>			
Georgetown Fund (E), Ltd		9,285	10,000,000	19,984,412
	<u>Hedge funds:</u>			
Entrust Cap Diversified Fd Ltd Class X Series 12/31/16		12,755	1,070,409	123,116
Entrust Permal Special Opps IV		7,123,043	6,866,620	6,982,579
Entrust Special Opps. Fund III		2,577	2,474,800	2,396,727
Entrust Special Opps. Fund II		38	36,581	42,832
	Total hedge funds		10,448,410	9,545,254

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		<u>Limited partnerships:</u>					
	LSV Intl Value Equity Fund		92,632			\$ 11,464,694	\$ 23,496,139
	Hamilton Lane Private Equity Offshore Fund VIII LP		4,172,581			2,677,468	3,920,588
	Hamilton LN Strat Opps VII		6,077,848			5,414,737	6,271,293
	Ironsides OPP Fund II LP		3,986,400			4,314,801	4,803,506
	Hamilton Lane Strat Opp Offshore Fund VI, LP		5,209,475			5,239,576	5,220,064
	Mesirow Financial Private Fund Equity Partnership Fund VI, LP		8,245,184			508,051	8,324,504
	Mesirow Fin PE Fund VIII-B		3,866,664			3,727,300	3,918,518
	Mesirow Fin PE Fund VIII-A		1,345,233			1,295,215	1,380,964
	Sterling United Properties Fund II		5,839,202			5,802,636	6,534,798
	Sterling United Properties Fund I		12,416,410			8,463,605	12,356,429
	Siguler Guff Small Buyout Opp. Fund III, LP		2,616,327			2,049,802	2,572,376
	Siguler Guff Small Buyout Opp. Fund IV, LP		10,352,258			7,395,848	10,412,160
	Siguler Guff Small Buyout Opp. Fund V, LP		6,316,033			5,477,387	6,614,793
	Hamilton Lane Strategic Opp. Offshore Fund IV 2018		2,352,205			2,350,866	2,201,093
	Corbin ERISA Opp. FD LP		15,512,357			10,920,819	16,591,229
	Mesirow Financial Private Equity Fund VII-B, LP		3,660,324			1,195,666	3,859,359
	Mesirow Financial Private Equity Fund VII-A, LP		2,400,394			1,355,415	2,427,896
	Hamilton Lane Strategic Opp. 2016 Offshore Fund, LP		1,284,655			18,583	381,275
	Total limited partnerships					<u>79,672,469</u>	<u>121,286,984</u>
	Total investments					<u>\$ 333,394,404</u>	<u>\$ 467,349,772</u>

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

**UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Part IV, Item 4j

EIN 06-1065206
Plan No. 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Description	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain (Loss) on Transaction
	<u>Series of Transactions</u>					
	Federated Govt. Obligated Fund	\$ 14,496,027	N/A	\$ 14,496,027	\$ 14,496,027	N/A
	Federated Govt. Obligated Fund	N/A	\$ 14,473,079	14,473,079	14,473,079	\$ -
	EB Temp Inv FD	100,967,434	N/A	100,967,434	100,967,434	N/A
	EB Temp Inv FD	N/A	101,050,985	101,050,985	101,050,985	-
*	BOA Temp Overnight Deposit	22,303,058	N/A	22,303,058	22,303,058	N/A
*	BOA Temp Overnight Deposit	N/A	22,331,066	22,331,066	22,331,066	-

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

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age requirement:** 65
- **Service requirement:** 5 years of Participation
- **Amount:**
 - Full-time employees hired on or before April 16, 2016:
\$36 for years of service earned prior to January 1, 1997, \$41 for years of service earned between January 1, 1997 and December 31, 2000, and \$60 for years of service earned on or after January 1, 2001 (maximum of forty (40) years).
 - Full-time employees hired or participants promoted to full-time status after April 16, 2016:
\$60 per year of service earned prior to January 1, 2019 and \$51 per year of service earned on or after January 1, 2019 (maximum of forty (40) years).
 - Part-time employees hired on or before February 23, 2019:
\$36 for years of service earned prior to January 1, 1997, \$41 for years of service earned between January 1, 1997 and May 31, 2010 and \$36 for years of service earned on or after June 1, 2010 (maximum of forty (40) years).

Section 3: Certificate of Actuarial Valuation

- Part-time employees hired after February 23, 2019:
\$16 per year of service.

For full-time and part-time members hired after January 1, 2010, the accrual rate is 75% of the rate otherwise earned for their first five years of participation and 87.5% of the rate otherwise earned for their next five years of participation. The accrual rate “otherwise earned” means the rate at which benefits accrue for a participant with ten or more years of participation.

- **Delayed retirement amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for the first 60 months following NRA and 1.5% for each month thereafter.

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 5 years of Vesting Service
- **Amount:** Normal pension accrued, reduced from age 65 using the Plan’s definition of actuarial equivalence
- **Wearaway Rule:** There is a minimum benefit of a participant’s accrued benefit as of December 31, 2009 reduced from age 62 by the early retirement reduction factors in effect prior to January 1, 2010.

Disability

- **Age requirement:** None
- **Service requirement:** 5 years of benefit service
- **Other requirement:** Board requires evidence of continued entitlement to Social Security Disability Benefits.
- **Amount:** Normal pension accrued

Vesting

- **Age requirement:** None
- **Service requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued
- **Normal retirement age:** 65

Section 3: Certificate of Actuarial Valuation

Spouse's pre-retirement death benefit

- Age Requirement: None
- Service Requirement: 5 years of Vesting Service
- Amount: 50% of the participant's vested benefit. The benefit is reduced for early commencement and for a joint and survivor annuity and is first payable at the participant's early retirement date.

Post-retirement death benefit

- **Surviving spouse:** If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the employee and spouse. The Plan is providing eligible participants with the option of a 50% Joint and Survivor benefit equal to 91% of their accrued benefit plus or minus 0.4% for every year that their spouse is older or younger, respectively. The Plan is also providing eligible participants with the option of a 75% Joint and Survivor benefit equal to 87% of their accrued benefit plus or minus 0.6% for every year that their spouse is older or younger, respectively.

Automatic benefit forms

- **Not married:** Unless an optional election is made, the accrued pension paid as a lifetime monthly annuity.
- **Married:** Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retiree's death. Married participants receive a 50% Surviving Spouse Annuity equal to 91% of their accrued benefit plus or minus 0.4% for every year that their spouse is older or younger, respectively.
- Married participants may, with written consent of their spouse, elect an optional form of payment.

Optional forms of benefits

- **Ten-year certain and life:** The retiree may elect the Ten-Year Certain and Life Benefit. The accrued pension is adjusted (upward or downward) such that the value is the actuarial equivalent of the life annuity.
- **75% Surviving spouse annuity:** Married retirees may elect a Surviving Spouse Annuity with 75% continued to the retiree's spouse following the retiree's death. The benefit under any such election is converted based on simplified factors and is approximately the actuarial equivalent of the 50% Surviving Spouse Annuity.

Section 3: Certificate of Actuarial Valuation

Participation

First January 1 or July 1 following the date after 21st birthday and completion of 12 months of employment.

Benefit credit

Past service is granted based on the amount of past and future service under the New England UFCW Plan. Effective January 1, 2001, future service is granted based on hours in a calendar year for which contributions are made as follows:

- One (1) year for 2,000 or more hours
- 3/4 year for 1,500 hours but less than 2000 hours
- 1/2 year for 1,000 hours but less than 1,500 hours
- 1/4 year for 500 hours but less than 1,000 hours
- None if less than 500 hours

For service prior to January 1, 2001, future service is granted as follows:

For full-time employees

- One (1) year for 1,560 or more hours
- 3/4 year for 1,040 hours but less than 1,560 hours
- 1/2 year for 900 hours but less than 1,040 hours
- 1/4 year for 450 hours but less than 900 hours
- None if less than 450 hours

For Part-time employees,

- One (1) year for 1,560 or more hours
- 3/4 year for 1,300 hours but less than 1,560 hours
- 5/8 year for 1,040 hours but less than 1,300 hours
- 1/2 year for 900 hours but less than 1,040 hours
- 3/8 year for 675 hours but less than 900 hours
- 1/4 year for 450 hours but less than 675 hours
- 1/8 year for 225 hours but less than 450 hours
- None if less than 225 hours

Section 3: Certificate of Actuarial Valuation

Vesting credit

One year of vesting service for each calendar year in which an employee works at least 870 hours or more. Full-time employees will receive $\frac{1}{4}$ year of vesting service for years in which at least 450 hours but less than 870 hours are worked.

Part-time employees who work less than 870 hours will receive a partial year of vesting service as follows:

3/4 year for 675 hours but less than 870 hours

1/2 year for 450 hours but less than 675 hours

1/4 year for 225 hours but less than 450 hours

None if less than 225 hours

Contribution rate

\$1.00 per hour for full-time and part-time employees

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Certificate of Actuarial Valuation

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

Exhibit G: Schedule of active participants by age, service and average monthly benefit

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.¹

Age	Total	Years of Service									
		0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	378	126	248	4	—	—	—	—	—	—	—
	\$34	\$8	\$45	—	—	—	—	—	—	—	—
25 - 29	367	57	240	68	2	—	—	—	—	—	—
	\$92	\$8	\$71	\$223	—	—	—	—	—	—	—
30 - 34	315	36	128	109	40	2	—	—	—	—	—
	\$205	\$10	\$77	\$263	\$600	—	—	—	—	—	—
35 - 39	339	39	94	78	68	54	6	—	—	—	—
	\$346	\$11	\$84	\$271	\$502	\$872	—	—	—	—	—
40 - 44	418	37	96	82	66	61	61	15	—	—	—
	\$518	\$11	\$90	\$272	\$525	\$867	\$1,238	—	—	—	—
45 - 49	317	20	73	54	42	41	30	43	14	—	—
	\$623	\$9	\$69	\$286	\$539	\$769	\$1,157	\$1,496	—	—	—
50 - 54	471	29	89	77	55	44	45	43	72	17	—
	\$747	\$10	\$78	\$259	\$473	\$790	\$1,056	\$1,401	\$1,732	—	—
55 - 59	583	33	97	73	73	37	35	42	56	112	25
	\$916	\$10	\$73	\$244	\$495	\$747	\$1,040	\$1,289	\$1,654	\$1,907	\$1,939
60 - 64	551	32	101	88	60	48	37	38	32	45	70
	\$818	\$7	\$67	\$253	\$470	\$699	\$1,064	\$1,357	\$1,567	\$1,848	\$1,937
65 - 69	304	21	70	62	40	21	20	14	13	9	34
	\$641	\$8	\$65	\$249	\$475	\$671	\$1,015	—	—	—	\$1,914
70 & over	255	21	78	61	40	21	15	6	3	3	7
	\$424	\$73	\$91	\$308	\$517	\$738	—	—	—	—	—
Totals	4,298	451	1,314	756	486	329	249	201	190	186	136
	\$531	\$12	\$70	\$261	\$507	\$786	\$1,107	\$1,387	\$1,663	\$1,879	\$1,929

¹ Includes participants who are age 21 or older, have not terminated employment prior to the valuation date, and meet one of the following criteria:

- worked 500 or more hours during the prior year and have at least one pension credit
- or
- worked 870 hours or more during the prior year.

#10017453v9/03366.001

UFCW Union Local 919 and Contributing Employers' Food Pension Plan Actuarial Valuation as of January 1, 2024.

EIN 06-1065206/PN 001

Section 3: Certificate of Actuarial Valuation

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1997	\$202,389	3	\$71,753
Plan amendment	01/01/1998	1,001,366	4	274,461
Change in assumptions	01/01/1999	480,619	5	108,595
Change in assumptions	01/01/2000	47,580	6	9,229
Plan amendment	01/01/2001	1,700,169	7	291,074
Change in assumptions	01/01/2010	40,299	1	40,299
Plan amendment	01/01/2018	18,363	9	2,590
Change in assumptions	01/01/2018	3,517,230	9	496,171
Actuarial loss	01/01/2018	44,103,235	9	6,221,581
Plan amendment	01/01/2019	2,757,463	10	360,165
Actuarial gain	01/01/2019	4,648,737	10	607,194
Actuarial loss	01/01/2020	578,184	11	70,606
Change in assumptions	01/01/2021	8,284,460	12	953,438
Total		\$67,380,094		\$9,507,156

Section 3: Certificate of Actuarial Valuation

Schedule MB - Lines 9c and 9h
Schedule of Funding Standard Account Bases

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/1995	\$215,317	1	\$215,317
Change in assumptions	01/01/1996	796,685	2	410,881
Change in assumptions	01/01/2007	3,225,412	13	352,168
Plan amendment	01/01/2010	1,284,481	1	1,284,481
Actuarial gain	01/01/2010	1,630,012	1	1,630,012
Change in assumptions	01/01/2019	897,284	10	117,199
Change in Assumptions	01/01/2020	865,666	11	105,713
Actuarial gain	01/01/2021	3,695,176	12	425,268
Actuarial gain	01/01/2022	5,373,396	13	586,697
Total		\$17,983,429		\$5,127,736

Section 3: Certificate of Actuarial Valuation

FSA Contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:

- Administrative expenses were increased from \$1,400,000 to \$1,525,000 for the year beginning January 1, 2024.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Healthy: Pri-2012 Employee and Healthy Retiree Blue Collar Amount-Weighted Tables projected generationally with MP-2020 scale.

Disabled: Pri-2012 Disabled Retiree Amount-Weighted Tables projected generationally with MP-2020 scale.

The underlying tables with the generational projection to the ages of the participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. As part of the analysis, a comparison was made between the actual number of retiree deaths and the projected number based on the prior years' assumptions over the most recent 5 years. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

Termination rates before retirement

Age	Disability	Withdrawal Full Time	Withdrawal Part Time
20	0.01%	5.16%	19.85%
25	0.01%	5.02%	19.31%
30	0.01%	4.69%	18.05%
35	0.02%	4.08%	15.69%
40	0.02%	3.35%	12.88%
45	0.05%	2.58%	9.94%
50	0.10%	1.67%	6.41%
55	0.21%	0.00%	0.00%
60	0.44%	0.00%	0.00%

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the most recent 5 years.

Section 3: Certificate of Actuarial Valuation

Retirement rates

Age ¹	Annual Retirement Rates
55 – 61	2%
62 - 64	20%
65	40%
66 - 70	25%
71	100%

The retirement rates were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent 5 years.

Description of weighted average retirement age

Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Retirement age for inactive vested participants

Age 65. Age 62 if accrued benefit through December 31, 2009 at age 62 results in a greater actuarial accrued liability. Inactive vested participants who retire after Normal Retirement Age receive actuarial increases in accordance with the plan provisions.

The retirement assumptions for inactive vested participants were based on historical and current data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent 5 years.

¹ If eligible

Section 3: Certificate of Actuarial Valuation

Future benefit accruals

Participants are assumed to work the same number of hours as in the year prior to the valuation date, with a minimum accrual of $\frac{1}{4}$ benefit credit.

The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Unknown data for participants

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

Definition of active participants

Participants who are age 21 or older, have not terminated employment prior to January 1, 2023, and meet one of the following criteria:

- worked 500 or more hours during the prior year and have one pension credit or more
- or
- worked 870 hours or more during the prior year.

Exclusion of deferred beneficiaries

Beneficiaries of deceased participants who do not apply for benefits are included in the valuation as deferred beneficiaries until the participant would have turned age 70.

Percent married

40%

Age of spouse

Females three years younger than males.

Section 3: Certificate of Actuarial Valuation

Benefit election

Married participants are assumed to elect the 50% Surviving Spouse form of payment and non-married participants are assumed to elect a Life Annuity.

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

Net investment return

6.50%

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

Annual administrative expenses

\$1,525,000, payable at the beginning of the year, for the year beginning January 1, 2024 (previously, \$1,400,000).

The annual administrative expenses were based on the prior year's actual expenses plus an adjustment for future increases.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets less unrecognized returns in each of the last five years.

Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The final actuarial value of assets will not be less than 80% nor greater than 120% of the market value of assets.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Section 3: Certificate of Actuarial Valuation

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 presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 3.29%, 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-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2021.

Withdrawal liability assumptions

- **Interest:** 6.50%
- **Administrative expenses:** None
- **Mortality:** Same as that used for Plan funding
- **Retirement rates:** Same as that used for Plan funding

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 6.9%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 9.7%, for the Plan Year ending December 31, 2023

Section 3: Certificate of Actuarial Valuation

FSA Contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:

- Administrative expenses were increased from \$1,400,000 to \$1,525,000 for the year beginning January 1, 2024.

Exhibit F: Schedule of projection of expected benefit payments

(Schedule MB, Line 8b(1))

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$2,451,644	\$2,130,349	\$18,525,271	\$23,107,263
2025	3,934,610	2,544,387	18,037,806	24,516,802
2026	5,249,024	2,867,025	17,523,137	25,639,186
2027	6,465,578	3,277,916	16,961,536	26,705,030
2028	7,642,064	3,730,625	16,412,373	27,785,062
2029	8,752,168	4,089,278	15,834,508	28,675,954
2030	9,716,525	4,521,137	15,232,749	29,470,411
2031	10,587,588	4,876,963	14,597,675	30,062,226
2032	11,328,550	5,276,846	13,942,926	30,548,322
2033	11,972,675	5,696,904	13,269,281	30,938,860
2034	12,558,653	6,231,334	12,607,588	31,397,575
2035	13,059,531	6,680,865	11,936,766	31,677,162
2036	13,461,886	7,076,415	11,256,991	31,795,292
2037	13,820,170	7,435,866	10,570,934	31,826,970
2038	14,053,635	7,574,827	9,881,501	31,509,963
2039	14,192,146	7,727,012	9,191,873	31,111,031
2040	14,301,896	7,890,076	8,505,455	30,697,427

Section 3: Certificate of Actuarial Valuation

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	14,315,205	7,994,463	7,825,900	30,135,568
2042	14,302,465	8,152,807	7,157,097	29,612,369
2043	14,271,430	8,230,569	6,503,113	29,005,112
2044	14,212,756	8,399,026	5,868,171	28,479,953
2045	14,154,647	8,545,256	5,256,545	27,956,449
2046	14,035,748	8,719,322	4,672,427	27,427,496
2047	13,850,605	8,826,071	4,119,759	26,796,434
2048	13,691,176	8,893,149	3,602,050	26,186,375
2049	13,421,554	8,925,683	3,122,211	25,469,448
2050	13,107,832	8,938,908	2,682,371	24,729,111
2051	12,739,697	8,939,641	2,283,748	23,963,086
2052	12,332,817	8,940,416	1,926,625	23,199,857
2053	11,892,847	8,899,021	1,610,404	22,402,273
2054	11,397,749	8,913,569	1,333,672	21,644,989
2055	10,913,147	8,893,283	1,094,337	20,900,766
2056	10,399,977	8,836,223	889,776	20,125,976
2057	9,864,397	8,705,948	716,975	19,287,320
2058	9,326,219	8,500,063	572,698	18,398,981
2059	8,796,703	8,221,319	453,619	17,471,641
2060	8,273,371	7,937,911	356,430	16,567,712
2061	7,747,182	7,632,677	277,955	15,657,813
2062	7,253,520	7,288,200	215,236	14,756,955
2063	6,780,667	6,946,788	165,587	13,893,041
2064	6,323,943	6,585,876	126,641	13,036,460
2065	5,885,945	6,226,756	96,351	12,209,052

#10017453v9/03366.001

UFCW Union Local 919 and Contributing Employers' Food Pension Plan Actuarial Valuation as of January 1, 2024.

EIN 06-1065206/PN 001

OtherAttachment Page 2 of 3

Section 3: Certificate of Actuarial Valuation

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2066	5,456,071	5,867,151	72,977	11,396,199
2067	5,045,362	5,514,260	55,071	10,614,693
2068	4,648,022	5,169,499	41,443	9,858,964
2069	4,270,254	4,833,336	31,135	9,134,724
2070	3,914,569	4,506,015	23,377	8,443,961
2071	3,579,815	4,187,659	17,564	7,785,038
2072	3,264,808	3,878,333	13,221	7,156,361
2073	2,968,652	3,578,107	9,983	6,556,742

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$7,702,200	-	\$7,702,200
2025	\$7,702,200	-	\$7,702,200
2026	\$7,702,200	-	\$7,702,200
2027	\$7,702,200	-	\$7,702,200
2028	\$7,702,200	-	\$7,702,200
2029	\$7,702,200	-	\$7,702,200
2030	\$7,702,200	-	\$7,702,200
2031	\$7,702,200	-	\$7,702,200
2032	\$7,702,200	-	\$7,702,200
2033	\$7,702,200	-	\$7,702,200

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089**2024****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

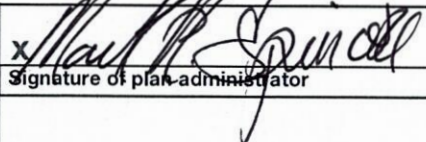
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/1983
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) UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION FUND 6 HYDE ROAD, 2ND FLOOR FARMINGTON CT 06032-2830	2b Employer Identification Number (EIN) 06-1065206 2c Plan Sponsor's telephone number 860-677-8118 2d Business code (see instructions) 445110

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

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

SIGN HERE		10-7-25	MARK ESPINOSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	12,807
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	4,298
a(2) Total number of active participants at the end of the plan year	6a(2)	4,271
b Retired or separated participants receiving benefits	6b	3,089
c Other retired or separated participants entitled to future benefits	6c	5,167
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	12,527
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	386
f Total. Add lines 6d and 6e	6f	12,913
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	3

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

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

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

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

a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information - Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ A (Insurance Information) - Number Attached <u>1</u>
(4) ☐ DCG (Individual Plan Information) - Number Attached _____	(4) ☒ C (Service Provider Information)
(5) ☐ MEP (Multiple-Employer Retirement Plan 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

► 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 UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS FOOD PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES, LOCAL UNION 919 & EMPLOYERS FOOD PENSION	D Employer Identification Number (EIN) 06-1065206

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets		
(1) Current value of assets	1b(1)	447,028,671
(2) Actuarial value of assets for funding standard account.....	1b(2)	466,664,389
c (1) Accrued liability for plan using immediate gain methods	1c(1)	435,174,377
(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)	409,315,192
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)	656,220,821
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	10,269,416
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	23,121,779
(3) Expected plan disbursements for the plan year	1d(3)	24,646,779

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	KATHLEEN A. RILEY <i>KCR</i>	10/02/2025
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Signature of actuary	Date
KATHLEEN A. RILEY, FSA, MAAA, EA	2304134

Type or print name of actuary	Most recent enrollment number
SEGAL	617-424-7300

Firm name	Telephone number (including area code)
116 HUNTINGTON AVENUE	

9TH FLOOR	
BOSTON MA 02116-5744	
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	449,223,335
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,292	226,822,096
(2) For terminated vested participants	5,249	166,187,372
(3) For active participants:		
(a) Non-vested benefits		8,608,526
(b) Vested benefits		254,602,827
(c) Total active	4,298	263,211,353
(4) Total	12,839	656,220,821
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.45 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	8,245,275	0			
Totals ▶			3(b)	8,245,275	3(c) 0

(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	114.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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**

Item 3(a): Contributions received continuously throughout the year.

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,525,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	3,877,166

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)	67,380,094	9,507,156
(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	869,981
e Total charges. Add lines 9a through 9d.....	9e	14,254,303

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	58,860,336
g Employer contributions. Total from column (b) of line 3.....	9g	8,245,275

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	17,983,429	5,127,736

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	4,404,865
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	54,190,617	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	126,923,858	
(3) FFL credit.....	9j(3)		0

k (1) Waived funding deficiency..... (2) Other credits.....	9k(1) 9k(2)	
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	76,638,212
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m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	62,383,909
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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