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| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
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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

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

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

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

| | | | |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/07/2025 | SUSAN PERNEY |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/09/2025 | LAURA KELLEY |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 19523 |
| 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) | 6550 |
| | 6a(2) | 6048 |
| | 6b | 6536 |
| | 6c | 5618 |
| | 6d | 18202 |
| | 6e | 734 |
| | 6f | 18936 |
| | 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 | 20 |

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) <input checked="" type="checkbox"/> Insurance | (1) <input checked="" type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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 _____

| | | |
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| <p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

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

| | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <p>(a) Total amount of commissions paid</p> <p style="color: blue;">0</p> | <p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p> |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|

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 | 3809724 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | |
| 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. Specify nature of costs ▶ | 6d |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | |
| a | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | |
| b | Balance at the end of the previous year | 7b 3688116 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) |
| | (2) Dividends and credits..... | 7c(2) |
| | (3) Interest credited during the year..... | 7c(3) 142343 |
| | (4) Transferred from separate account | 7c(4) |
| | (5) Other (specify below)..... ▶ | 7c(5) |
| | (6) Total additions | 7c(6) 142343 |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d 3830459 |
| e | Deductions: | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) 2398 |
| | (2) Administration charge made by carrier..... | 7e(2) 10816 |
| | (3) Transferred to separate account | 7e(3) |
| | (4) Other (specify below)..... ▶ RET ALLOCATED, MKT VALUE | 7e(4) 7521 |
| (5) Total deductions | 7e(5) 20735 | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 7f 3809724 |

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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. | 10b | |

Specify nature of costs.

Part IV Provision of Information

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

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

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| SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 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 <u>UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN</u> | D Employer Identification Number (EIN) <u>43-6058365</u> | |

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) | <u>764934050</u> |
| (2) Actuarial value of assets for funding standard account | 1b(2) | <u>809446764</u> |
| c (1) Accrued liability for plan using immediate gain methods | 1c(1) | <u>773669527</u> |
| (2) Information for plans using spread gain methods: | | |
| (a) Unfunded liability for methods with bases | 1c(2)(a) | |
| (b) Accrued liability under entry age normal method | 1c(2)(b) | |
| (c) Normal cost under entry age normal method | 1c(2)(c) | |
| (3) Accrued liability under unit credit cost method | 1c(3) | <u>773669527</u> |
| d Information on current liabilities of the plan: | | |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) | 1d(1) | |
| (2) "RPA '94" information: | | |
| (a) Current liability | 1d(2)(a) | <u>1241837854</u> |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | <u>7321745</u> |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | <u>58978316</u> |
| (3) Expected plan disbursements for the plan year | 1d(3) | <u>60728316</u> |

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

| | |
|--------------------------------------------------------------|----------------------------------------|
| SIGN HERE | |
| Signature of actuary | <u>09/11/2025</u> |
| <u>WILLIAM GITTERMAN, FSA, MAAA</u> | Date |
| Type or print name of actuary | <u>23-08743</u> |
| <u>SEGAL</u> | Most recent enrollment number |
| Firm name | <u>312-984-8500</u> |
| <u>101 N. WACKER DR. STE 1800 CHICAGO, IL 60606-1722</u> | 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 | 764934050 |
| b "RPA '94" current liability/participant count breakdown: | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment | 7163 | 687513238 |
| (2) For terminated vested participants | 5798 | 336804295 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 4059565 |
| (b) Vested benefits | | 213460756 |
| (c) Total active | 3476 | 217520321 |
| (4) Total | 16437 | 1241837854 |
| c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | 2c | 61.60 % |

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

| (a) Date (MM/DD/YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM/DD/YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | |
|---------------------------------------------------------------------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|--------|
| 07/01/2024 | 7805577 | | | | | |
| 07/01/2024 | 345300 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Totals ▶ | 3(b) | 8150877 | |
| (d) Total withdrawal liability amounts included in line 3(b) total | | | | | 3(d) | 345300 |

4 Information on plan status:

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))..... | 4a | 104.6 % |
| b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 | 4b | N |
| c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date | 4e | |
| f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999." | 4f | |

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

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

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

6 Checklist of certain actuarial assumptions:

| | | |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| a Interest rate for "RPA '94" current liability..... | 6a | 3.29 % |
| | Pre-retirement | Post-retirement |
| b Rates specified in insurance or annuity contracts..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) | A A |
| (2) Females | 6c(2) | A A |
| d Valuation liability interest rate | 6d | 7.00 % 7.00 % |
| e Salary scale | 6e | % <input checked="" type="checkbox"/> N/A |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 7.3 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 9.8 % |
| i Expense load included in normal cost reported in line 9b | 6i | <input type="checkbox"/> N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage..... | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | 6i(2) | 1687346 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | <input type="checkbox"/> |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | -251926 | -25851 |
| | | |
| | | |

8 Miscellaneous information:

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval | 8a | |
| b Demographic, benefit, and contribution information | | |
| (1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| d If line c is "Yes," provide the following additional information: | | |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended .. | 8d(2) | |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) | 8d(4) | |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension | 8d(5) | |
| (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e If box 5h is checked or 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 | |
| b Employer's normal cost for plan year as of valuation date..... | 9b | 4792308 |

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) | 190538899 | 27241788 |
| 9c(2) | | |
| 9c(3) | | |

d Interest as applicable on lines 9a, 9b, and 9c.....

| | |
|-----------|---------|
| 9d | 2242387 |
|-----------|---------|

e Total charges. Add lines 9a through 9d.....

| | |
|-----------|----------|
| 9e | 34276483 |
|-----------|----------|

Credits to funding standard account:

f Prior year credit balance, if any.....

| | |
|-----------|-----------|
| 9f | 137771655 |
|-----------|-----------|

g Employer contributions. Total from column (b) of line 3.....

| | |
|-----------|---------|
| 9g | 8150877 |
|-----------|---------|

h Amortization credits as of valuation date.....

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

| | Outstanding balance | |
|-----------|---------------------|----------|
| 9h | 88544481 | 15944146 |
| 9i | | 11045387 |

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) | 161890401 | |
| 9j(2) | 304116832 | |
| 9j(3) | | |

k (1) Waived funding deficiency

(2) Other credits

| | |
|--------------|--|
| 9k(1) | |
| 9k(2) | |

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

| | |
|-----------|-----------|
| 9l | 172912065 |
|-----------|-----------|

m Credit balance: If line 9l is greater than line 9e, enter the difference

| | |
|-----------|-----------|
| 9m | 138635582 |
|-----------|-----------|

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.....

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

(a) Reconciliation outstanding balance as of valuation date

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

(3) Total as of valuation date.....

| | |
|-----------------|--|
| 9o(1) | |
| 9o(2)(a) | |
| 9o(2)(b) | |
| 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 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 NO. 655, FOOD EMPLOYER'S JOINT PE | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN | D Employer Identification Number (EIN) 43-6058365 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

INVESCO TRUST COMPANY 11 GREENWAY PLAZA
HOUSTON, TX 77046

46-3793325

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

INVESCO ADVISERS, INC. 1555 PEACHTREE ST NE STE 1800
ATLANTA, GA 30309

58-1707262

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

NEW TOWER TRUST COMPANY 7315 WISCONSIN AVENUE, SUITE 350W
BETHESDA, MD 20814

30-0872552

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

BAIRD ADVISORS 777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

39-6037917

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

MELLON INVESTMENTS CORPORATION

201 WASHINGTON STREET, 14TH FLOOR
BOSTON, MA 02108

25-6078093

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

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

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

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

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

MARCO CONSULTING GROUP

550 WEST WASHINGTON STREET, SUITE 9
CHICAGO, IL 60661

36-3555078

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

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

ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVENUE, SUITE 1300W
BETHESDA, MD 20814

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 | NONE | 203064 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SUSAN PERNEY

43-6058365

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 | EMPLOYEE | 158577 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

BOSTON TRUST WALDEN COMPANY

ONE BEACON STREET
BOSTON, MA 02108

04-2273811

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 21 24 25 28 50 51 | NONE | 149480 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 | NONE | 139194 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

COMERICA BANK

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

01-0614895

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 | NONE | 107132 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

THE SEGAL COMPANY

101 N WACKER DRIVE, SUITE 500
CHICAGO, IL 60606

13-1975125

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 | NONE | 134844 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SEGAL SELECT INSURANCE SERVICES

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

46-0619194

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 53 | NONE | 126519 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SEGALL BRYANT HAMILL

10 SOUTH WACKER DRIVE, SUITE 3500
CHICAGO, IL 60606

41-1788385

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 | NONE | 118138 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 | NONE | 108120 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MCI PRINTING INC

10017 OFFICE CENTER AVENUE
ST. LOUIS, MO 63128

43-1606509

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 36 | NONE | 90314 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

REINHART LAW OFFICE

1000 NORTH WATER STREET, SUITE 1700
MILWAUKEE, WI 53202

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 | NONE | 86282 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

UFCW LOCAL 655

300 WEIDMAN RD
BALLWIN, MO 63011

43-0477135

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 | LOCAL | 68550 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TONIA WOLFF

43-6058365

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 | EMPLOYEE | 65725 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SMITH GRAHAM & CO

6900 JPMORGAN CHASE TOWER 600 TRAVI
HOUSTON, TX 77002

76-0301817

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51 56 | NONE | 63876 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

COMERICA BANK

411 WEST LAFAYETTE BOULEVARD
DETROIT, MI 48226

42-1741646

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 49 62 72 | NONE | 56723 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

KAITLYN M MCCRARY

43-6058365

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 | EMPLOYEE | 50394 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ANDERS MINKLER HUBER HELM LLP

43-0831507

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 | NONE | 43078 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

STATE STREET GLOBAL ADVISORS TRUST

ONE LINCOLN ST 33RD FLOOR
BOSTON, MA 02111

81-4017137

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 | NONE | 43074 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

HAMMOND & SHINNERS PC

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

43-1429257

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 | NONE | 29361 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WESTERHEIDE & COMPANY

11430 GRAVOIS ROAD
SAPPINGTON, MO 63126

43-1176609

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 22 | NONE | 19800 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

| | |
|--------------------|---------------------|
| 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 <hr/> 2024 <hr/> 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 <u>UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN</u> | D Employer Identification Number (EIN) <u>43-6058365</u> | |

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

| | | |
|------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO INTERNATIONAL GROWTH TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u> | | |
| c EIN-PN <u>20-2583973-114</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33619206</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u> | | |
| b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u> | | |
| c EIN-PN <u>52-6218800-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17752468</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&P 500 FLAGSHIP FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u> | | |
| c EIN-PN <u>04-0025081-004</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68495105</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 GROWTH INDEX</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u> | | |
| c EIN-PN <u>45-6135859-109</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65662608</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BARINGS INTL SMALL CAP EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u> | | |
| c EIN-PN <u>30-6617568-003</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19363967</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON DB SL LARGE CAP VALUE</u> | | |
| b Name of sponsor of entity listed in (a): <u>BNYM MELLON</u> | | |
| c EIN-PN <u>25-6078093-005</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66487411</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

| | | |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information 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 NO. 655, FOOD EMPLOYER'S JOINT PE | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN | D Employer Identification Number (EIN) 43-6058365 |

| | |
|---------------|--------------------------------------|
| Part I | 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.

| | | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | 154455 | 200793 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 768209 | 552079 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 1257090 | 1131381 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 9708308 | 11379477 |
| (2) U.S. Government securities | 1c(2) | 33046137 | 34592309 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | 22295244 | 22062465 |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | 102486646 | 44493989 |
| (5) Partnership/joint venture interests | 1c(5) | 192446814 | 185819085 |
| (6) Real estate (other than employer real property) | 1c(6) | 2461801 | 1482297 |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 203920120 | 271380765 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 166426263 | 177077462 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 3688116 | 3809724 |
| (15) Other..... | 1c(15) | 26463347 | 25763962 |

| 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 | 173500 | 173333 |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 765296050 | 779919121 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 19110 | 19466 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 342890 | 703887 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 362000 | 723353 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 764934050 | 779195768 |

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) | 7805577 | |
| (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) | | 7805577 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 252149 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 1459409 | |
| (C) Corporate debt instruments..... | 2b(1)(C) | 891760 | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | 195983 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 2799301 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 764822 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 5218023 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 5982845 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 459341759 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 439713895 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 19627864 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -10286708 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | -10286708 |

| | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 38746110 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | 8755492 |
| c Other income | 2c | 1070894 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 74501375 |

Expenses

| | | |
|---------------------------------------------------------------------------------------------|--------|----------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 56590606 |
| (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) | 56590606 |
| 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) | 300748 |
| (2) Contract administrator fees | 2i(2) | |
| (3) Recordkeeping fees | 2i(3) | |
| (4) IQPA audit fees | 2i(4) | 62878 |
| (5) Investment advisory and investment management fees | 2i(5) | 2011658 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | |
| (7) Actuarial fees | 2i(7) | 134844 |
| (8) Legal fees | 2i(8) | 115642 |
| (9) Valuation/appraisal fees | 2i(9) | |
| (10) Other trustee fees and expenses | 2i(10) | |
| (11) Other expenses | 2i(11) | 1023281 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 3649051 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 60239657 |

Net Income and Reconciliation

| | | |
|-----------------------------------------------------------------|-------|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 14261718 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | |
| (2) From this plan | 2l(2) | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ANDERS MINKLER HUBER HELM LLP**

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

d The opinion of an independent qualified public accountant is **not attached** 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.) | | X | |
| 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.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 5000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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 1066568.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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 <u>UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN</u> | D Employer Identification Number (EIN) <u>43-6058365</u> | |

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

| | |
|---|--|
| 1 | |
|---|--|

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

| | |
|---|---|
| 3 | 0 |
|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer UFCW UNION LOCAL 655

b EIN 43-0477135 **c** Dollar amount contributed by employer 33241

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 11 Day 01 Year 2025

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) 1.07

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

a Name of contributing employer TNT FOODS LLC, DBA PRICE CHOPPER

b EIN 43-0499644 **c** Dollar amount contributed by employer 33244

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 27 Year 2025

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) 1.07

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

a Name of contributing employer ROZIERS FOOD CENTRE

b EIN 43-1854684 **c** Dollar amount contributed by employer 72812

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 07 Year 2025

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) 1.07

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

a Name of contributing employer BILLS IGA

b EIN 37-1104695 **c** Dollar amount contributed by employer 30874

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 11 Day 06 Year 2027

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) 2.76

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input checked="" type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | 5798 |
| b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | 5834 |
| c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | 5738 |

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 | 66.44 |
| b The corresponding number for the second preceding plan year..... | 15b | 64.11 |

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: 27.0 % Private Equity: 60.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 2.0 %

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 655 FOOD EMPLOYERS JOINT
PENSION PLAN**

**FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
AND ADDITIONAL INFORMATION
AND
INDEPENDENT AUDITORS' REPORT
YEARS ENDED DECEMBER 31, 2024 AND 2023**

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Independent Auditors' Report

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

Opinion

We have audited the accompanying financial statements of United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our 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 Auditors' 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.

Management's Responsibility for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

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

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

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

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses for the years ended December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of 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 our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.



September 16, 2025

Chesterfield, Missouri

**United Food and Commercial Workers Union Local 655 Food Employers Joint 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 | <u>\$ 777,861,535</u> | <u>\$ 762,942,796</u> |
| Receivables | | |
| Employer contributions | 552,079 | 768,209 |
| Other receivables | 2,511 | 2,511 |
| Due from investment brokers | 274,197 | 457,945 |
| Accrued interest and dividends | <u>708,237</u> | <u>636,068</u> |
| Total Receivables | <u>1,537,024</u> | <u>1,864,733</u> |
| Operating Right-of-Use Asset | 146,436 | 160,566 |
| Property, Plant, and Equipment, Net | 173,333 | 173,500 |
| Cash - Noninterest Bearing | <u>200,793</u> | <u>154,455</u> |
| Total Assets | <u>779,919,121</u> | <u>765,296,050</u> |
| Liabilities | | |
| Current Liabilities | | |
| Accrued expenses | 19,466 | 19,110 |
| Due to related parties | 4,360 | 5,169 |
| Due to investment brokers | 553,091 | 177,155 |
| Current maturity of operating lease liability | <u>19,908</u> | <u>19,908</u> |
| Total Current Liabilities | <u>596,825</u> | <u>221,342</u> |
| Long-Term Operating Lease Liability | <u>126,528</u> | <u>140,658</u> |
| Total Liabilities | <u>723,353</u> | <u>362,000</u> |
| Net Assets Available for Benefits | <u>\$ 779,195,768</u> | <u>\$ 764,934,050</u> |

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

| | 2024 | 2023 |
|------------------------------------------------------|----------------|----------------|
| Additions To Net Assets: | | |
| Investment Income | | |
| Net appreciation in fair value of investments | \$ 56,842,758 | \$ 67,493,832 |
| Partnership income (loss) | 693,760 | (4,291,077) |
| Interest, dividends and other investment income | 8,782,146 | 8,829,550 |
| | 66,318,664 | 72,032,305 |
| Less: Investment expense | (2,011,658) | (1,817,349) |
| Net Investment Income | 64,307,006 | 70,214,956 |
| | | |
| Employer Contributions | 7,805,577 | 9,250,795 |
| Employer Withdrawal Contributions | 345,300 | 16,137 |
| Employer Withdrawal Liability Loss | - | (5,599,869) |
| Other Income | 31,834 | 3,439 |
| Total Additions | 72,489,717 | 73,885,458 |
| | | |
| Deductions From Net Assets: | | |
| Benefits Paid to Participants | 56,590,606 | 54,835,274 |
| Administrative Expenses | 1,637,393 | 1,606,219 |
| Total Deductions | 58,227,999 | 56,441,493 |
| | | |
| Net Increase | 14,261,718 | 17,443,965 |
| | | |
| Net Assets Available for Benefits, Beginning of Year | 764,934,050 | 747,490,085 |
| | | |
| Net Assets Available for Benefits, End of Year | \$ 779,195,768 | \$ 764,934,050 |

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Statement of Accumulated Plan Benefits
December 31, 2023**

Actuarial Present Value of Accumulated Plan Benefits:

| | |
|------------------------------------------------------------|-----------------------|
| Vested Benefits | |
| Participants currently receiving payments | \$ 490,285,775 |
| Other participants | <u>281,374,742</u> |
| Total Vested Benefits | 771,660,517 |
| Non-Vested Benefits | <u>2,009,010</u> |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u>\$ 773,669,527</u> |

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023**

| | |
|------------------------------------------------------------------------------------|------------------------------|
| Actuarial Present Value of Accumulated Plan Benefits at December 31, 2022: | <u>\$ 771,125,352</u> |
| Increase (decrease) during the year attributed to: | |
| Interest credited | 51,899,604 |
| Benefits paid, net | (54,835,274) |
| Benefits accumulated and other | <u>5,479,845</u> |
| Net Increase | <u>2,544,175</u> |
| Total Actuarial Present Value of Accumulated Plan Benefits at December 31, 2023 | <u><u>\$ 773,669,527</u></u> |

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Notes to Financial Statements
December 31, 2024 and 2023**

1. Plan Description

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

General

The Plan is a multiemployer defined benefit pension plan. The Plan was established effective January 1, 1963, pursuant to a collective bargaining agreement ("CBA") between the United Food and Commercial Workers Union Local 655 (the "Union") and various participating employers (the "Employers") involved in the food and retail industries to provide retirement benefits to covered employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Eligibility

To be eligible, an employee must be working for an Employer who is subject to the CBA or for an Employer subject to a trustee approved participation agreement. An employee is eligible to participate in the Plan on the earlier of the date their Employer first makes or is required to make a contribution to the Plan or January 1 or July 1 following the completion of one year of service.

Funding Policy

The Employers are required to make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other participation agreements and is subject to minimum funding requirements of ERISA and maximum deductibility of contributions by Employers under the Internal Revenue Code ("IRC"). Contributions by participants are not permitted under the Plan. The Trustees design the benefit structure based on information from their actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024.

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

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Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding certification as of January 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated plan benefit obligations as of January 1, 2023 and audited financial information as of December 31, 2022, as well as other information, including estimated cash flows for the year ended December 31, 2023 and the rate of market value return as reported by investment consultants. The funded (zone) status provides an indication of the financial health of the Plan.

The Plan was certified as neither endangered nor critical (that is, in the Green Zone). The Plan's funding status at December 31, 2024 and 2023 was 104.6% and 102.4%, respectively. The certification has projected the funding to be larger than 80% for ten years and there was no projected deficiency in the Plan for at least seven years.

Vesting

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

Participants are fully vested in their accrued benefits upon the earlier one of the following: a) normal retirement age; b) upon the completion of five years of vesting service; c) upon completion of 10 years of vesting service.

Pension Benefits

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

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Use of Estimates

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

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Partnership income (loss) is the Plan's proportionate share of the income (loss) attributable to the partnerships as a whole.

Fair Value Measurements

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

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivables are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considers an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivables are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit loss is necessary as of December 31, 2024 and 2023.

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Assessed Withdrawal Liability Receivable

The Plan is a multiemployer collectively bargained plan subject to the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (the "MPPA Act"). Under the MPPA Act, an Employer that withdraws from the Plan after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Plan, determined by a formula adopted by the Trustees in accordance with the MPPA Act. The actuary has determined there may be a withdrawal liability assessed against any Employer that would terminate its participation in the Plan after December 31, 2024 and 2023. The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectibility, once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Leases

The Plan leases a building. The Plan assesses whether an arrangement qualifies as a lease (conveys the right to control the use of an identified asset for a period of time in exchange for consideration) at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. The Plan has recognized a liability representing the future lease payments and a right-of-use asset ("ROU") representing its right to use the underlying asset for the lease term. As the lease does not provide an implicit rate, the Plan elected to use the practical expedient to use the risk-free rate of return at the commencement date in determining the present value of lease payments. The Plan has elected to treat leases with a lease term of 12 months or less as short term leases and are not recorded on the statements of net assets available for benefits. Lease expense is recognized on a straight-line basis over the lease term for short term leases, and variable lease expenses are recognized in the period in which they are incurred. The Plan has elected not to separate lease components from nonlease components when allocating consideration under the terms of the lease.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through September 16, 2025 the date the financial statements were available to be issued.

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3. Fair Value Measurements

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

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

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

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

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

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

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

Investments also include common collective trust funds. The common collective trust funds are valued at the NAV of shares of the bank collective trusts held by the Plan at year-end. The NAV is based on the fair value of underlying investments held by the trusts. The NAV is used as the practical expedient to estimate fair value.

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

The fair value of investments is measured as of December 31, as follows:

| | 2024 | | | |
|---------------------------------------|----------------------|-------------------------|----------------------|----------------------|
| | Total | Fair Value Measurements | | |
| | | Level 1 | Level 2 | Level 3 |
| Money market funds | \$ 11,379,477 | \$ 11,379,477 | \$ - | \$ - |
| Common stocks | 44,493,989 | 44,493,989 | - | - |
| Corporate bonds | 22,062,465 | - | 22,062,465 | - |
| U.S. government and agency securities | 34,592,309 | - | 34,592,309 | - |
| Real estate investment trusts | 1,482,297 | 1,482,297 | - | - |
| Municipal bonds | 2,040,844 | - | 2,040,844 | - |
| Mutual funds | 177,077,462 | 177,077,462 | - | - |
| Investment contract | 3,809,724 | - | - | 3,809,724 |
| Hedge funds | 23,723,118 | - | - | 23,723,118 |
| Limited partnerships | 185,819,085 | - | - | 185,819,085 |
| Total assets in fair value hierarchy | 506,480,770 | <u>\$234,433,225</u> | <u>\$ 58,695,618</u> | <u>\$213,351,927</u> |
| Investments measured at NAV | <u>271,380,765</u> | | | |
| | <u>\$777,861,535</u> | | | |

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| | 2023 | | | |
|---------------------------------------|----------------------|-------------------------|----------------------|----------------------|
| | Total | Fair Value Measurements | | |
| | | Level 1 | Level 2 | Level 3 |
| Money market funds | \$ 9,708,308 | \$ 9,708,308 | \$ - | \$ - |
| Common stocks | 102,486,646 | 102,486,646 | - | - |
| Corporate bonds | 22,295,244 | - | 22,295,244 | - |
| U.S. government and agency securities | 33,046,137 | - | 33,046,137 | - |
| Real estate investment trusts | 2,461,801 | 2,461,801 | - | - |
| Municipal bonds | 2,453,872 | - | 2,453,872 | - |
| Mutual funds | 166,426,263 | 166,426,263 | - | - |
| Investment contract | 3,688,116 | - | - | 3,688,116 |
| Hedge funds | 24,009,475 | - | - | 24,009,475 |
| Limited partnerships | 192,446,814 | - | - | 192,446,814 |
| Total assets in fair value hierarchy | 559,022,676 | <u>\$281,083,018</u> | <u>\$ 57,795,253</u> | <u>\$220,144,405</u> |
| Investments measured at NAV | <u>203,920,120</u> | | | |
| | <u>\$762,942,796</u> | | | |

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

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

| | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency</u> | <u>Redemption Notice Period</u> |
|---------------------------------------------------|-------------------|-----------------------------|-----------------------------|---------------------------------|
| 2024 | | | | |
| Collective Trust Funds: | | | | |
| Barings International Small Cap | \$ 19,363,967 | N/A | Monthly | N/A |
| Invesco International Growth Trust CL 1 | \$ 33,619,206 | N/A | Daily | N/A |
| Multi-Employer Property Trust | \$ 17,752,468 | N/A | Quarterly | 45 days |
| Russell 1000 Growth Indx NL | \$ 65,662,608 | N/A | Daily | N/A |
| S&P 500 Flagship NL Fund | \$ 68,495,105 | N/A | Daily | N/A |
| BNY Mellon DB SL Large Cap Value Stock Index Fund | \$ 66,487,411 | N/A | Daily | N/A |
| 2023 | | | | |
| Collective Trust Funds: | | | | |
| Barings International Small Cap | \$ 19,982,511 | N/A | Monthly | N/A |
| Invesco International Growth Trust CL 1 | \$ 33,450,053 | N/A | Daily | N/A |
| Multi-Employer Property Trust | \$ 18,438,910 | N/A | Quarterly | 45 days |
| Russell 1000 Growth Indx NL | \$ 67,981,303 | N/A | Daily | N/A |
| S&P 500 Flagship NL Fund | \$ 64,067,343 | N/A | Daily | N/A |

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The following table provides a summary of changes in the estimated fair value of the Plan's Level 3 assets for the years ended December 31, 2024 and 2023, as follows:

| | Limited Partnerships | Hedge Funds | Investment Contract | Employers' Withdrawal Liability Assessments Receivable | Total |
|-------------------------------------------------------|-------------------------|----------------------|------------------------|--------------------------------------------------------------------|-----------------------|
| Balance, December 31, 2022 | \$ 199,348,260 | \$ 22,659,638 | \$ 3,558,281 | \$ 16,494,160 | \$ 242,060,339 |
| Unrealized gain (loss) | (4,291,077) | 2,536,058 | 129,835 | - | (1,625,184) |
| Purchases, sales, issuances, and settlements (net) | <u>(2,610,369)</u> | <u>(1,186,221)</u> | <u>-</u> | <u>(16,494,160)</u> | <u>(20,290,750)</u> |
| Balance, December 31, 2023 | 192,446,814 | 24,009,475 | 3,688,116 | - | 220,144,405 |
| Unrealized gain | 693,760 | 2,963,577 | 121,608 | - | 3,778,945 |
| Purchases, sales, issuance and settlements, (net) | <u>(7,321,489)</u> | <u>(3,249,934)</u> | <u>-</u> | <u>-</u> | <u>(10,571,423)</u> |
| Balance, December 31, 2024 | <u>\$ 185,819,085</u> | <u>\$ 23,723,118</u> | <u>\$ 3,809,724</u> | <u>\$ -</u> | <u>\$ 213,351,927</u> |

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

December 31, 2024

| Instrument | Fair Value | Valuation Technique | Unobservable Inputs |
|----------------------|---------------|------------------------|------------------------------------------------------------|
| Limited partnerships | \$185,819,085 | Market Approach | Value of underlying assets of the partnerships |
| Hedge funds | \$ 23,723,118 | Market Approach | Value of underlying assets of the hedge funds |
| Investment contract | \$ 3,809,724 | Market Approach | Cash-out factor based on associated pool of general assets |

December 31, 2023

| Instrument | Fair Value | Valuation Technique | Unobservable Inputs |
|----------------------|---------------|------------------------|------------------------------------------------------------|
| Limited partnerships | \$192,446,814 | Market Approach | Value of underlying assets of the partnerships |
| Hedge funds | \$ 24,009,475 | Market Approach | Value of underlying assets of the hedge funds |
| Investment contract | \$ 3,688,116 | Market Approach | Cash-out factor based on associated pool of general assets |

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4. Leases - Related Party

The Plan has an operating lease of a building with the Union. The following summarizes the weighted average remaining lease term and discount rate as of December 31:

| | 2024 | 2023 |
|---------------------------------------|------------|------------|
| Weighted Average Remaining Lease Term | | |
| Operating lease | 8.42 years | 9.42 years |
| Weighted Average Discount Rate | | |
| Operating lease | 3.79 % | 3.79 % |

The maturities of operating lease liabilities as of December 31, are as follows:

| Years Ending December 31, | |
|------------------------------------|------------|
| 2025 | \$ 19,908 |
| 2026 | 19,908 |
| 2027 | 19,908 |
| 2028 | 20,107 |
| 2029 | 20,308 |
| Thereafter | 70,869 |
| Total Lease Payments | 171,008 |
| Less: Interest | 24,572 |
| Present Value of Lease Liabilities | \$ 146,436 |

The components of lease expense for the years ended December 31, is as follows:

| | 2024 | 2023 |
|-------------------------|-----------|-----------|
| Operating lease expense | \$ 20,239 | \$ 20,239 |
| Total net lease expense | \$ 20,239 | \$ 20,239 |

Total rent expense for both Plan years ending December 31, 2024 and 2023 was \$20,239.

5. Related-Party Transactions

The Union provides services to the Plan, including common occupancy of offices, personnel, utilization of data processing equipment, and common administrative functions. All such costs are borne by the Union and allocated to the Plan. The total allocated expenses totaled \$59,906 and \$61,794 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, \$4,360 and \$5,169, respectively, was due to the Union for administrative expenses.

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6. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits of active employees will equal the accumulation, with interest, the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

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

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, as of January 1, 2024 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are:

| | |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Estimated rate of return on investments: | On actuarial value of assets (Schedule MB, line 6g): 7.3%, for the Plan Year ending December 31, 2023. |
| | On current (market) value of assets (Schedule MB, line 6h): 9.8%, for the Plan Year ending December 31, 2023. |

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

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

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

Termination Rates

| Age | Mortality* | | Disability | Withdrawal** |
|-----|------------|--------|------------|--------------|
| | Male | Female | | |
| 20 | 0.07% | 0.03% | 0.02% | 14.76% |
| 25 | 0.09% | 0.03% | 0.03% | 14.76% |
| 30 | 0.09% | 0.04% | 0.03% | 8.17% |
| 35 | 0.12% | 0.05% | 0.04% | 8.47% |
| 40 | 0.13% | 0.07% | 0.07% | 7.00% |
| 45 | 0.16% | 0.09% | 0.11% | 6.29% |
| 50 | 0.25% | 0.13% | 0.18% | 5.89% |
| 55 | 0.40% | 0.22% | 0.30% | 3.00% |
| 60 | 0.70% | 0.34% | 0.49% | 0.13% |

* Rates shown above are sample rates in 2024

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

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

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Retirement

The assumed retirement rates for those eligible are:

| <u>Age</u> | <u>From Active Status</u> | <u>From Inactive Status</u> |
|------------|---------------------------|-----------------------------|
| 52-54 | 1% | - |
| 55-56 | 2% | 2% |
| 57-59 | 5% | 2% |
| 60 | 15% | 10% |
| 61 | 15% | 20% |
| 62 | 30% | 35% |
| 63-64 | 20% | 20% |
| 65 | 30% | 40% |
| 67-70 | 25% | 10% |
| 71 | 100% | 100% |

Description of Weighted Average Retirement Age:

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Future Benefit Accruals:

Based on the average of the participant's hours during the previous two years with a minimum of 0.25 pension credits.

Unknown Data for Participants:

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

Definition of Active Participants:

Participants with at least 250 hours in the most recent plan year and who have accumulated at least one pension eligibility credit, excluding those who have retired as of the valuation date and those who were employed by a withdrawn Employer.

Percent Married:

Males: 80%
 Females: 65%

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| | |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age of Spouse: | Spouses are assumed 4 years younger than the male participants and 2 years older than female participants. If not given, spouses are assumed to be of the opposite sex of the participants. |
| Benefit Election: | Male Participants: 50% elect the 50% joint and survivor pension with pop-up provision and 50% elect the single life annuity. Female Participants: 30% elect the 50% joint and survivor pension with pop-up provision and 70% elect the single life annuity. |
| Delayed Retirement Factors: | Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases. |
| Net Investment Return: | 7.00% - The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation. |
| Annual Administrative Expenses: | \$1,750,000 for the year beginning January 1, 2024 (equivalent to \$1,687,346 payable at the beginning of the year). |
| Actuarial Value of Assets: | The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 80% to 120% on the market value of assets. |
| Actuarial Cost Method: | Unit Credit Actuarial Cost Method. Normal cost and actuarial accrued liability are calculated on an individual basis. |
| Benefits Valued: | Unless otherwise indicated, includes all benefits. |

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Current Liability Assumptions: Interest: 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E).

Mortality: As prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2022.

Funding Standard Account ("FSA") Contribution Timing (Schedule MB, Line 3):

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

7. Employer Withdrawal Liability Assessments

The Plan complies with the provisions of the MPPA Act, which requires imposition of a withdrawal liability assessment on a participating Employer that partially or totally withdraws from the Plan. Under the provisions of MPPA Act, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing Employer. A withdrawal liability assessment is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan. The Plan entered into various settlement agreements with participating Employers who withdrew from the Plan and were subject to withdrawal liability assessments. There were no Employer withdrawal liability assessments receivables as of December 31, 2024 and 2023.

During the years ended December 31, 2024 and 2023, the Plan recognized Employer withdrawal contributions of \$345,300 and \$16,137, respectively. During the year ended December 31, 2024, the Plan received a lump sum settlement from one previous Employer. During the year ended December 31, 2023, the Plan received lump sum settlements from two previous Employers.

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8. Plan Amendments

In November 2023, the Trustees approved an amendment to the Plan to become in compliance with the SECURE Act 2.0.

In February 2024, the Plan was amended to increase the required minimum distribution date for benefits from age 72 to 73.

9. Plan Termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of payment under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

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

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

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Notes to Financial Statements
December 31, 2024 and 2023**

10. Tax Status of Plan

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

In accordance with GAAP, management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to income tax examinations for years prior to 2021. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There is currently one audit in progress.

11. Risks and Uncertainties

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

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

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

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|----------------------------|----------------------------------------------------------------------------------------------------|-------------------|----------------------|
| MONEY MARKET FUNDS: | | | |
| | COMERICA SHORT TERM FUND | \$ 5,828,052 | \$ 5,828,052 |
| | FIRST BANK INTEREST BEARING CHECKING ACCOUNT | <u>5,551,425</u> | <u>5,551,425</u> |
| | TOTAL MONEY MARKET FUNDS | <u>11,379,477</u> | <u>11,379,477</u> |
| COMMON STOCKS: | | | |
| | ACUITY BRANDS INC | 155,529 | 333,905 |
| | ACV AUCTIONS INC CL A | 287,683 | 316,526 |
| | ALASKA AIR GROUP INC | 284,529 | 474,682 |
| | ALLEGRO MICROSYSTEMS INC | 23,364 | 23,106 |
| | AMPHASTAR PHARMACEUTICALS INC DE | 319,452 | 252,224 |
| | APOGEE THERAPEUTICS INC COM | 97,948 | 90,736 |
| | APPLIED INDUSTRIAL TECH INC | 94,386 | 437,991 |
| | APTARGROUP INC | 172,502 | 232,037 |
| | ARDAGH GROUP SA | 20,344 | 29,948 |
| | ATI INC | 649,044 | 682,826 |
| | ATKORE INTL GROUP INC | 285,405 | 159,139 |
| | ATMUS FILTRATION TECHNOLOGIES COM | 156,465 | 160,050 |
| | AXCELIS TECHNOLOGIES INC | 329,517 | 230,781 |
| | AXSOME THERAPEUTICS INC. | 51,151 | 51,781 |
| | BADGER METER INC | 101,921 | 345,756 |
| | BEACON ROOFING SUPPLY INC | 786,747 | 884,355 |
| | BILL HOLDINGS INC | 282,101 | 358,662 |
| | BLOCK H & R INC | 185,605 | 173,738 |
| | BLUEPRINT MEDICINES CORP | 111,835 | 106,234 |
| | BORG WARNER | 125,896 | 115,557 |
| | BOYD GAMING CORP | 57,436 | 61,079 |
| | BRIDGEBIO PHARMA INC | 293,067 | 284,141 |
| | BRIGHT HORIZONS FAMILY SOLUTIONS | 10,236 | 9,866 |
| | BUILDERS FIRSTSOURCE INC | 14,064 | 11,006 |
| | BURLINGTON STORES INC | 72,354 | 71,265 |
| | BWX TECHNOLOGIES INC | 35,487 | 35,088 |
| | CABLE ONE INC | 324,450 | 140,140 |
| | CACTUS INC | 241,940 | 409,279 |
| | CAESARS ENTERTAINMENT, INC | 950,884 | 802,281 |
| | CAMECO CORP | 127,826 | 116,861 |
| | CARPENTER TECHNOLOGY | 306,334 | 373,701 |
| | CARTER'S INC | 280,376 | 194,163 |
| | CATHAY BANCORP INC | 177,298 | 218,387 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

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|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | CAVA GROUP INC COM | \$ 3,449 | \$ 6,655 |
| | CAVCO INDUSTRIES INC | 197,844 | 373,941 |
| | CHART INDS INC | 355,698 | 416,604 |
| | CHEFS WHSE INC HOLDINGS LLC | 119,771 | 139,477 |
| | CHEMED CORP | 451,327 | 483,178 |
| | CHESAPEAKE UTILS CORP | 211,639 | 245,734 |
| | CHOICE HOTELS INTL INC | 291,930 | 421,539 |
| | CLOUDFLARE INC - CLASS A | 10,353 | 11,737 |
| | COHERENT CORP COM | 3,108 | 4,452 |
| | COLUMBIA SPORTSWEAR CO | 425,986 | 425,525 |
| | COMMERCE BANCSHARES INC | 256,618 | 333,359 |
| | CORCEPT THERAPEUTICS INC | 144,238 | 308,084 |
| | CORVEL CORP | 105,237 | 517,359 |
| | CREDO TECHNOLOGY GROUP HOLDI | 468,289 | 572,092 |
| | CSG SYSTEMS INTL INC | 300,250 | 344,737 |
| | CULLEN FROST | 450,289 | 553,244 |
| | DARLING INTL INC | 382,129 | 310,116 |
| | DIGITALBRIDGE GROUP INC CL A NEW | 466,611 | 357,080 |
| | DOCUSIGN INC | 1,407 | 2,249 |
| | DOLBY LABORATORIES INC CL A | 528,461 | 544,591 |
| | DONALDSON INC | 289,025 | 422,958 |
| | DONNELLEY FINANCIAL SOLUTIONS, INC | 286,950 | 329,646 |
| | DYNE THERAPEUTICS INC COM | 116,431 | 81,376 |
| | EAGLE MATERIALS INC | 402,080 | 383,959 |
| | ELASTIC NV | 42,995 | 47,856 |
| | ENOVIX CORPORATION | 40,055 | 39,371 |
| | ERO COPPER CORP COM | 199,849 | 149,493 |
| | EVERCORE PARTNERS INC | 147,767 | 305,186 |
| | EVOLUS INC | 30,485 | 30,702 |
| | EXLSERVICE HLDGS INC | 205,389 | 498,343 |
| | FIRST SOURCE CORP | 120,000 | 164,632 |
| | FIVE BELOW INC | 3,318 | 2,519 |
| | FLOOR & DECOR HOLDINGS, INC | 2,545 | 2,094 |
| | FLOWERS FOODS INC | 328,745 | 320,623 |
| | FLUOR CORP | 327,612 | 291,136 |
| | FMC CORP - NEW | 29,158 | 22,215 |
| | FRANKLIN ELEC INC | 253,386 | 404,515 |
| | FTAI AVIATION LTD SHS | 462,618 | 518,544 |

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December 31, 2024

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|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | GARRETT MOTION INC.-WI | \$ 150,125 | \$ 152,363 |
| | GITLAB INC CLASS A COM | 141,366 | 140,875 |
| | GLOBUS MED INC | 148,967 | 299,824 |
| | GMS INC | 9,965 | 9,416 |
| | GRANITE CONSTRUCTION INC | 401,117 | 602,480 |
| | GRAPHIC PACKAGING HOLDING CORP | 252,553 | 232,381 |
| | GREENBRIER CORP | 69,762 | 140,704 |
| | GRID DYNAMICS HOLDINGS INC CL A | 6,976 | 11,476 |
| | GUIDEWIRE SOFTWARE INC | 1,552 | 2,192 |
| | HAEMONETICS CORP MASS | 414,078 | 480,504 |
| | HALOZYME THERAPEUTICS INC | 309,024 | 288,390 |
| | HANOVER INS GROUP INC | 307,507 | 370,565 |
| | HELIOS TECHNOLOGIES INC | 99,389 | 93,610 |
| | HELMERICH & PAYNE INC | 201,294 | 205,344 |
| | HEXCEL CORP NEW | 172,199 | 170,920 |
| | ICU MED INC | 355,963 | 336,719 |
| | IDACORP INC | 246,542 | 281,942 |
| | INDEPENDENT BK CORP MASS | 250,340 | 265,105 |
| | INDIE SEMICONDUCTOR INC. CLASS A COM | 824,864 | 630,273 |
| | INMODE LTD | 183,993 | 157,782 |
| | INSMED INC COM | 188,608 | 237,221 |
| | INSPERITY INC | 132,150 | 118,590 |
| | INSPIRE MED SYS INC | 148,617 | 136,996 |
| | INSTALLED BLDG PRODS INC | 213,411 | 195,229 |
| | INSULET CORP | 62,168 | 65,268 |
| | INTERDIGITAL INC PA | 103,378 | 360,900 |
| | INTERNATIONAL BANCSHARES CORP | 356,169 | 431,256 |
| | INTERNATIONAL SEAWAYS INC | 10,323 | 7,116 |
| | IRHYTHM TECHNOLOGIES INC | 208,889 | 221,007 |
| | KNIFE RIV HLDG CO COM | 162,736 | 185,290 |
| | KNIGHT-SWIFT TRANSN HLDGS INC | 457,122 | 462,138 |
| | KRATOS DEFENSE & SEC SOLUTIONS | 115,021 | 159,916 |
| | KYMERA THERAPEUTICS INC COM | 79,970 | 70,000 |
| | LANCASTER COLONY CORP | 324,954 | 357,361 |
| | LANDSTAR SYSTEM INC | 192,048 | 322,925 |
| | LANTHEUS HLDGS INC | 13,754 | 11,272 |
| | LATTICE SEMICONDUCTOR CORP | 203,801 | 201,391 |
| | LCI INDUSTRIES | 32,944 | 26,675 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | LIFE TIME GROUP HOLDINGS INC COMMON STOCK | \$ 384,441 | \$ 362,746 |
| | LITHIA MTRS INC - CL A | 403,441 | 616,567 |
| | LITTLEFUSE INC | 444,296 | 436,188 |
| | MAGNOLIA OIL GAS CORP | 350,143 | 380,276 |
| | MATADOR RES CO | 245,000 | 221,889 |
| | MATTEL INC | 365,759 | 328,696 |
| | MAXLINEAR INC CL A | 489,043 | 531,528 |
| | MINERALS TECHNOLOGIES INC | 226,775 | 315,890 |
| | MODINE MFG CO | 304,698 | 309,417 |
| | MONGODB INC | 349,475 | 281,700 |
| | MONOLITHIC POWER SYSTEMS INC | 159,200 | 148,517 |
| | MP MATERIALS CORP | 4,057 | 3,775 |
| | MSC INDL DIRECT INC CL A | 349,004 | 317,208 |
| | NATERA INC | 55,183 | 70,127 |
| | NMI HLDGS INC - COMMON STOCK | 22,817 | 37,826 |
| | NOVOCURE LTD | 152,110 | 179,605 |
| | OKTA INC | 88,568 | 81,952 |
| | ONE GAS INC | 235,155 | 270,491 |
| | OUCHBASE INC COM | 171,822 | 96,705 |
| | PAGAYA TECHNOLOGIES LTD CL A NEW COM | 403,464 | 325,308 |
| | PAYMENTUS HOLDINGS INC COM CL A | 34,668 | 48,678 |
| | PENGUIN SOLUTIONS INC. | 31,975 | 30,090 |
| | PERMIAN RESOURCES CORP CLASS A COM | 3,740 | 5,004 |
| | PLANET FITNESS INC - CL A | 345,610 | 419,505 |
| | PLEXUS CORP | 253,296 | 409,195 |
| | POPULAR INC | 329,098 | 309,646 |
| | POWER INTEGRATIONS INC | 214,108 | 294,926 |
| | PRESTIGE BRANDS HLDGS INC | 413,031 | 440,662 |
| | PROCEPT BIOROBOTICS CORPORATION COM | 239,563 | 210,318 |
| | PROCORE TECHNOLOGIES INC COM | 255,784 | 236,104 |
| | PROGRESS SOFTWARE CORP | 304,413 | 453,705 |
| | PURE STORAGE INC CLASS A | 249,106 | 243,570 |
| | QUALYS INC | 431,984 | 513,906 |
| | QUANTA SVCS INC | 5,313 | 6,953 |
| | REGAL BELOIT CORP WISCONSIN | 487,845 | 470,975 |
| | RXO INC. COMMON STOCK | 369,978 | 378,961 |
| | RYERSON HLDG CORP | 98,560 | 72,504 |
| | SANMINA CORP | 252,343 | 267,342 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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December 31, 2024

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|-----|----------------------------------------------------------------------------------------------------|-------------------|----------------------|
| | COMMON STOCKS (CONTINUED): | | |
| | SELECTIVE INSURANCE GROUP INC | \$ 336,701 | \$ 417,006 |
| | SENSIENT TECHNOLOGIES CORP | 232,575 | 253,329 |
| | SENTINELONE INC CL A | 83,456 | 69,175 |
| | SHOALS TECHNOLOGIES GROUP INC CL A | 94,864 | 87,811 |
| | SHUTTERSTOCK INC | 305,563 | 116,544 |
| | SIGMA LITHIUM CORPORATION COM | 51,600 | 39,988 |
| | SILGAN HOLDINGS INC | 321,307 | 481,983 |
| | SIMPLY GOOD FOODS CO | 447,983 | 490,446 |
| | STEVANATO GROUP S P A ORD SHS | 231,125 | 253,374 |
| | STRATASYS LTD | 48,803 | 38,138 |
| | STRIDE INC COM | 33,957 | 40,221 |
| | SWEETGREEN INC COM | 485,801 | 421,525 |
| | SYMBOTIC INC CLASS A COM | 23,462 | 23,094 |
| | TEMPUS AI INC CL A COM | 436,035 | 369,267 |
| | TERADATA CORP DEL | 355,477 | 348,257 |
| | THE CARLYLE GROUP INC | 621,338 | 595,025 |
| | TIDEWATER INC NEW | 41,120 | 36,109 |
| | TOAST INC CL A | 82,071 | 79,570 |
| | TRANSMEDICS GROUP INC | 69,814 | 70,705 |
| | U S PHYSICAL THERAPY INC | 282,644 | 314,122 |
| | UFP TECHNOLOGIES INC | 181,042 | 177,270 |
| | UIPATH INC CL A | 13,757 | 11,528 |
| | ULTRA CLEAN HLDGS INC COM | 231,284 | 279,224 |
| | UMB FINANCIAL CORP | 131,138 | 203,035 |
| | UNITED THERAPEUTICS CORP DEL | 618,187 | 620,293 |
| | UNITIL CORP | 129,014 | 143,604 |
| | VALMONT INDS INC | 147,881 | 238,896 |
| | VERICEL CORP | 66,192 | 78,906 |
| | VIKING THERAPEUTICS INC | 337,593 | 225,424 |
| | WATTS WATER TECHNOLOGIES INC | 272,005 | 473,689 |
| | WESTERN DIGITAL CORP | 2,683 | 2,326 |
| | WOLFSPEED INC COM | 134,302 | 92,408 |
| | XPO, INC. | 214,771 | 232,529 |
| | ZSCALER INC | 26,240 | 23,085 |
| | TOTAL COMMON STOCKS | <u>40,046,508</u> | <u>44,493,989</u> |
| | CORPORATE BONDS: | | |
| | ADOBE INC 2.3% 02/01/2030-2029 | 166,423 | 146,753 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| CORPORATE BONDS (CONTINUED): | | | |
| | AEP TRANSMISSION CO LLC 3.1% 12/01/2026-2026 | \$ 359,643 | \$ 315,666 |
| | AGILENT TECHNOLOGIES 4.75% 09/06/2034 4.75% 9/9/2034 | 306,782 | 291,500 |
| | AIR PRODUCTS AND 4.85% 02/08/2034 CALLABLE | 148,949 | 146,451 |
| | ALLSTATE CORP .75% 12/15/2025-2025 | 205,988 | 202,503 |
| | AMAZON COM INC 3.875% 08/22/2037-2037 | 153,361 | 114,812 |
| | AMER WATER WORKS DTD 2/23/2024 5.15% 3/1/2034 | 307,538 | 292,605 |
| | AMERICAN AIRLINES PASS THROUGH T DTD 8/15/2019 3.15% | 141,050 | 140,152 |
| | AMERICAN EXPRESS CR CORP 3.3% 05/03/2027-2027 | 157,722 | 139,573 |
| | AMPHENOL CORP CL A 2.05% 03/01/2025-2025 | 537,175 | 537,397 |
| | ANALOG DEVICES INC 3.5% 12/05/2026-2026 | 274,585 | 240,494 |
| | ANHEUSER-BUSCH INBEV WORLDWIDE I 6.625% 08/15/2033 | 430,829 | 375,826 |
| | AT&T INC 5.15% 11/15/2046-2046 | 148,650 | 142,267 |
| | AUTOMATIC DATA PROCESSING 1.7% 05/15/2028 | 151,477 | 150,681 |
| | AVERY DENNISON CORP 2.25% 02/15/2032 CALLABLE | 262,702 | 254,065 |
| | BA CR CARD TR DTD 6/16/2023 4.79% 5/15/2028 | 292,163 | 296,300 |
| | BROWN FORMAN CORP 4.75% 04/15/2033 | 114,481 | 112,158 |
| | BURLINGTON NORTH SANTA FE 7.29% 06/01/2036 | 335,268 | 275,357 |
| | CANADIAN NATL RAILWAY CO 6.712% 07/15/2036 | 255,237 | 211,749 |
| | CATERPILLAR INC 6.625% 07/15/2028 | 268,682 | 226,698 |
| | CHURCH DWIGHT CO., INC. 5.6% 11/15/2032-2032 | 89,664 | 86,561 |
| | CINTAS CORP NO 2 4% 05/01/2032-2032 | 313,101 | 294,771 |
| | CNH EQUIPMENT TRUST ABS .81% 12/15/2026 | 65,433 | 64,517 |
| | COLGATE PALMOLIVE CO 3.25% 08/15/2032 | 315,340 | 291,977 |
| | COMCAST CORP NEW 6.5% 11/15/2035 | 321,078 | 298,576 |
| | CONSUMERS 23 DTD 12/12/2023 5.21% 9/1/2031 | 395,810 | 393,935 |
| | CUMMINS 1.5% 09/01/2030-2030 | 272,251 | 238,519 |
| | DAIMLER TRKS RETAIL 6.03% 03/15/2027 SER 2023-1 6.03% | 404,994 | 409,096 |
| | DARDEN RESTAURANTS 4.35% 10/15/2027 CALLABLE | 300,539 | 298,900 |
| | DICKS SPORTING GOODS INC 4.1% 01/15/2052-2051 | 150,397 | 149,028 |
| | DOMINION ENERGY INC PERP GLBL -C 7% 06/15/2038 | 328,146 | 272,705 |
| | DTE ELEC CO 3.7% 03/15/2045-2044 | 122,579 | 92,094 |
| | DUKE ENERGY CAROLINAS LLC 3.75% 06/01/2045-2044 | 259,860 | 210,444 |
| | EASTMAN CHEMICAL 3.8% 03/15/2025 | 282,808 | 289,316 |
| | EATON CORP OHIO 4.15% 11/02/2042 | 331,757 | 252,942 |
| | ECOLAB INC 4.8% 03/24/2030-2029 | 507,512 | 505,626 |
| | EMERSON ELECTRIC .875% 10/15/2026-2026 | 94,692 | 89,280 |
| | EVERGY INC 2.9% 09/15/2029-2029 | 280,170 | 241,118 |
| | EXXON MOBIL CORPORATION 2.61% 10/15/2030-2030 | 298,842 | 294,027 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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|-------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| CORPORATE BONDS (CONTINUED): | | | |
| | FEDEX 2020-1 CLASS AA 1.875% DTD 8/13/2020 1.875% | \$ 562,038 | \$ 473,603 |
| | FISERV INC SR NT 5.15% 08/12/2034 CALLABLE | 419,137 | 410,395 |
| | FLORIDA PWR & LT CO SR GLBL FL 3.125% 12/01/2025-2025 | 591,451 | 533,077 |
| | GENERAL MTRS FINL CO INC 2.7% 08/20/2027-2027 | 403,699 | 392,092 |
| | GEORGIA PAC CORP DEB 7.375% 12/01/2025 | 468,195 | 394,802 |
| | GLOBAL MARKETS INC 3.65% 01/12/2027 | 303,987 | 294,519 |
| | GRAINGER W W INC 1.85% 02/15/2025-2020 | 145,061 | 149,363 |
| | GRAINGER W W INC 3.75% 05/15/2046-2045 | 147,206 | 143,701 |
| | HCA INC 4.125% 06/15/2029-2029 | 289,726 | 292,820 |
| | HERSHEY CO 1.7% 06/01/2030-2030 | 238,424 | 212,658 |
| | ILLINOIS TOOL WORKS INC 2.65% 11/15/2026-2026 | 140,663 | 145,661 |
| | JACOBS ENGR GROUP INC DTD 8/18/2023 6.35% 8/18/2028 | 195,529 | 203,034 |
| | JPMORGAN CHASE & CO 2.182% 06/01/2028-2028 | 190,568 | 181,275 |
| | KENVUE INC SR GLBL NT 5.05% 03/22/2053 CALLABLE | 148,704 | 151,998 |
| | KEURIG DR PEPPER 5.3% 03/15/2034 CALLABLE | 380,609 | 379,293 |
| | KIMBERLY CLARK CORP 6.625% 08/01/2037 | 96,362 | 90,416 |
| | KLA-TENCOR CORP 4.95% 07/15/2052-2052 | 104,929 | 109,063 |
| | KROGER CO 2.65% 10/15/2026-2026 | 165,074 | 149,437 |
| | MARTIN MARIETTA 3.2% 07/15/2051-2031 | 184,439 | 129,484 |
| | MCDONALDS CORP 3.7% DTD 12/9/2015 3.70% 1/30/2026 | 90,155 | 90,295 |
| | MOLSON COORS BREWING CO 4.2% 07/15/2046-2046 | 134,055 | 143,687 |
| | MONDELEZ INTL INC 1.5% 05/04/2025-2025 | 339,079 | 355,900 |
| | NATIONAL RURAL UTILS COOP FIN 3.05% 04/25/2027-2022 | 325,447 | 293,956 |
| | NETFLIX INC. SR NT 5.4% 08/15/2054 CALLABLE | 120,941 | 116,719 |
| | NVENT FIN S A R L 4.55% 04/15/2028-2028 | 195,161 | 202,915 |
| | OGLETHORPE POWER CORPORATION 4.55% 06/01/2044 | 245,550 | 205,470 |
| | ONEOK INC DTD 3/1/2024 5.00% 3/1/2026 | 314,267 | 295,454 |
| | PACCAR FINANCIAL 4.6% 01/31/2029 | 378,430 | 379,058 |
| | PACIFIC GAS & ELEC 6.75% DTD 1/6/2023 6.75% 1/15/2053 | 160,414 | 163,430 |
| | PEPSICO INC 2.75% 03/19/2030-2029 | 265,116 | 263,413 |
| | PINNACLE WEST CAPITAL CORP 1.3% 06/15/2025-2025 | 488,518 | 481,763 |
| | PUBLIC SVC ELEC & GAS 5.2% 08/01/2033 CALLABLE | 382,808 | 375,248 |
| | QUANTA 3.05% 10/01/2041-2041 | 163,995 | 126,392 |
| | REPUBLIC 1.75% 02/15/2032-2031 | 322,020 | 261,082 |
| | REPUBLIC 3.375% 11/15/2027-2027 | 138,581 | 120,858 |
| | TENNESSEE GAS PIPELINE CO 7% 10/15/2028 | 281,776 | 244,508 |
| | TEXAS INSTRS INC 1.75% 05/04/2030-2030 | 147,996 | 149,786 |
| | T-MOBILE USA INC 3.875% 04/15/2030-2030 | 125,246 | 107,273 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------|----------------------|
| CORPORATE BONDS (CONTINUED): | | | |
| | TRANSATLANTIC HLDGS 8.00% 11/30/2039 | \$ 171,107 | \$ 172,780 |
| | TRANSCONTINENTAL GAS PIPE LINE C 7.85% 02/01/2026 | 390,128 | 322,894 |
| | UNION PAC RR CO 2014-1 PT DTD 5/20/2014 3.227% | 490,119 | 486,632 |
| | UNITED PARCEL SERVICE 5.2% 04/01/2040-2039 | 126,927 | 112,008 |
| | VENTAS RLTY LTD PARTNERSHIP DTD 5/13/2024 5.625% | 223,328 | 216,473 |
| | VERIZON MSTR 08/20/2030 SER 2024-6 DTD 9/18/2024 4.17% | 424,890 | 420,913 |
| | WALT DISNEY CO 7.125% 04/08/2028 | 281,007 | 224,414 |
| | WASTE CONNECTIONS INC 4.25% 12/01/2028-2028 | 456,745 | 415,918 |
| | WASTE MANAGEMENT INC .75% 11/15/2025-2025 | 518,010 | 503,162 |
| | WELLS FARGO & CO 3% 04/22/2026 | 170,619 | 180,954 |
| | WISCONSIN 4.75% 09/30/2032-2032 | 163,055 | 162,669 |
| | WISCONSIN ENERGY CORP 6.2% 04/01/2033 | 273,526 | 243,311 |
| | TOTAL CORPORATE BONDS | <u>23,638,495</u> | <u>22,062,465</u> |
| U.S. GOVERNMENT AND AGENCY SECURITIES: | | | |
| | FHLMC 1.5% 06/15/2041 | 16,431 | 16,292 |
| | FHLMC 3.000 2050-09-01 USD 3% 09/01/2050 | 236,750 | 191,491 |
| | FHLMC 3.000 2051-09-01 USD 3% 09/01/2051 | 649,722 | 532,492 |
| | FHLMC 3.000 2052-03-01 USD 3% 03/01/2052 | 412,692 | 416,537 |
| | FHLMC 3.500 2052-02-01 USD 3.5% 02/01/2052 | 557,589 | 487,144 |
| | FHLMC 3.500 2052-02-01 USD 3.5% 03/01/2052 | 617,524 | 527,379 |
| | FHLMC 4.000 DTD 4/1/2022 4.00% 5/1/2052 | 477,727 | 436,241 |
| | FHLMC 4.500 2037-09-01 USD 4.5% 10/01/2037 | 598,748 | 587,089 |
| | FHLMC 4.500 2052-07-01 USD 4.5% 07/01/2052 | 532,069 | 496,938 |
| | FHLMC 5.000 2038-03-01 USD 5% 03/01/2038 | 398,604 | 397,262 |
| | FHLMC 5.000 DTD 10/1/2022 5.00% 11/1/2052 | 301,733 | 296,602 |
| | FHLMC 5.000 DTD 8/1/2022 5.00% 9/1/2052 | 680,291 | 656,753 |
| | FHLMC 5.500 DTD 10/1/2022 5.50% 11/1/2052 | 227,061 | 224,296 |
| | FHLMC 5.500 DTD 11/1/2022 5.50% 12/1/2052 | 764,518 | 765,138 |
| | FHLMC DTD 10/1/2018 4.00% 11/1/2048 | 278,906 | 267,179 |
| | FHLMC GOLD POOL #C01649 5.5% 10/01/2033 | 22,043 | 22,223 |
| | FHLMC GROUP NBR G1-8527 GOLD POOL 3% | 49,318 | 46,113 |
| | FHLMC MBS GOLD POOL 3% 12/01/2030 | 74,168 | 68,553 |
| | FHLMC PARTN C GROUP NBR G1-5144/ GOLD POOL | 62,934 | 60,213 |
| | FHLMC PARTN C GROUP NBR G1-5922 GOLD POOL 3% | 42,265 | 38,439 |
| | FHLMC PARTN GROUP NBR G6-7702 GOLD POOL 4% | 201,129 | 180,379 |
| | FHLMC POOL #C00731 6.5% 02/01/2029 | 10,139 | 10,310 |
| | FHLMC POOL #RA-7554 4.00% 06/01/2052 | 160,385 | 156,784 |

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|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED): | | | |
| | FHLMC POOL #SB-8257 5.5% 09/01/2038 | \$ 465,039 | \$ 466,642 |
| | FHLMC SUPER 2.5% 06/01/2037 DTD 08/01/2022 2.50% | 465,429 | 457,458 |
| | FHLMC SUPER 30Y FIXED DTD 12/1/2024 5.50% 12/1/2054 | 609,674 | 602,162 |
| | FHLMC VAR 01/25/2027 DTD 3/1/2017 3.43% 1/25/2027 | 594,721 | 582,117 |
| | FHLMC VAR 07/25/2032 DTD 8/1/2022 3.50% 7/25/2032 | 445,895 | 419,801 |
| | FHLMC VAR 12/25/2032 DTD 1/1/2023 3.82% 12/25/2032 | 220,783 | 208,894 |
| | FNMA .875% 08/05/2030 | 426,050 | 412,855 |
| | FNMA 4.000 2037-09-01 USD 4% 10/01/2037 | 390,592 | 376,929 |
| | FNMA 4.000 2052-05-01 USD 4% 05/01/2052 | 471,901 | 434,084 |
| | FNMA 4.000 DTD 10/1/2022 4.00% 11/1/2037 | 424,370 | 413,454 |
| | FNMA 4.500 2053-05-01 USD 4.5% 05/01/2053 | 517,595 | 500,569 |
| | FNMA 5.000 2052-06-01 USD 5% 06/01/2052 | 439,084 | 411,820 |
| | FNMA 5.000 2052-12-01 USD 5% 12/01/2052 | 191,379 | 192,494 |
| | FNMA 5.000 DTD 8/1/2022 5.00% 9/1/2052 | 151,518 | 147,084 |
| | FNMA 5.625% 07/15/2037 | 415,108 | 401,490 |
| | FNMA DTD 3/1/2023 5.50% 4/1/2038 | 225,566 | 226,356 |
| | FNMA GTD MTG 3.500 2047-08-01 USD 3.5% | 238,531 | 216,325 |
| | FNMA GTD MTG PA 2.500 2051-09-01 USD 2.5% | 309,626 | 313,934 |
| | FNMA GTD MTG PA 3.000 2050-08-01 USD 3% | 342,684 | 296,744 |
| | FNMA GTD MTG PA 3.000 2050-09-01 USD 3% | 239,724 | 202,184 |
| | FNMA GTD MTG PA DTD 9/1/2021 2.50% 10/1/2051 | 854,819 | 711,404 |
| | FNMA GTD MTG PA POOL NBR AE8748 4% 12/01/2040 | 47,244 | 42,270 |
| | FNMA GTD MTG POOL NBR AH7007 4% 03/01/2041 | 36,536 | 32,127 |
| | FNMA GTD MTG POOL NBR AJ1413 4.5% 09/01/2041 | 44,305 | 39,950 |
| | FNMA GTD MTG POOL NBR AL8878 5% 11/01/2044 | 28,440 | 25,303 |
| | FNMA GTD MTG POOL NBR AL9418 3.5% 08/01/2031 | 36,621 | 34,100 |
| | FNMA GTD MTG POOL NBR AP7363 4% 10/01/2042 | 93,411 | 83,792 |
| | FNMA PASS-THRU I 2.500 2050-06-01 USD 2.5% 06/01/2050 | 462,491 | 372,237 |
| | FNMA PASS-THRU I 3.500 2051-01-01 USD 3.5% 01/01/2051 | 456,472 | 440,755 |
| | FNMA POOL #323979 6.5% 04/01/2029 | 1,522 | 1,491 |
| | FNMA POOL #545993 6% 11/01/2032 | 36,786 | 37,919 |
| | FNMA POOL #725162 6% 02/01/2034 | 39,804 | 36,990 |
| | FNMA POOL #735141 5.5% 01/01/2035 | 29,490 | 29,048 |
| | FNMA POOL #BT0417 2.5% 06/01/2051 | 119,931 | 129,048 |
| | FNMA POOL #MA4894 6.00% 01/01/2053 | 233,484 | 237,303 |
| | FNMA POOL #MA4944 4.5% 03/01/2038 DTD 2/1/2023 4.50% | 84,817 | 83,710 |
| | FNMA POOL #MA5093 5.00% 07/01/2038 | 414,984 | 413,707 |
| | FNMA POOL #MA5216 6.00% 12/01/2053 | 424,699 | 425,926 |

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| U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED): | | | |
| | FNMA POOL #MA5295 6.00% 03/01/2054 | \$ 508,802 | \$ 510,688 |
| | FNMA POOL #MA5554 6.00% 11/01/2054 | 271,642 | 269,535 |
| | FNMA POOL NBR 890790 3% 08/01/2032 | 81,385 | 78,432 |
| | FNMA POOL NBR AL2921 3.5% 08/01/2042 | 141,047 | 120,459 |
| | FNMA POOL NBR AV0691 4% 12/01/2043 | 127,303 | 113,676 |
| | FNMA UMBS LNG 30 YEAR DTD 12/1/2024 6.00% 1/1/2055 | 212,305 | 211,040 |
| | GNMA II GTD CTF MULTI ISSUER 3.000 2051-09-20 USD 3% | 440,457 | 363,424 |
| | GNMA II GTD CTF MULTI ISSUER 3.500 2051-12-20 USD 3.5% | 364,210 | 310,028 |
| | GNMA II GTD CTF MULTI ISSUER 4.500 2052-05-20 USD 4.5% | 551,509 | 515,832 |
| | GNMA PLAT POOLS USING GNMA I POOL NBR 783403 3.5% | 60,178 | 53,759 |
| | GNMA CMO 1% 02/20/2051 | 198,826 | 159,912 |
| | GNMA MBS 5.5% 04/20/2053 | 170,083 | 168,427 |
| | GNMA POOL # 781014 6% 04/15/2029 | 7,742 | 7,545 |
| | GNMA POOL #MA9728M 7.00% 06/20/2054 | 264,900 | 265,386 |
| | GNMA POOL #MA9853M 6.5% 08/20/2054 | 514,075 | 513,570 |
| | GNMA POOL #MA9908M 6.5% 09/20/2054 | 503,157 | 500,008 |
| | GNMA POOL #MA9967M 6.5% 10/20/2054 | 431,220 | 428,955 |
| | GNMA PT M SINGLE FAMILY DTD 11/1/2024 6.50% 11/20/2054 | 193,328 | 193,070 |
| | GNMA PT M SINGLE FAMILY DTD 6/1/2022 2.50% 6/20/2052 | 209,630 | 207,085 |
| | US TREAS 0% NTS DTD 1/31/2023 3.50% 1/31/2028 | 597,410 | 596,019 |
| | US TREAS 3.125% NTS DTD 8/15/2022 3.125% 8/15/2025 | 1,191,622 | 1,196,637 |
| | US TREAS 4.125% NTS DTD 11/2/2022 4.125% 11/15/2032 | 1,489,742 | 1,409,337 |
| | US TREAS BDS 1.25% DTD 5/15/2020 1.25% 5/15/2050 | 1,077,836 | 699,283 |
| | US TREAS BDS 1.375% PIDI BDS 15/08/2050 USD (BONDS | 1,075,355 | 677,792 |
| | US TREAS BDS 2.375% DTD 11/15/2019 2.375% 11/15/2049 | 1,014,961 | 664,024 |
| | US TREAS BDS 2.5% 02/15/2045 | 1,474,668 | 1,148,272 |
| | US TREAS BDS 2.5% DTD 5/15/2016 2.50% 5/15/2046 | 1,423,169 | 1,126,956 |
| | US TREAS BDS 2.75% DTD 11/15/2012 2.75% 11/15/2042 | 1,648,558 | 1,158,377 |
| | US TREAS BDS 3% DTD 5/15/2017 3.00% 5/15/2047 | 1,134,300 | 912,665 |
| | US TREAS NTS 05/15/2034 DTD 5/15/2024 4.375% | 910,003 | 891,090 |
| | US TREASURY NOTE 0.00% 04/30/2026 SER BA-2026 4.875% | 551,186 | 554,274 |
| | US TREASURY NOTE 11/15/2033 | 1,281,435 | 1,224,429 |
| | TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES | 38,525,915 | 34,592,309 |
| REAL ESTATE INVESTMENT TRUSTS: | | | |
| | AGREE REALTY CORP | 210,608 | 212,125 |
| | COHEN & STEERS INC | 201,160 | 370,283 |
| | FOUR CORNERS PPTY TR INC | 213,425 | 241,682 |

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| REAL ESTATE INVESTMENT TRUSTS (CONTINUED): | | | |
| | INDEPENDENCE RLTY TR INC | \$ 104,072 | \$ 122,492 |
| | SILA REALTY TRUST INC COMMON STOCK COM | 174,601 | 168,430 |
| | STAG INDL INC COM | <u>389,843</u> | <u>367,285</u> |
| | TOTAL REAL ESTATE INVESTMENT TRUSTS | <u>1,293,709</u> | <u>1,482,297</u> |
| MUNICIPAL BONDS: | | | |
| | ABBVIE INC SR NT 4.95% 03/15/2031 CALLABLE | 221,882 | 219,956 |
| | COLUMBIA SC WTRWKS & SWR REV TXBL-REF-SER B 2.318% | 120,000 | 114,984 |
| | MARIN CA CMNTY COL DIST TXBL-ELEC 2016-SER B-1 3.89% | 349,598 | 325,483 |
| | METRO WASTEWTR RECL DIST TXBL-REF-SER B 2.713% | 265,000 | 237,074 |
| | NEW YORK ST URB DEV CORP REV TXBL-REF-SER D-2 3.27% | 273,935 | 269,942 |
| | PRINCE GEORGES CNTY MD TAX CONS GO IMPT REF BDS | 80,000 | 75,975 |
| | TEXAS ST TXBL-PUBLIC FIN AUTH 2018 3.952% 10/01/2037 | 144,939 | 125,598 |
| | UNIVERSITY CALIF REVS 3.063% 07/01/2025-2025 | 148,380 | 149,103 |
| | UNIV MICH UNIV REVS TAXABLE GEN REGENTS BDS 2020 B | 100,000 | 93,774 |
| | VIRGINIA ST RES AUTH INFRASTRUCT 2.53% 11/01/2028 | <u>460,000</u> | <u>428,955</u> |
| | TOTAL MUNICIPAL BONDS | <u>2,163,734</u> | <u>2,040,844</u> |
| MUTUAL FUNDS: | | | |
| | BAIRD SHORT-TERM BD FD INSTL CL SHS | 37,454,347 | 36,650,331 |
| | FIDELITY MID CAP INDEX FUND-FAI | 68,483,449 | 83,349,636 |
| | PIMCO TOTAL RETURN FD INSTL | <u>61,156,186</u> | <u>57,077,495</u> |
| | TOTAL MUTUAL FUNDS | <u>167,093,982</u> | <u>177,077,462</u> |
| INVESTMENT CONTRACT: | | | |
| | PRINCIPAL GLOBAL INVESTORS LLC | <u>3,197,655</u> | <u>3,809,724</u> |
| HEDGE FUNDS: | | | |
| | ENTRUST CAPITAL DIVERSIFIED | 632,044 | 342,683 |
| | ENTRUST SPECIAL OPPORTUNITIES FUND II LTD | 50,648 | 12,495 |
| | ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A | 4,595,101 | 3,556,619 |
| | GROSVENOR INSTITUTIONAL PARTNERS | <u>9,247,154</u> | <u>19,811,321</u> |
| | TOTAL HEDGE FUNDS | <u>14,524,947</u> | <u>23,723,118</u> |
| LIMITED PARTNERSHIPS: | | | |
| | AMERICAN STRATEGIC VALUE REALTY | 7,015,107 | 12,133,379 |
| | ASB ALLEGIANCE REAL ESTATE FD LP | 16,866,123 | 21,390,664 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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December 31, 2024

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|-----|----------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| | LIMITED PARTNERSHIPS (CONTINUED): | | |
| | FORT WASHINGTON HIGH YIELD II LLC | \$ 20,000,000 | \$ 26,428,265 |
| | GCM GROSVENOR MULTI-CLASS FUND II LP | 28,500,754 | 46,202,486 |
| | GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD | 1,292,430 | 325,349 |
| | GROSVENOR OPPORTUNISTIC CREDIT FUND V LTD (OCFV) | 4,136,314 | 15,246,942 |
| | HAMILTON LANE PRIVATE EQUITY OFFSHORE VIII LP | 2,756,828 | 3,714,250 |
| | HAMILTON LANE SECONDARY FUND II LP | 26,819 | 2,326 |
| | LANDMARK EQUITY PARTNERS XIV LP | 203,891 | 29,108 |
| | LSV INTERNATIONAL AC VALUE EQUITY FUND LP | 17,352,205 | 25,721,327 |
| | SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III LP | 4,818,915 | 12,468,305 |
| | SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V LP | 5,377,080 | 6,614,793 |
| | U.S. REAL ESTATE INVESTMENT FUND LLC | <u>11,418,780</u> | <u>15,541,891</u> |
| | TOTAL LIMITED PARTNERSHIPS | <u>119,765,246</u> | <u>185,819,085</u> |
| | COLLECTIVE TRUST FUNDS: | | |
| | BARINGS INTERNATIONAL SMALL CAP | 17,000,000 | 19,363,967 |
| | BNY MELLON DB SL LARGE CAP VALUE STOCK INDEX FUND | 61,648,640 | 66,487,411 |
| | INVESCO INTERNATIONAL GROWTH TRUST CL 1 | 20,597,139 | 33,619,206 |
| | MULTI-EMPLOYER PROPERTY TRUST | 9,167,028 | 17,752,468 |
| | RUSSELL 1000 GROWTH INDX NL | 21,253,223 | 65,662,608 |
| | S&P 500 FLAGSHIP NL FUND | <u>12,498,302</u> | <u>68,495,105</u> |
| | TOTAL COLLECTIVE TRUST FUNDS | <u>142,164,332</u> | <u>271,380,765</u> |
| | TOTAL ASSETS HELD AT END OF YEAR | <u>\$ 563,794,000</u> | <u>\$ 777,861,535</u> |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

| Identity of Party Involved (a) | Description of Asset (b) | Purchase Price (c) | Selling Price (d) | Cost of Asset (g) | Current Value of Asset on Transaction Date (h) | Net Gain (Loss) (i) |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------|------------------------|
| <u>Series of transactions with the same issue in excess of 5% of the fair value of plan assets at the beginning of the plan year:</u> | | | | | | |
| Comerica | Short Term Fund (397) | \$ - | \$ 233,440,215 | \$ 233,440,215 | \$ 233,440,215 | \$ - |
| Comerica | Short Term Fund (612) | 234,936,854 | - | 234,936,854 | 234,936,854 | - |
| BNY Mellon | DB SL Large Cap Value Stock Idx Fd (2) | 66,000,000 | - | 66,000,000 | 66,000,000 | - |

**United Food and Commercial Workers Union Local 655 Food Employers Joint Pension
Plan
Schedules of Administrative Expenses
Years Ended December 31, 2024 and 2023**

| | <u>2024</u> | <u>2023</u> |
|-----------------------------------|---------------------|---------------------|
| Administrative | \$ 185,116 | \$ 144,383 |
| Computer expenses | 10,256 | 16,360 |
| Depreciation | 34,667 | - |
| Insurance | 748,920 | 742,212 |
| Meetings and conferences | 3,151 | 4,036 |
| Miscellaneous | 497 | 449 |
| Payroll | 300,748 | 270,299 |
| Payroll compliance audits | 19,800 | 22,524 |
| Printing and postage | 20,435 | 7,946 |
| Professional fees - actuarial | 134,844 | 193,158 |
| Professional fees - audit and tax | 43,078 | 45,777 |
| Professional fees - legal | 115,642 | 138,836 |
| Rent | 20,239 | 20,239 |
| | <u>\$ 1,637,393</u> | <u>\$ 1,606,219</u> |

Exhibit L(1): 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:** 62
- **Service Requirement:** Five years of vesting service or 6 pension credits
- **Amount:**
 - For participants hired on or before December 31, 2010, future benefit accruals will be determined based on the number of hours worked during a calendar year based on the following Table A:

| Hours Worked in a Calendar Year | Benefit Accrual |
|---------------------------------|-----------------|
| 799 or less | \$0.00 |
| 800 – 1,099 | 16.50 |
| 1,100 – 1,399 | 21.00 |
| 1,400 – 1,699 | 25.50 |
| 1,700 or more | 30.00 |

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

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

After 10 years of participation, benefits will be accrued according to Table A.

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

Early retirement

- **Age Requirement:** 52
- **Service Requirement:** 10 pension eligibility credits including one earned during the contribution period
- **Amount:** Regular pension accrued, reduced by 5% for each year of age less than 62

Disability

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

Vesting

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

Pre-retirement death benefit: joint and survivor spousal pension

- **Age Requirement:** None
- **Service Requirement:** 5 pension eligibility credits or 5 years of vesting service.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option, paid to qualified spouse. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible for early retirement. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
- **Charge for Coverage:** None

Pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** 10 pension eligibility credits and active employee at death
- **Amount:** 50% of the regular pension accrued (without reduction for early commencement and form of payment) payable immediately to the surviving spouse for life. If no surviving spouse or if the surviving spouse dies, the monthly death benefit is payable to any surviving dependent children until the earlier of the month in which their eighteenth birthday or their death occurs.
- **Charge for Coverage:** None
- Not payable if the pre-retirement death joint and survivor spousal pension is paid.

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (pop-up provision). If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

- Single life annuity (for married participants)
- 50% joint and survivor with pop-up provision (for single participants)
- 75% or 100% joint and survivor with pop-up provision
- 50% or 75% joint and survivor without pop-up provision
- 10 year certain and life annuity
- Social security equalization option

Participation

On the earliest of the first day on which the employer is required to contribute to the fund on behalf of the employee, the first January 1 or July 1 following completion of a 12 consecutive month period during which the employee completed at least 1,000 hours of service, or the first day of the month following the month in which the employee completes at least 250 hours of work for which contributions are made to the fund.

Pension credit

- **Before January 1, 2004:** One pension credit for each calendar year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours
- **After December 31, 2003 but before January 1, 2011:** One pension credit for each calendar year in which the participant works 1,600 or more hours in covered employment; proportionate credit in quarters for less than 1,600 hours

- **After December 31, 2010:** One pension credit for each calendar year in which the participant works 1,700 or more hours in covered employment; proportionate credit in quarters for less than 1,700 hours

Pension eligibility credit

One pension eligibility credit for each calendar year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours; an employee retiring on a regular pension shall receive a full pension eligibility credit for the plan year in which he retires provided he works in covered employment from the beginning of such plan year up to his retirement date.

Vesting credit

One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

Contribution rate

- \$1.22 per hour effective January 1, 2024
- \$1.07 per hour effective January 1, 2025

Changes in plan provisions

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

Exhibit L(2): Summary of plan provisions for benefits accrued under The Employers and Local 534 Meat Employees Pension Fund

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the 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 (merger effective December 31, 2017)

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal retirement

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

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

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

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

Early retirement

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

Disability

- **Age and Service Requirements:**
 - Age 35 and 5 years of credited service; or
 - 10 pension eligibility credits including one earned during the contribution period.
- **Other Requirement:** Permanent and total disabled for six months and not covered by the Default Schedule of the Rehabilitation Plan
- **Amount:** Normal pension accrued, but not less than \$50 per month

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued, actuarially reduced to the effective date, if commenced prior to the normal retirement age
- **Normal Retirement Age:** 65

Pre-retirement surviving spouse death benefits

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** 50% of the benefit participant would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the 50% joint and survivor form, and died the following day.
- **Charge for Coverage:** None

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unreduced unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the participant in an actuarially equivalent amount.

Optional forms of benefits

- Single life annuity (for married participants)
- 50% joint and survivor with or without pop-up provision (for single participants)
- 75% or 100% joint and survivor with pop-up provision
- 75% joint and survivor without pop-up provision
- 10 year certain and life annuity

Participation

Date the first contribution is received by the Fund.

Credited future service

One month of credited service for each month an employee works 92 or more hours of covered employment.

Vesting service

One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

Exhibit L(3): Summary of plan provisions for benefits accrued under The Employers and Local 534 Grocery Employees Pension Fund

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan 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 (merger effective December 31, 2017)

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal retirement

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

| Contributory Hours of Service | Years of Service Prior to 5/1/2006 | Years of Service on or After 5/1/2006 | Years of Service under Rehabilitation Plan ¹ |
|-------------------------------|------------------------------------|---------------------------------------|---------------------------------------------------------|
| 1,750 & Over | \$32.25 | \$30.00 | \$15.30 |
| 1,500 – 1,749 | 28.22 | 26.25 | 13.39 |
| 1,250 – 1,499 | 24.19 | 22.50 | 11.48 |
| 1,000 – 1,249 | 20.16 | 18.75 | 9.56 |
| 750 – 999 | 16.13 | 15.00 | 7.65 |
| 501 – 749 | 12.09 | 11.25 | 5.74 |
| Less than 501 | 0.00 | 0.00 | 0.00 |

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

¹ These rates are effective on the first day of the month following ratification of a collective bargaining agreement compliant with one of the Rehabilitation Plan schedules and the required participant notice.

Early retirement

- **Age Requirement:** 52
- **Service Requirement:** 10 years of credited service
- **Amount:** Regular pension accrued, reduced by actuarial equivalence from normal retirement age

Disability

- **Age and Service Requirements:**
 - Age 35 and 5 years of credited service; or
 - 10 pension eligibility credits including one earned during the contribution period.
- **Other Requirement:** Permanent and total disabled for six months and not covered by the Default Schedule of the Rehabilitation Plan
- **Amount:** Normal pension accrued, but not less than \$50 per month

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued, actuarially reduced to the effective date, if commenced prior to the normal retirement age
- **Normal Retirement Age:** 65

Pre-retirement surviving spouse death benefits

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** 50% of the benefit participant would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the 50% joint and survivor form, and died the following day.
- **Charge for Coverage:** None

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unreduced unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the participant in an actuarially equivalent amount.

Optional forms of benefits

- Single life annuity (for married participants)
- 50% joint and survivor with or without pop-up provision (for single participants)
- 75% or 100% joint and survivor with pop-up provision
- 75% joint and survivor without pop-up provision
- 10 year certain and life annuity

Participation

Date the first contribution is received by the Fund.

Credited future service

One year of credited service for each year an employee works 1,750 or more hours of contributory hour of service.

Vesting service

One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----|----------------------------------------------------------------------------------------------------|-------------------|----------------------|
| | MONEY MARKET FUNDS: | | |
| | COMERICA SHORT TERM FUND | \$ 5,828,052 | \$ 5,828,052 |
| | FIRST BANK INTEREST BEARING CHECKING ACCOUNT | <u>5,551,425</u> | <u>5,551,425</u> |
| | TOTAL MONEY MARKET FUNDS | <u>11,379,477</u> | <u>11,379,477</u> |
| | COMMON STOCKS: | | |
| | ACUITY BRANDS INC | 155,529 | 333,905 |
| | ACV AUCTIONS INC CL A | 287,683 | 316,526 |
| | ALASKA AIR GROUP INC | 284,529 | 474,682 |
| | ALLEGRO MICROSYSTEMS INC | 23,364 | 23,106 |
| | AMPHASTAR PHARMACEUTICALS INC DE | 319,452 | 252,224 |
| | APOGEE THERAPEUTICS INC COM | 97,948 | 90,736 |
| | APPLIED INDUSTRIAL TECH INC | 94,386 | 437,991 |
| | APTARGROUP INC | 172,502 | 232,037 |
| | ARDAGH GROUP SA | 20,344 | 29,948 |
| | ATI INC | 649,044 | 682,826 |
| | ATKORE INTL GROUP INC | 285,405 | 159,139 |
| | ATMUS FILTRATION TECHNOLOGIES COM | 156,465 | 160,050 |
| | AXCELIS TECHNOLOGIES INC | 329,517 | 230,781 |
| | AXSOME THERAPEUTICS INC. | 51,151 | 51,781 |
| | BADGER METER INC | 101,921 | 345,756 |
| | BEACON ROOFING SUPPLY INC | 786,747 | 884,355 |
| | BILL HOLDINGS INC | 282,101 | 358,662 |
| | BLOCK H & R INC | 185,605 | 173,738 |
| | BLUEPRINT MEDICINES CORP | 111,835 | 106,234 |
| | BORG WARNER | 125,896 | 115,557 |
| | BOYD GAMING CORP | 57,436 | 61,079 |
| | BRIDGEBIO PHARMA INC | 293,067 | 284,141 |
| | BRIGHT HORIZONS FAMILY SOLUTIONS | 10,236 | 9,866 |
| | BUILDERS FIRSTSOURCE INC | 14,064 | 11,006 |
| | BURLINGTON STORES INC | 72,354 | 71,265 |
| | BWX TECHNOLOGIES INC | 35,487 | 35,088 |
| | CABLE ONE INC | 324,450 | 140,140 |
| | CACTUS INC | 241,940 | 409,279 |
| | CAESARS ENTERTAINMENT, INC | 950,884 | 802,281 |
| | CAMECO CORP | 127,826 | 116,861 |
| | CARPENTER TECHNOLOGY | 306,334 | 373,701 |
| | CARTER'S INC | 280,376 | 194,163 |
| | CATHAY BANCORP INC | 177,298 | 218,387 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | CAVA GROUP INC COM | \$ 3,449 | \$ 6,655 |
| | CAVCO INDUSTRIES INC | 197,844 | 373,941 |
| | CHART INDS INC | 355,698 | 416,604 |
| | CHEFS WHSE INC HOLDINGS LLC | 119,771 | 139,477 |
| | CHEMED CORP | 451,327 | 483,178 |
| | CHESAPEAKE UTILS CORP | 211,639 | 245,734 |
| | CHOICE HOTELS INTL INC | 291,930 | 421,539 |
| | CLOUDFLARE INC - CLASS A | 10,353 | 11,737 |
| | COHERENT CORP COM | 3,108 | 4,452 |
| | COLUMBIA SPORTSWEAR CO | 425,986 | 425,525 |
| | COMMERCE BANCSHARES INC | 256,618 | 333,359 |
| | CORCEPT THERAPEUTICS INC | 144,238 | 308,084 |
| | CORVEL CORP | 105,237 | 517,359 |
| | CREDO TECHNOLOGY GROUP HOLDI | 468,289 | 572,092 |
| | CSG SYSTEMS INTL INC | 300,250 | 344,737 |
| | CULLEN FROST | 450,289 | 553,244 |
| | DARLING INTL INC | 382,129 | 310,116 |
| | DIGITALBRIDGE GROUP INC CL A NEW | 466,611 | 357,080 |
| | DOCUSIGN INC | 1,407 | 2,249 |
| | DOLBY LABORATORIES INC CL A | 528,461 | 544,591 |
| | DONALDSON INC | 289,025 | 422,958 |
| | DONNELLEY FINANCIAL SOLUTIONS, INC | 286,950 | 329,646 |
| | DYNE THERAPEUTICS INC COM | 116,431 | 81,376 |
| | EAGLE MATERIALS INC | 402,080 | 383,959 |
| | ELASTIC NV | 42,995 | 47,856 |
| | ENOVIX CORPORATION | 40,055 | 39,371 |
| | ERO COPPER CORP COM | 199,849 | 149,493 |
| | EVERCORE PARTNERS INC | 147,767 | 305,186 |
| | EVOLUS INC | 30,485 | 30,702 |
| | EXLSERVICE HLDGS INC | 205,389 | 498,343 |
| | FIRST SOURCE CORP | 120,000 | 164,632 |
| | FIVE BELOW INC | 3,318 | 2,519 |
| | FLOOR & DECOR HOLDINGS, INC | 2,545 | 2,094 |
| | FLOWERS FOODS INC | 328,745 | 320,623 |
| | FLUOR CORP | 327,612 | 291,136 |
| | FMC CORP - NEW | 29,158 | 22,215 |
| | FRANKLIN ELEC INC | 253,386 | 404,515 |
| | FTAI AVIATION LTD SHS | 462,618 | 518,544 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | GARRETT MOTION INC.-WI | \$ 150,125 | \$ 152,363 |
| | GITLAB INC CLASS A COM | 141,366 | 140,875 |
| | GLOBUS MED INC | 148,967 | 299,824 |
| | GMS INC | 9,965 | 9,416 |
| | GRANITE CONSTRUCTION INC | 401,117 | 602,480 |
| | GRAPHIC PACKAGING HOLDING CORP | 252,553 | 232,381 |
| | GREENBRIER CORP | 69,762 | 140,704 |
| | GRID DYNAMICS HOLDINGS INC CL A | 6,976 | 11,476 |
| | GUIDEWIRE SOFTWARE INC | 1,552 | 2,192 |
| | HAEMONETICS CORP MASS | 414,078 | 480,504 |
| | HALOZYME THERAPEUTICS INC | 309,024 | 288,390 |
| | HANOVER INS GROUP INC | 307,507 | 370,565 |
| | HELIOS TECHNOLOGIES INC | 99,389 | 93,610 |
| | HELMERICH & PAYNE INC | 201,294 | 205,344 |
| | HEXCEL CORP NEW | 172,199 | 170,920 |
| | ICU MED INC | 355,963 | 336,719 |
| | IDACORP INC | 246,542 | 281,942 |
| | INDEPENDENT BK CORP MASS | 250,340 | 265,105 |
| | INDIE SEMICONDUCTOR INC. CLASS A COM | 824,864 | 630,273 |
| | INMODE LTD | 183,993 | 157,782 |
| | INSMED INC COM | 188,608 | 237,221 |
| | INSPERITY INC | 132,150 | 118,590 |
| | INSPIRE MED SYS INC | 148,617 | 136,996 |
| | INSTALLED BLDG PRODS INC | 213,411 | 195,229 |
| | INSULET CORP | 62,168 | 65,268 |
| | INTERDIGITAL INC PA | 103,378 | 360,900 |
| | INTERNATIONAL BANCSHARES CORP | 356,169 | 431,256 |
| | INTERNATIONAL SEAWAYS INC | 10,323 | 7,116 |
| | IRHYTHM TECHNOLOGIES INC | 208,889 | 221,007 |
| | KNIFE RIV HLDG CO COM | 162,736 | 185,290 |
| | KNIGHT-SWIFT TRANSN HLDGS INC | 457,122 | 462,138 |
| | KRATOS DEFENSE & SEC SOLUTIONS | 115,021 | 159,916 |
| | KYMERA THERAPEUTICS INC COM | 79,970 | 70,000 |
| | LANCASTER COLONY CORP | 324,954 | 357,361 |
| | LANDSTAR SYSTEM INC | 192,048 | 322,925 |
| | LANTHEUS HLDGS INC | 13,754 | 11,272 |
| | LATTICE SEMICONDUCTOR CORP | 203,801 | 201,391 |
| | LCI INDUSTRIES | 32,944 | 26,675 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | LIFE TIME GROUP HOLDINGS INC COMMON STOCK | \$ 384,441 | \$ 362,746 |
| | LITHIA MTRS INC - CL A | 403,441 | 616,567 |
| | LITTLEFUSE INC | 444,296 | 436,188 |
| | MAGNOLIA OIL GAS CORP | 350,143 | 380,276 |
| | MATADOR RES CO | 245,000 | 221,889 |
| | MATTEL INC | 365,759 | 328,696 |
| | MAXLINEAR INC CL A | 489,043 | 531,528 |
| | MINERALS TECHNOLOGIES INC | 226,775 | 315,890 |
| | MODINE MFG CO | 304,698 | 309,417 |
| | MONGODB INC | 349,475 | 281,700 |
| | MONOLITHIC POWER SYSTEMS INC | 159,200 | 148,517 |
| | MP MATERIALS CORP | 4,057 | 3,775 |
| | MSC INDL DIRECT INC CL A | 349,004 | 317,208 |
| | NATERA INC | 55,183 | 70,127 |
| | NMI HLDGS INC - COMMON STOCK | 22,817 | 37,826 |
| | NOVOCURE LTD | 152,110 | 179,605 |
| | OKTA INC | 88,568 | 81,952 |
| | ONE GAS INC | 235,155 | 270,491 |
| | OUCHBASE INC COM | 171,822 | 96,705 |
| | PAGAYA TECHNOLOGIES LTD CL A NEW COM | 403,464 | 325,308 |
| | PAYMENTUS HOLDINGS INC COM CL A | 34,668 | 48,678 |
| | PENGUIN SOLUTIONS INC. | 31,975 | 30,090 |
| | PERMIAN RESOURCES CORP CLASS A COM | 3,740 | 5,004 |
| | PLANET FITNESS INC - CL A | 345,610 | 419,505 |
| | PLEXUS CORP | 253,296 | 409,195 |
| | POPULAR INC | 329,098 | 309,646 |
| | POWER INTEGRATIONS INC | 214,108 | 294,926 |
| | PRESTIGE BRANDS HLDGS INC | 413,031 | 440,662 |
| | PROCEPT BIOROBOTICS CORPORATION COM | 239,563 | 210,318 |
| | PROCORE TECHNOLOGIES INC COM | 255,784 | 236,104 |
| | PROGRESS SOFTWARE CORP | 304,413 | 453,705 |
| | PURE STORAGE INC CLASS A | 249,106 | 243,570 |
| | QUALYS INC | 431,984 | 513,906 |
| | QUANTA SVCS INC | 5,313 | 6,953 |
| | REGAL BELOIT CORP WISCONSIN | 487,845 | 470,975 |
| | RXO INC. COMMON STOCK | 369,978 | 378,961 |
| | RYERSON HLDG CORP | 98,560 | 72,504 |
| | SANMINA CORP | 252,343 | 267,342 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-------------------|----------------------|
| COMMON STOCKS (CONTINUED): | | | |
| | SELECTIVE INSURANCE GROUP INC | \$ 336,701 | \$ 417,006 |
| | SENSIENT TECHNOLOGIES CORP | 232,575 | 253,329 |
| | SENTINELONE INC CL A | 83,456 | 69,175 |
| | SHOALS TECHNOLOGIES GROUP INC CL A | 94,864 | 87,811 |
| | SHUTTERSTOCK INC | 305,563 | 116,544 |
| | SIGMA LITHIUM CORPORATION COM | 51,600 | 39,988 |
| | SILGAN HOLDINGS INC | 321,307 | 481,983 |
| | SIMPLY GOOD FOODS CO | 447,983 | 490,446 |
| | STEVANATO GROUP S P A ORD SHS | 231,125 | 253,374 |
| | STRATASYS LTD | 48,803 | 38,138 |
| | STRIDE INC COM | 33,957 | 40,221 |
| | SWEETGREEN INC COM | 485,801 | 421,525 |
| | SYMBOTIC INC CLASS A COM | 23,462 | 23,094 |
| | TEMPUS AI INC CL A COM | 436,035 | 369,267 |
| | TERADATA CORP DEL | 355,477 | 348,257 |
| | THE CARLYLE GROUP INC | 621,338 | 595,025 |
| | TIDEWATER INC NEW | 41,120 | 36,109 |
| | TOAST INC CL A | 82,071 | 79,570 |
| | TRANSMEDICS GROUP INC | 69,814 | 70,705 |
| | U S PHYSICAL THERAPY INC | 282,644 | 314,122 |
| | UFP TECHNOLOGIES INC | 181,042 | 177,270 |
| | UIPATH INC CL A | 13,757 | 11,528 |
| | ULTRA CLEAN HLDGS INC COM | 231,284 | 279,224 |
| | UMB FINANCIAL CORP | 131,138 | 203,035 |
| | UNITED THERAPEUTICS CORP DEL | 618,187 | 620,293 |
| | UNITIL CORP | 129,014 | 143,604 |
| | VALMONT INDS INC | 147,881 | 238,896 |
| | VERICEL CORP | 66,192 | 78,906 |
| | VIKING THERAPEUTICS INC | 337,593 | 225,424 |
| | WATTS WATER TECHNOLOGIES INC | 272,005 | 473,689 |
| | WESTERN DIGITAL CORP | 2,683 | 2,326 |
| | WOLFSPEED INC COM | 134,302 | 92,408 |
| | XPO, INC. | 214,771 | 232,529 |
| | ZSCALER INC | 26,240 | 23,085 |
| | TOTAL COMMON STOCKS | <u>40,046,508</u> | <u>44,493,989</u> |
| CORPORATE BONDS: | | | |
| | ADOBE INC 2.3% 02/01/2030-2029 | 166,423 | 146,753 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| CORPORATE BONDS (CONTINUED): | | | |
| | AEP TRANSMISSION CO LLC 3.1% 12/01/2026-2026 | \$ 359,643 | \$ 315,666 |
| | AGILENT TECHNOLOGIES 4.75% 09/06/2034 4.75% 9/9/2034 | 306,782 | 291,500 |
| | AIR PRODUCTS AND 4.85% 02/08/2034 CALLABLE | 148,949 | 146,451 |
| | ALLSTATE CORP .75% 12/15/2025-2025 | 205,988 | 202,503 |
| | AMAZON COM INC 3.875% 08/22/2037-2037 | 153,361 | 114,812 |
| | AMER WATER WORKS DTD 2/23/2024 5.15% 3/1/2034 | 307,538 | 292,605 |
| | AMERICAN AIRLINES PASS THROUGH T DTD 8/15/2019 3.15% | 141,050 | 140,152 |
| | AMERICAN EXPRESS CR CORP 3.3% 05/03/2027-2027 | 157,722 | 139,573 |
| | AMPHENOL CORP CL A 2.05% 03/01/2025-2025 | 537,175 | 537,397 |
| | ANALOG DEVICES INC 3.5% 12/05/2026-2026 | 274,585 | 240,494 |
| | ANHEUSER-BUSCH INBEV WORLDWIDE I 6.625% 08/15/2033 | 430,829 | 375,826 |
| | AT&T INC 5.15% 11/15/2046-2046 | 148,650 | 142,267 |
| | AUTOMATIC DATA PROCESSING 1.7% 05/15/2028 | 151,477 | 150,681 |
| | AVERY DENNISON CORP 2.25% 02/15/2032 CALLABLE | 262,702 | 254,065 |
| | BA CR CARD TR DTD 6/16/2023 4.79% 5/15/2028 | 292,163 | 296,300 |
| | BROWN FORMAN CORP 4.75% 04/15/2033 | 114,481 | 112,158 |
| | BURLINGTON NORTH SANTA FE 7.29% 06/01/2036 | 335,268 | 275,357 |
| | CANADIAN NATL RAILWAY CO 6.712% 07/15/2036 | 255,237 | 211,749 |
| | CATERPILLAR INC 6.625% 07/15/2028 | 268,682 | 226,698 |
| | CHURCH DWIGHT CO., INC. 5.6% 11/15/2032-2032 | 89,664 | 86,561 |
| | CINTAS CORP NO 2 4% 05/01/2032-2032 | 313,101 | 294,771 |
| | CNH EQUIPMENT TRUST ABS .81% 12/15/2026 | 65,433 | 64,517 |
| | COLGATE PALMOLIVE CO 3.25% 08/15/2032 | 315,340 | 291,977 |
| | COMCAST CORP NEW 6.5% 11/15/2035 | 321,078 | 298,576 |
| | CONSUMERS 23 DTD 12/12/2023 5.21% 9/1/2031 | 395,810 | 393,935 |
| | CUMMINS 1.5% 09/01/2030-2030 | 272,251 | 238,519 |
| | DAIMLER TRKS RETAIL 6.03% 03/15/2027 SER 2023-1 6.03% | 404,994 | 409,096 |
| | DARDEN RESTAURANTS 4.35% 10/15/2027 CALLABLE | 300,539 | 298,900 |
| | DICKS SPORTING GOODS INC 4.1% 01/15/2052-2051 | 150,397 | 149,028 |
| | DOMINION ENERGY INC PERP GLBL -C 7% 06/15/2038 | 328,146 | 272,705 |
| | DTE ELEC CO 3.7% 03/15/2045-2044 | 122,579 | 92,094 |
| | DUKE ENERGY CAROLINAS LLC 3.75% 06/01/2045-2044 | 259,860 | 210,444 |
| | EASTMAN CHEMICAL 3.8% 03/15/2025 | 282,808 | 289,316 |
| | EATON CORP OHIO 4.15% 11/02/2042 | 331,757 | 252,942 |
| | ECOLAB INC 4.8% 03/24/2030-2029 | 507,512 | 505,626 |
| | EMERSON ELECTRIC .875% 10/15/2026-2026 | 94,692 | 89,280 |
| | EVERGY INC 2.9% 09/15/2029-2029 | 280,170 | 241,118 |
| | EXXON MOBIL CORPORATION 2.61% 10/15/2030-2030 | 298,842 | 294,027 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| CORPORATE BONDS (CONTINUED): | | | |
| | FEDEX 2020-1 CLASS AA 1.875% DTD 8/13/2020 1.875% | \$ 562,038 | \$ 473,603 |
| | FISERV INC SR NT 5.15% 08/12/2034 CALLABLE | 419,137 | 410,395 |
| | FLORIDA PWR & LT CO SR GBL FL 3.125% 12/01/2025-2025 | 591,451 | 533,077 |
| | GENERAL MTRS FINL CO INC 2.7% 08/20/2027-2027 | 403,699 | 392,092 |
| | GEORGIA PAC CORP DEB 7.375% 12/01/2025 | 468,195 | 394,802 |
| | GLOBAL MARKETS INC 3.65% 01/12/2027 | 303,987 | 294,519 |
| | GRAINGER W W INC 1.85% 02/15/2025-2020 | 145,061 | 149,363 |
| | GRAINGER W W INC 3.75% 05/15/2046-2045 | 147,206 | 143,701 |
| | HCA INC 4.125% 06/15/2029-2029 | 289,726 | 292,820 |
| | HERSHEY CO 1.7% 06/01/2030-2030 | 238,424 | 212,658 |
| | ILLINOIS TOOL WORKS INC 2.65% 11/15/2026-2026 | 140,663 | 145,661 |
| | JACOBS ENGR GROUP INC DTD 8/18/2023 6.35% 8/18/2028 | 195,529 | 203,034 |
| | JPMORGAN CHASE & CO 2.182% 06/01/2028-2028 | 190,568 | 181,275 |
| | KENVUE INC SR GBL NT 5.05% 03/22/2053 CALLABLE | 148,704 | 151,998 |
| | KEURIG DR PEPPER 5.3% 03/15/2034 CALLABLE | 380,609 | 379,293 |
| | KIMBERLY CLARK CORP 6.625% 08/01/2037 | 96,362 | 90,416 |
| | KLA-TENCOR CORP 4.95% 07/15/2052-2052 | 104,929 | 109,063 |
| | KROGER CO 2.65% 10/15/2026-2026 | 165,074 | 149,437 |
| | MARTIN MARIETTA 3.2% 07/15/2051-2031 | 184,439 | 129,484 |
| | MCDONALDS CORP 3.7% DTD 12/9/2015 3.70% 1/30/2026 | 90,155 | 90,295 |
| | MOLSON COORS BREWING CO 4.2% 07/15/2046-2046 | 134,055 | 143,687 |
| | MONDELEZ INTL INC 1.5% 05/04/2025-2025 | 339,079 | 355,900 |
| | NATIONAL RURAL UTILS COOP FIN 3.05% 04/25/2027-2022 | 325,447 | 293,956 |
| | NETFLIX INC. SR NT 5.4% 08/15/2054 CALLABLE | 120,941 | 116,719 |
| | NVENT FIN S A R L 4.55% 04/15/2028-2028 | 195,161 | 202,915 |
| | OGLETHORPE POWER CORPORATION 4.55% 06/01/2044 | 245,550 | 205,470 |
| | ONEOK INC DTD 3/1/2024 5.00% 3/1/2026 | 314,267 | 295,454 |
| | PACCAR FINANCIAL 4.6% 01/31/2029 | 378,430 | 379,058 |
| | PACIFIC GAS & ELEC 6.75% DTD 1/6/2023 6.75% 1/15/2053 | 160,414 | 163,430 |
| | PEPSICO INC 2.75% 03/19/2030-2029 | 265,116 | 263,413 |
| | PINNACLE WEST CAPITAL CORP 1.3% 06/15/2025-2025 | 488,518 | 481,763 |
| | PUBLIC SVC ELEC & GAS 5.2% 08/01/2033 CALLABLE | 382,808 | 375,248 |
| | QUANTA 3.05% 10/01/2041-2041 | 163,995 | 126,392 |
| | REPUBLIC 1.75% 02/15/2032-2031 | 322,020 | 261,082 |
| | REPUBLIC 3.375% 11/15/2027-2027 | 138,581 | 120,858 |
| | TENNESSEE GAS PIPELINE CO 7% 10/15/2028 | 281,776 | 244,508 |
| | TEXAS INSTRS INC 1.75% 05/04/2030-2030 | 147,996 | 149,786 |
| | T-MOBILE USA INC 3.875% 04/15/2030-2030 | 125,246 | 107,273 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------|----------------------|
| CORPORATE BONDS (CONTINUED): | | | |
| | TRANSATLANTIC HLDGS 8.00% 11/30/2039 | \$ 171,107 | \$ 172,780 |
| | TRANSCONTINENTAL GAS PIPE LINE C 7.85% 02/01/2026 | 390,128 | 322,894 |
| | UNION PAC RR CO 2014-1 PT DTD 5/20/2014 3.227% | 490,119 | 486,632 |
| | UNITED PARCEL SERVICE 5.2% 04/01/2040-2039 | 126,927 | 112,008 |
| | VENTAS RLTY LTD PARTNERSHIP DTD 5/13/2024 5.625% | 223,328 | 216,473 |
| | VERIZON MSTR 08/20/2030 SER 2024-6 DTD 9/18/2024 4.17% | 424,890 | 420,913 |
| | WALT DISNEY CO 7.125% 04/08/2028 | 281,007 | 224,414 |
| | WASTE CONNECTIONS INC 4.25% 12/01/2028-2028 | 456,745 | 415,918 |
| | WASTE MANAGEMENT INC .75% 11/15/2025-2025 | 518,010 | 503,162 |
| | WELLS FARGO & CO 3% 04/22/2026 | 170,619 | 180,954 |
| | WISCONSIN 4.75% 09/30/2032-2032 | 163,055 | 162,669 |
| | WISCONSIN ENERGY CORP 6.2% 04/01/2033 | 273,526 | 243,311 |
| | TOTAL CORPORATE BONDS | <u>23,638,495</u> | <u>22,062,465</u> |
| U.S. GOVERNMENT AND AGENCY SECURITIES: | | | |
| | FHLMC 1.5% 06/15/2041 | 16,431 | 16,292 |
| | FHLMC 3.000 2050-09-01 USD 3% 09/01/2050 | 236,750 | 191,491 |
| | FHLMC 3.000 2051-09-01 USD 3% 09/01/2051 | 649,722 | 532,492 |
| | FHLMC 3.000 2052-03-01 USD 3% 03/01/2052 | 412,692 | 416,537 |
| | FHLMC 3.500 2052-02-01 USD 3.5% 02/01/2052 | 557,589 | 487,144 |
| | FHLMC 3.500 2052-02-01 USD 3.5% 03/01/2052 | 617,524 | 527,379 |
| | FHLMC 4.000 DTD 4/1/2022 4.00% 5/1/2052 | 477,727 | 436,241 |
| | FHLMC 4.500 2037-09-01 USD 4.5% 10/01/2037 | 598,748 | 587,089 |
| | FHLMC 4.500 2052-07-01 USD 4.5% 07/01/2052 | 532,069 | 496,938 |
| | FHLMC 5.000 2038-03-01 USD 5% 03/01/2038 | 398,604 | 397,262 |
| | FHLMC 5.000 DTD 10/1/2022 5.00% 11/1/2052 | 301,733 | 296,602 |
| | FHLMC 5.000 DTD 8/1/2022 5.00% 9/1/2052 | 680,291 | 656,753 |
| | FHLMC 5.500 DTD 10/1/2022 5.50% 11/1/2052 | 227,061 | 224,296 |
| | FHLMC 5.500 DTD 11/1/2022 5.50% 12/1/2052 | 764,518 | 765,138 |
| | FHLMC DTD 10/1/2018 4.00% 11/1/2048 | 278,906 | 267,179 |
| | FHLMC GOLD POOL #C01649 5.5% 10/01/2033 | 22,043 | 22,223 |
| | FHLMC GROUP NBR G1-8527 GOLD POOL 3% | 49,318 | 46,113 |
| | FHLMC MBS GOLD POOL 3% 12/01/2030 | 74,168 | 68,553 |
| | FHLMC PARTN C GROUP NBR G1-5144/ GOLD POOL | 62,934 | 60,213 |
| | FHLMC PARTN C GROUP NBR G1-5922 GOLD POOL 3% | 42,265 | 38,439 |
| | FHLMC PARTN GROUP NBR G6-7702 GOLD POOL 4% | 201,129 | 180,379 |
| | FHLMC POOL #C00731 6.5% 02/01/2029 | 10,139 | 10,310 |
| | FHLMC POOL #RA-7554 4.00% 06/01/2052 | 160,385 | 156,784 |

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|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------|----------------------|
| U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED): | | | |
| | FHLMC POOL #SB-8257 5.5% 09/01/2038 | \$ 465,039 | \$ 466,642 |
| | FHLMC SUPER 2.5% 06/01/2037 DTD 08/01/2022 2.50% | 465,429 | 457,458 |
| | FHLMC SUPER 30Y FIXED DTD 12/1/2024 5.50% 12/1/2054 | 609,674 | 602,162 |
| | FHLMC VAR 01/25/2027 DTD 3/1/2017 3.43% 1/25/2027 | 594,721 | 582,117 |
| | FHLMC VAR 07/25/2032 DTD 8/1/2022 3.50% 7/25/2032 | 445,895 | 419,801 |
| | FHLMC VAR 12/25/2032 DTD 1/1/2023 3.82% 12/25/2032 | 220,783 | 208,894 |
| | FNMA .875% 08/05/2030 | 426,050 | 412,855 |
| | FNMA 4.000 2037-09-01 USD 4% 10/01/2037 | 390,592 | 376,929 |
| | FNMA 4.000 2052-05-01 USD 4% 05/01/2052 | 471,901 | 434,084 |
| | FNMA 4.000 DTD 10/1/2022 4.00% 11/1/2037 | 424,370 | 413,454 |
| | FNMA 4.500 2053-05-01 USD 4.5% 05/01/2053 | 517,595 | 500,569 |
| | FNMA 5.000 2052-06-01 USD 5% 06/01/2052 | 439,084 | 411,820 |
| | FNMA 5.000 2052-12-01 USD 5% 12/01/2052 | 191,379 | 192,494 |
| | FNMA 5.000 DTD 8/1/2022 5.00% 9/1/2052 | 151,518 | 147,084 |
| | FNMA 5.625% 07/15/2037 | 415,108 | 401,490 |
| | FNMA DTD 3/1/2023 5.50% 4/1/2038 | 225,566 | 226,356 |
| | FNMA GTD MTG 3.500 2047-08-01 USD 3.5% | 238,531 | 216,325 |
| | FNMA GTD MTG PA 2.500 2051-09-01 USD 2.5% | 309,626 | 313,934 |
| | FNMA GTD MTG PA 3.000 2050-08-01 USD 3% | 342,684 | 296,744 |
| | FNMA GTD MTG PA 3.000 2050-09-01 USD 3% | 239,724 | 202,184 |
| | FNMA GTD MTG PA DTD 9/1/2021 2.50% 10/1/2051 | 854,819 | 711,404 |
| | FNMA GTD MTG PA POOL NBR AE8748 4% 12/01/2040 | 47,244 | 42,270 |
| | FNMA GTD MTG POOL NBR AH7007 4% 03/01/2041 | 36,536 | 32,127 |
| | FNMA GTD MTG POOL NBR AJ1413 4.5% 09/01/2041 | 44,305 | 39,950 |
| | FNMA GTD MTG POOL NBR AL8878 5% 11/01/2044 | 28,440 | 25,303 |
| | FNMA GTD MTG POOL NBR AL9418 3.5% 08/01/2031 | 36,621 | 34,100 |
| | FNMA GTD MTG POOL NBR AP7363 4% 10/01/2042 | 93,411 | 83,792 |
| | FNMA PASS-THRU I 2.500 2050-06-01 USD 2.5% 06/01/2050 | 462,491 | 372,237 |
| | FNMA PASS-THRU I 3.500 2051-01-01 USD 3.5% 01/01/2051 | 456,472 | 440,755 |
| | FNMA POOL #323979 6.5% 04/01/2029 | 1,522 | 1,491 |
| | FNMA POOL #545993 6% 11/01/2032 | 36,786 | 37,919 |
| | FNMA POOL #725162 6% 02/01/2034 | 39,804 | 36,990 |
| | FNMA POOL #735141 5.5% 01/01/2035 | 29,490 | 29,048 |
| | FNMA POOL #BT0417 2.5% 06/01/2051 | 119,931 | 129,048 |
| | FNMA POOL #MA4894 6.00% 01/01/2053 | 233,484 | 237,303 |
| | FNMA POOL #MA4944 4.5% 03/01/2038 DTD 2/1/2023 4.50% | 84,817 | 83,710 |
| | FNMA POOL #MA5093 5.00% 07/01/2038 | 414,984 | 413,707 |
| | FNMA POOL #MA5216 6.00% 12/01/2053 | 424,699 | 425,926 |

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| U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED): | | | |
| | FNMA POOL #MA5295 6.00% 03/01/2054 | \$ 508,802 | \$ 510,688 |
| | FNMA POOL #MA5554 6.00% 11/01/2054 | 271,642 | 269,535 |
| | FNMA POOL NBR 890790 3% 08/01/2032 | 81,385 | 78,432 |
| | FNMA POOL NBR AL2921 3.5% 08/01/2042 | 141,047 | 120,459 |
| | FNMA POOL NBR AV0691 4% 12/01/2043 | 127,303 | 113,676 |
| | FNMA UMBS LNG 30 YEAR DTD 12/1/2024 6.00% 1/1/2055 | 212,305 | 211,040 |
| | GNMA II GTD CTF MULTI ISSUER 3.000 2051-09-20 USD 3% | 440,457 | 363,424 |
| | GNMA II GTD CTF MULTI ISSUER 3.500 2051-12-20 USD 3.5% | 364,210 | 310,028 |
| | GNMA II GTD CTF MULTI ISSUER 4.500 2052-05-20 USD 4.5% | 551,509 | 515,832 |
| | GNMA PLAT POOLS USING GNMA I POOL NBR 783403 3.5% | 60,178 | 53,759 |
| | GNMA CMO 1% 02/20/2051 | 198,826 | 159,912 |
| | GNMA MBS 5.5% 04/20/2053 | 170,083 | 168,427 |
| | GNMA POOL # 781014 6% 04/15/2029 | 7,742 | 7,545 |
| | GNMA POOL #MA9728M 7.00% 06/20/2054 | 264,900 | 265,386 |
| | GNMA POOL #MA9853M 6.5% 08/20/2054 | 514,075 | 513,570 |
| | GNMA POOL #MA9908M 6.5% 09/20/2054 | 503,157 | 500,008 |
| | GNMA POOL #MA9967M 6.5% 10/20/2054 | 431,220 | 428,955 |
| | GNMA PT M SINGLE FAMILY DTD 11/1/2024 6.50% 11/20/2054 | 193,328 | 193,070 |
| | GNMA PT M SINGLE FAMILY DTD 6/1/2022 2.50% 6/20/2052 | 209,630 | 207,085 |
| | US TREAS 0% NTS DTD 1/31/2023 3.50% 1/31/2028 | 597,410 | 596,019 |
| | US TREAS 3.125% NTS DTD 8/15/2022 3.125% 8/15/2025 | 1,191,622 | 1,196,637 |
| | US TREAS 4.125% NTS DTD 11/2/2022 4.125% 11/15/2032 | 1,489,742 | 1,409,337 |
| | US TREAS BDS 1.25% DTD 5/15/2020 1.25% 5/15/2050 | 1,077,836 | 699,283 |
| | US TREAS BDS 1.375% PIDI BDS 15/08/2050 USD (BONDS | 1,075,355 | 677,792 |
| | US TREAS BDS 2.375% DTD 11/15/2019 2.375% 11/15/2049 | 1,014,961 | 664,024 |
| | US TREAS BDS 2.5% 02/15/2045 | 1,474,668 | 1,148,272 |
| | US TREAS BDS 2.5% DTD 5/15/2016 2.50% 5/15/2046 | 1,423,169 | 1,126,956 |
| | US TREAS BDS 2.75% DTD 11/15/2012 2.75% 11/15/2042 | 1,648,558 | 1,158,377 |
| | US TREAS BDS 3% DTD 5/15/2017 3.00% 5/15/2047 | 1,134,300 | 912,665 |
| | US TREAS NTS 05/15/2034 DTD 5/15/2024 4.375% | 910,003 | 891,090 |
| | US TREASURY NOTE 0.00% 04/30/2026 SER BA-2026 4.875% | 551,186 | 554,274 |
| | US TREASURY NOTE 11/15/2033 | 1,281,435 | 1,224,429 |
| | TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES | 38,525,915 | 34,592,309 |
| REAL ESTATE INVESTMENT TRUSTS: | | | |
| | AGREE REALTY CORP | 210,608 | 212,125 |
| | COHEN & STEERS INC | 201,160 | 370,283 |
| | FOUR CORNERS PPTY TR INC | 213,425 | 241,682 |

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|---------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------|----------------------|
| REAL ESTATE INVESTMENT TRUSTS (CONTINUED): | | | |
| | INDEPENDENCE RLTY TR INC | \$ 104,072 | \$ 122,492 |
| | SILA REALTY TRUST INC COMMON STOCK COM | 174,601 | 168,430 |
| | STAG INDL INC COM | <u>389,843</u> | <u>367,285</u> |
| | TOTAL REAL ESTATE INVESTMENT TRUSTS | <u>1,293,709</u> | <u>1,482,297</u> |
| MUNICIPAL BONDS: | | | |
| | ABBVIE INC SR NT 4.95% 03/15/2031 CALLABLE | 221,882 | 219,956 |
| | COLUMBIA SC WTRWKS & SWR REV TXBL-REF-SER B 2.318% | 120,000 | 114,984 |
| | MARIN CA CMNTY COL DIST TXBL-ELEC 2016-SER B-1 3.89% | 349,598 | 325,483 |
| | METRO WASTEWTR RECL DIST TXBL-REF-SER B 2.713% | 265,000 | 237,074 |
| | NEW YORK ST URB DEV CORP REV TXBL-REF-SER D-2 3.27% | 273,935 | 269,942 |
| | PRINCE GEORGES CNTY MD TAX CONS GO IMPT REF BDS | 80,000 | 75,975 |
| | TEXAS ST TXBL-PUBLIC FIN AUTH 2018 3.952% 10/01/2037 | 144,939 | 125,598 |
| | UNIVERSITY CALIF REVS 3.063% 07/01/2025-2025 | 148,380 | 149,103 |
| | UNIV MICH UNIV REVS TAXABLE GEN REGENTS BDS 2020 B | 100,000 | 93,774 |
| | VIRGINIA ST RES AUTH INFRASTRUCT 2.53% 11/01/2028 | <u>460,000</u> | <u>428,955</u> |
| | TOTAL MUNICIPAL BONDS | <u>2,163,734</u> | <u>2,040,844</u> |
| MUTUAL FUNDS: | | | |
| | BAIRD SHORT-TERM BD FD INSTL CL SHS | 37,454,347 | 36,650,331 |
| | FIDELITY MID CAP INDEX FUND-FAI | 68,483,449 | 83,349,636 |
| | PIMCO TOTAL RETURN FD INSTL | <u>61,156,186</u> | <u>57,077,495</u> |
| | TOTAL MUTUAL FUNDS | <u>167,093,982</u> | <u>177,077,462</u> |
| INVESTMENT CONTRACT: | | | |
| | PRINCIPAL GLOBAL INVESTORS LLC | <u>3,197,655</u> | <u>3,809,724</u> |
| HEDGE FUNDS: | | | |
| | ENTRUST CAPITAL DIVERSIFIED | 632,044 | 342,683 |
| | ENTRUST SPECIAL OPPORTUNITIES FUND II LTD | 50,648 | 12,495 |
| | ENTRUST SPECIAL OPPORTUNITIES FUND III LTD CLASS A | 4,595,101 | 3,556,619 |
| | GROSVENOR INSTITUTIONAL PARTNERS | <u>9,247,154</u> | <u>19,811,321</u> |
| | TOTAL HEDGE FUNDS | <u>14,524,947</u> | <u>23,723,118</u> |
| LIMITED PARTNERSHIPS: | | | |
| | AMERICAN STRATEGIC VALUE REALTY | 7,015,107 | 12,133,379 |
| | ASB ALLEGIANCE REAL ESTATE FD LP | 16,866,123 | 21,390,664 |

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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| (a) | Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c) | Cost (d) | Current Value (e) |
|-----|----------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| | LIMITED PARTNERSHIPS (CONTINUED): | | |
| | FORT WASHINGTON HIGH YIELD II LLC | \$ 20,000,000 | \$ 26,428,265 |
| | GCM GROSVENOR MULTI-CLASS FUND II LP | 28,500,754 | 46,202,486 |
| | GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD | 1,292,430 | 325,349 |
| | GROSVENOR OPPORTUNISTIC CREDIT FUND V LTD (OCFV) | 4,136,314 | 15,246,942 |
| | HAMILTON LANE PRIVATE EQUITY OFFSHORE VIII LP | 2,756,828 | 3,714,250 |
| | HAMILTON LANE SECONDARY FUND II LP | 26,819 | 2,326 |
| | LANDMARK EQUITY PARTNERS XIV LP | 203,891 | 29,108 |
| | LSV INTERNATIONAL AC VALUE EQUITY FUND LP | 17,352,205 | 25,721,327 |
| | SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND III LP | 4,818,915 | 12,468,305 |
| | SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND V LP | 5,377,080 | 6,614,793 |
| | U.S. REAL ESTATE INVESTMENT FUND LLC | <u>11,418,780</u> | <u>15,541,891</u> |
| | TOTAL LIMITED PARTNERSHIPS | <u>119,765,246</u> | <u>185,819,085</u> |
| | COLLECTIVE TRUST FUNDS: | | |
| | BARINGS INTERNATIONAL SMALL CAP | 17,000,000 | 19,363,967 |
| | BNY MELLON DB SL LARGE CAP VALUE STOCK INDEX FUND | 61,648,640 | 66,487,411 |
| | INVESCO INTERNATIONAL GROWTH TRUST CL 1 | 20,597,139 | 33,619,206 |
| | MULTI-EMPLOYER PROPERTY TRUST | 9,167,028 | 17,752,468 |
| | RUSSELL 1000 GROWTH INDX NL | 21,253,223 | 65,662,608 |
| | S&P 500 FLAGSHIP NL FUND | <u>12,498,302</u> | <u>68,495,105</u> |
| | TOTAL COLLECTIVE TRUST FUNDS | <u>142,164,332</u> | <u>271,380,765</u> |
| | TOTAL ASSETS HELD AT END OF YEAR | <u>\$ 563,794,000</u> | <u>\$ 777,861,535</u> |

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Eligibility Credits

| Age | Total | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & up |
|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|----------------|----------------|----------------|
| Under 25 | 492 | 482 | 10 | -- | -- | -- | -- | -- | -- | -- |
| | \$37 | \$35 | -- | -- | -- | -- | -- | -- | -- | -- |
| 25 - 29 | 316 | 216 | 96 | 4 | -- | -- | -- | -- | -- | -- |
| | \$97 | \$60 | \$174 | -- | -- | -- | -- | -- | -- | -- |
| 30 - 34 | 306 | 131 | 108 | 62 | 5 | -- | -- | -- | -- | -- |
| | \$176 | \$57 | \$196 | \$363 | -- | -- | -- | -- | -- | -- |
| 35 - 39 | 272 | 79 | 61 | 64 | 59 | 9 | -- | -- | -- | -- |
| | \$305 | \$61 | \$223 | \$398 | \$552 | -- | -- | -- | -- | -- |
| 40 - 44 | 286 | 82 | 44 | 39 | 41 | 71 | 9 | -- | -- | -- |
| | \$397 | \$56 | \$208 | \$423 | \$561 | \$741 | -- | -- | -- | -- |
| 45 - 49 | 297 | 91 | 36 | 24 | 21 | 53 | 65 | 7 | -- | -- |
| | \$492 | \$64 | \$204 | \$404 | \$654 | \$754 | \$943 | -- | -- | -- |
| 50 - 54 | 363 | 79 | 38 | 32 | 39 | 37 | 69 | 43 | 26 | -- |
| | \$618 | \$51 | \$193 | \$400 | \$586 | \$745 | \$939 | \$1,184 | \$1,306 | -- |
| 55 - 59 | 446 | 112 | 59 | 41 | 30 | 49 | 60 | 26 | 59 | 10 |
| | \$617 | \$65 | \$199 | \$400 | \$588 | \$788 | \$949 | \$1,103 | \$1,381 | -- |
| 60 - 64 | 439 | 114 | 69 | 36 | 34 | 28 | 50 | 27 | 32 | 49 |
| | \$685 | \$65 | \$204 | \$410 | \$664 | \$753 | \$1,032 | \$1,277 | \$1,403 | \$1,834 |
| 65 - 69 | 169 | 68 | 27 | 13 | 12 | 14 | 12 | 5 | 10 | 8 |
| | \$583 | \$54 | \$194 | -- | -- | -- | -- | -- | -- | -- |
| 70 & up | 90 | 63 | 15 | 8 | 1 | 3 | -- | -- | -- | -- |
| | \$168 | \$63 | -- | -- | -- | -- | -- | -- | -- | -- |
| Total | 3,476 | 1,517 | 563 | 323 | 242 | 264 | 265 | 108 | 127 | 67 |
| | \$391 | \$52 | \$197 | \$395 | \$591 | \$784 | \$976 | \$1,214 | \$1,392 | \$1,871 |

Note: Excludes 2,456 participants with less than one pension eligibility credit.

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

| Payment Date | Periodic Amounts | Lump Sum Amounts | Total Amounts |
|--------------|------------------|------------------|---------------|
| 02/28/2024 | \$0.00 | \$340,799.97 | \$340,799.97 |
| 11/19/2024 | 0.00 | \$4,500.00 | \$4,500.00 |

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

| Plan Year | Employer Contributions | Withdrawal Liability Payments | Total |
|-----------|------------------------|-------------------------------|-------------|
| 2024 | \$7,911,425 | \$10,000 | \$7,921,425 |
| 2025 | 7,005,155 | 0 | 7,005,155 |
| 2026 | 7,005,155 | 0 | 7,005,155 |
| 2027 | 7,005,155 | 0 | 7,005,155 |
| 2028 | 6,878,579 | 0 | 6,878,579 |
| 2029 | 6,498,848 | 0 | 6,498,848 |
| 2030 | 6,492,500 | 0 | 6,492,500 |
| 2031 | 6,467,830 | 0 | 6,467,830 |
| 2032 | 6,464,726 | 0 | 6,464,726 |
| 2033 | 6,464,726 | 0 | 6,464,726 |

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of January 1, 2024, dated March 26, 2024.

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

Investment Return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rates as of December 31, 2023:

- First 20 years 5.06%
- After 20 years 4.37%

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00%.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer’s obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

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

| Type of Base | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------------------------------------------|------------------|---------------------|-----------------|---------------------|
| Plan amendment | 01/01/1995 | \$30,676 | 1 | \$30,676 |
| Change in assumptions | 01/01/1995 | 39,929 | 1 | 39,929 |
| Change in assumptions | 01/01/1996 | 714,114 | 2 | 369,131 |
| Plan amendment | 01/01/1997 | 218,488 | 3 | 77,809 |
| Plan amendment | 01/01/1998 | 195,393 | 4 | 53,912 |
| Plan amendment | 01/01/1999 | 642,701 | 5 | 146,494 |
| Plan amendment | 01/01/2002 | 342,501 | 8 | 53,605 |
| Plan amendment | 01/01/2004 | 684,187 | 10 | 91,040 |
| Change in assumptions | 01/01/2005 | 1,727,858 | 11 | 215,347 |
| Plan amendment | 01/01/2007 | 2,606,791 | 13 | 291,500 |
| Change in assumptions | 01/01/2007 | 4,413,806 | 13 | 493,566 |
| Base due to December 31, 2008 investment loss – Meat Plan | 01/01/2009 | 2,884,258 | 14 | 308,225 |
| Base due to December 31, 2008 investment loss | 01/01/2009 | 46,221,023 | 14 | 4,939,383 |
| Base due to December 31, 2008 investment loss – Meat Plan | 01/01/2010 | 571,346 | 14 | 61,057 |
| Experience loss | 01/01/2010 | 2,246,990 | 1 | 2,246,990 |
| Base due to December 31, 2008 investment loss – Meat Plan | 01/01/2011 | 1,556,051 | 14 | 166,287 |
| Change in assumptions | 01/01/2011 | 2,512,346 | 2 | 1,298,652 |
| Base due to December 31, 2008 investment loss | 01/01/2011 | 35,389,286 | 14 | 3,781,856 |
| Base due to 2008 investment loss | 01/01/2012 | 1,664,351 | 14 | 177,860 |
| Base due to December 31, 2008 investment loss | 01/01/2012 | 7,780,890 | 14 | 831,500 |
| Experience loss | 01/01/2013 | 377,420 | 4 | 104,136 |
| Change in assumptions | 01/01/2013 | 499,353 | 4 | 137,779 |
| Base due to December 31, 2008 investment loss | 01/01/2013 | 4,219,862 | 4 | 1,164,320 |

2024 Schedule MB, Lines 9c and 9h - Schedule of Funding Standard Account Bases
 United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
 EIN 43-6058365/PN 001

| Type of Base | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-------------------------------|------------------|----------------------|-----------------|---------------------|
| Change in assumptions | 01/01/2015 | 1,021,522 | 6 | 200,291 |
| Experience loss | 01/01/2015 | 1,150,933 | 6 | 225,664 |
| Plan amendment | 01/01/2015 | 2,094,540 | 6 | 410,678 |
| Experience loss | 01/01/2016 | 55,105 | 7 | 9,556 |
| Experience loss | 01/01/2016 | 8,097,070 | 7 | 1,404,147 |
| Plan amendment | 01/01/2017 | 297,130 | 8 | 46,504 |
| Experience loss | 01/01/2017 | 7,310,794 | 8 | 1,144,226 |
| Plan amendment - Grocery Plan | 01/01/2018 | 1,774,994 | 9 | 254,615 |
| Experience loss | 01/01/2018 | 4,891,538 | 9 | 701,668 |
| Experience loss | 01/01/2019 | 13,467,067 | 10 | 1,791,970 |
| Experience loss | 01/01/2020 | 9,385,597 | 11 | 1,169,752 |
| Change in assumptions | 01/01/2020 | 16,184,747 | 11 | 2,017,147 |
| Change in assumptions | 01/01/2022 | 396,207 | 13 | 44,305 |
| Plan amendment | 01/01/2022 | 1,176,659 | 13 | 131,578 |
| Experience loss | 01/01/2023 | 5,695,376 | 14 | 608,633 |
| Total | | \$190,538,899 | | \$27,241,788 |

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

| Type of Base | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------------------------------|------------------|---------------------|-----------------|---------------------|
| Change in asset method | 01/01/2009 | \$15,110,497 | 15 | \$1,550,515 |
| Experience gain | 01/01/2010 | 122,322 | 1 | 122,322 |
| Base due to December 31, 2008 investment loss | 01/01/2010 | 17,615,348 | 14 | 1,882,454 |
| Plan amendment | 01/01/2011 | 21,069 | 2.5 | 8,857 |
| Experience gain | 01/01/2011 | 150,074 | 2 | 77,574 |
| Plan amendment | 01/01/2011 | 686,161 | 2 | 354,682 |
| Experience gain | 01/01/2011 | 10,164,093 | 2 | 5,253,903 |
| Plan amendment | 01/01/2012 | 70,449 | 3 | 25,089 |
| Plan amendment | 01/01/2012 | 186,453 | 3 | 66,400 |
| Experience gain | 01/01/2012 | 327,930 | 3 | 116,783 |
| Experience gain | 01/01/2012 | 1,267,648 | 3 | 451,439 |
| Change in assumptions | 01/01/2012 | 3,486,224 | 3 | 1,241,525 |
| Plan amendment | 01/01/2013 | 4,343 | 4 | 1,198 |
| Plan amendment | 01/01/2013 | 20,947 | 3.4 | 6,669 |
| Plan amendment | 01/01/2014 | 2,976 | 4.1 | 804 |
| Experience gain | 01/01/2014 | 22,421 | 5 | 5,111 |
| Experience gain | 01/01/2014 | 868,648 | 5 | 197,995 |
| Experience gain | 01/01/2015 | 449,381 | 6 | 88,111 |
| Change in assumptions | 01/01/2016 | 2,619,834 | 7 | 454,316 |
| Experience gain | 01/01/2017 | 21,950 | 8 | 3,435 |
| Experience gain - Meat Plan | 01/01/2018 | 423,726 | 9 | 60,782 |
| Change in assumptions - Meat Plan | 01/01/2018 | 734,530 | 9 | 105,365 |
| Experience gain | 01/01/2021 | 8,630,717 | 12 | 1,015,537 |
| Experience gain | 01/01/2022 | 25,284,814 | 13 | 2,827,429 |
| Experience gain | 01/01/2024 | 251,926 | 15 | 25,851 |
| Total | | \$88,544,481 | | \$15,944,146 |

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

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

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

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

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

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

Annuitant mortality rates¹

| Age | Healthy Male | Healthy Female | Disabled Male | Disabled Female |
|-----|--------------|----------------|---------------|-----------------|
| 55 | 0.66% | 0.46% | 2.57% | 1.67% |
| 60 | 0.97% | 0.71% | 3.06% | 2.11% |
| 65 | 1.48% | 1.03% | 3.71% | 2.45% |
| 70 | 2.21% | 1.53% | 4.53% | 3.09% |
| 75 | 3.47% | 2.49% | 5.99% | 4.46% |
| 80 | 5.76% | 4.29% | 8.52% | 6.86% |
| 85 | 9.80% | 7.59% | 12.78% | 10.55% |
| 90 | 16.67% | 13.23% | 19.70% | 15.69% |

¹ Mortality rates shown are sample rates in 2024

Termination rates

| Age | Mortality Male ¹ | Mortality Female ¹ | Disability | Withdrawal ² |
|-----|-----------------------------|-------------------------------|------------|-------------------------|
| 20 | 0.07% | 0.03% | 0.02% | 14.76% |
| 25 | 0.09% | 0.03% | 0.03% | 14.76% |
| 30 | 0.09% | 0.04% | 0.03% | 8.17% |
| 35 | 0.12% | 0.05% | 0.04% | 8.47% |
| 40 | 0.13% | 0.07% | 0.07% | 7.00% |
| 45 | 0.16% | 0.09% | 0.11% | 6.29% |
| 50 | 0.25% | 0.13% | 0.18% | 5.89% |
| 55 | 0.40% | 0.22% | 0.30% | 3.00% |
| 60 | 0.70% | 0.34% | 0.49% | 0.13% |

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 year’s assumption over the most recent five years.

Termination rates before 5 years of vesting service

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

¹ Mortality rates shown above are sample rates in 2024

² Withdrawal rates cut out at early retirement age. Before 5 years of vesting service, withdrawal rates are as shown in the second table.

Retirement rates¹

| Age | Annual Retirement Rates From Active Status | Annual Retirement Rates From Inactive Status |
|---------|--------------------------------------------|----------------------------------------------|
| 52 – 54 | 1% | -- |
| 55 – 56 | 2% | 2% |
| 57 – 59 | 5% | 2% |
| 60 | 15% | 10% |
| 61 | 15% | 20% |
| 62 | 30% | 35% |
| 63 – 64 | 20% | 20% |
| 65 | 30% | 40% |
| 67 – 70 | 25% | 10% |
| 71 | 100% | 100% |

The retirement 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 retirements by age and the projected number based on the prior year’s assumption over the most recent five years.

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

Description of weighted average retirement age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Future benefit accruals

Based on the average of the participant's hours during the previous two years with a minimum of 0.25 pension credits.

The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

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

Definition of active participants

Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension eligibility credit, excluding those who have retired as of the valuation date and those who were employed by a withdrawn employer.

Percent married

Males 80%, Females 65%

Age and gender of spouse

If actual age is unknown, spouses are assumed 4 years younger than male participants and 2 years older than female participants. If not given, spouses are assumed to be of the opposite sex of the participants.

Benefit election

- Male participants: 50% elect the 50% joint and survivor pension with pop-up provision and 50% elect the single life annuity.
- Female participants: 30% elect the 50% joint and survivor pension with pop-up provision and 70% elect the single life annuity.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.

Delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net investment return

7.00%

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

Annual administrative expenses

\$1,750,000 for the year beginning January 1, 2024 (equivalent to \$1,687,346 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in prior years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized, 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 80% to 120% on the market value of assets.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

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

Current liability assumptions

- **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-2006 employee and annuitant mortality tables, projected generationally using scale MP-2022 (previously, MP-2021).

Actuarial models

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

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 1 contribution date.

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2024 | \$1,364,772 | \$2,595,555 | \$54,890,615 | \$58,850,942 |
| 2025 | 2,658,496 | 4,132,970 | 53,348,725 | 60,140,191 |
| 2026 | 3,808,483 | 5,533,944 | 51,756,292 | 61,098,719 |
| 2027 | 4,946,341 | 6,932,505 | 50,173,813 | 62,052,659 |
| 2028 | 5,908,702 | 8,259,164 | 48,562,049 | 62,729,915 |
| 2029 | 6,842,741 | 9,566,157 | 46,895,054 | 63,303,952 |
| 2030 | 7,679,327 | 10,741,039 | 45,175,784 | 63,596,150 |
| 2031 | 8,431,376 | 11,880,061 | 43,418,787 | 63,730,224 |
| 2032 | 9,096,770 | 12,883,414 | 41,615,261 | 63,595,445 |
| 2033 | 9,667,494 | 13,772,360 | 39,743,926 | 63,183,780 |
| 2034 | 10,161,223 | 14,472,228 | 37,860,284 | 62,493,735 |
| 2035 | 10,557,920 | 15,058,451 | 35,942,652 | 61,559,023 |
| 2036 | 10,909,851 | 15,570,452 | 33,995,898 | 60,476,201 |
| 2037 | 11,199,697 | 16,007,929 | 32,026,272 | 59,233,898 |
| 2038 | 11,428,566 | 16,414,131 | 30,040,765 | 57,883,462 |
| 2039 | 11,613,539 | 16,770,184 | 28,047,269 | 56,430,992 |
| 2040 | 11,752,333 | 17,137,904 | 26,054,699 | 54,944,936 |
| 2041 | 11,857,229 | 17,460,002 | 24,072,963 | 53,390,194 |
| 2042 | 11,909,088 | 17,794,570 | 22,112,890 | 51,816,548 |
| 2043 | 11,918,261 | 18,020,796 | 20,186,067 | 50,125,124 |
| 2044 | 11,879,447 | 18,189,820 | 18,304,614 | 48,373,881 |
| 2045 | 11,801,654 | 18,313,433 | 16,480,948 | 46,596,035 |
| 2046 | 11,680,611 | 18,359,410 | 14,727,449 | 44,767,470 |

2024 Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments
 United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
 EIN 43-6058365/PN 001

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total |
|-----------|---------------------|--------------------------------|----------------------------------------|------------|
| 2047 | 11,521,395 | 18,355,956 | 13,056,063 | 42,933,414 |
| 2048 | 11,323,150 | 18,268,452 | 11,477,805 | 41,069,407 |
| 2049 | 11,086,210 | 18,125,225 | 10,002,511 | 39,213,946 |
| 2050 | 10,818,754 | 17,910,951 | 8,638,252 | 37,367,957 |
| 2051 | 10,519,448 | 17,644,133 | 7,390,801 | 35,554,382 |
| 2052 | 10,185,740 | 17,319,361 | 6,263,395 | 33,768,496 |
| 2053 | 9,834,728 | 16,936,887 | 5,256,675 | 32,028,290 |
| 2054 | 9,457,691 | 16,480,989 | 4,368,767 | 30,307,447 |
| 2055 | 9,065,354 | 15,971,793 | 3,595,415 | 28,632,562 |
| 2056 | 8,662,586 | 15,407,483 | 2,930,443 | 27,000,512 |
| 2057 | 8,252,948 | 14,812,722 | 2,366,058 | 25,431,728 |
| 2058 | 7,833,363 | 14,181,912 | 1,893,375 | 23,908,650 |
| 2059 | 7,416,905 | 13,541,803 | 1,502,909 | 22,461,617 |
| 2060 | 7,010,143 | 12,874,158 | 1,184,773 | 21,069,074 |
| 2061 | 6,603,321 | 12,216,076 | 929,091 | 19,748,488 |
| 2062 | 6,210,981 | 11,545,404 | 726,295 | 18,482,680 |
| 2063 | 5,832,750 | 10,874,235 | 567,401 | 17,274,386 |
| 2064 | 5,459,009 | 10,211,086 | 444,249 | 16,114,344 |
| 2065 | 5,100,452 | 9,563,418 | 349,657 | 15,013,527 |
| 2066 | 4,758,148 | 8,931,895 | 277,480 | 13,967,523 |
| 2067 | 4,426,945 | 8,316,855 | 222,591 | 12,966,391 |
| 2068 | 4,108,554 | 7,723,743 | 180,850 | 12,013,147 |
| 2069 | 3,808,235 | 7,150,213 | 148,987 | 11,107,435 |
| 2070 | 3,521,163 | 6,598,326 | 124,468 | 10,243,957 |
| 2071 | 3,249,398 | 6,069,011 | 105,379 | 9,423,788 |

2024 Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments
United Food and Commercial Workers Union Local 655, Food Employers Joint Pension Plan
EIN 43-6058365/PN 001

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total |
|------------------|----------------------------|---------------------------------------|-----------------------------------------------|--------------|
| 2072 | 2,992,528 | 5,561,950 | 90,294 | 8,644,772 |
| 2073 | 2,748,757 | 5,077,858 | 78,164 | 7,904,779 |

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.

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1510-0047 1510-0049 2024 This Form is Open to Public Inspection |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I Annual Report Identification Information | |
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A This return/report is for: | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) |
| B This return/report is: | <input type="checkbox"/> a single-employer plan the first return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C If the plan is a collectively-bargained plan, check here | <input checked="" type="checkbox"/> |
| D Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here | <input type="checkbox"/> |

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

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

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

| | | | |
|--------------|------------------------------------|------------------|--------------------------------------------------------------|
| SIGN HERE | <i>Susan Perney</i> | <u>10/7/2025</u> | SUSAN PERNEY |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <i>Laura Kelley</i> | <u>10/9/2025</u> | LAURA KELLEY |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN |
| | 3c Administrator's telephone number |
| | |

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

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|
| 5 Total number of participants at the beginning of the plan year | 5 | 19,523 |
| 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) | 6,550 |
| a(2) Total number of active participants at the end of the plan year | 6a(2) | 6,048 |
| b Retired or separated participants receiving benefits | 6b | 6,535 |
| c Other retired or separated participants entitled to future benefits | 6c | 5,618 |
| d Subtotal. Add lines 6a(2), 6b, and 6c | 6d | 18,201 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 734 |
| f Total. Add lines 6d and 6e | 6f | 18,936 |
| 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 | 20 |

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

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

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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

| Identity of Party Involved (a) | Description of Asset (b) | Purchase Price (c) | Selling Price (d) | Cost of Asset (g) | Current Value of Asset on Transaction Date (h) | Net Gain (Loss) (i) |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------|------------------------|
| <u>Series of transactions with the same issue in excess of 5% of the fair value of plan assets at the beginning of the plan year:</u> | | | | | | |
| Comerica | Short Term Fund (397) | \$ - | \$ 233,440,215 | \$ 233,440,215 | \$ 233,440,215 | \$ - |
| Comerica | Short Term Fund (612) | 234,936,854 | - | 234,936,854 | 234,936,854 | - |
| BNY Mellon | DB SL Large Cap Value Stock Idx Fd (2) | 66,000,000 | - | 66,000,000 | 66,000,000 | - |

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

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

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

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

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

| | | |
|--------------------------------------------------------------------------------------------------------------|-----------------|---------------|
| b Assets | | |
| (1) Current value of assets | 1b(1) | 764,934,050 |
| (2) Actuarial value of assets for funding standard account..... | 1b(2) | 809,446,764 |
| c (1) Accrued liability for plan using immediate gain methods | 1c(1) | 773,669,527 |
| (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) | 773,669,527 |
| d Information on current liabilities of the plan: | | |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... | 1d(1) | |
| (2) "RPA '94" information: | | |
| (a) Current liability | 1d(2)(a) | 1,241,837,854 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | 7,321,745 |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 58,978,316 |
| (3) Expected plan disbursements for the plan year | 1d(3) | 60,728,316 |

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

| | | |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| SIGN HERE | William Gitterman W J G Signature of actuary William Gitterman, FSA, MAAA Type or print name of actuary Firm name 101 N. WACKER DR., SUITE 1800 CHICAGO IL 60606-1722 Address of the firm | 09/11/2025 Date 2308743 Most recent enrollment number 312-984-8500 Telephone number (including area code) |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

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 % |
| b Rates specified in insurance or annuity contracts..... | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males..... | 6c(1) | A A |
| (2) Females..... | 6c(2) | A A |
| d Valuation liability interest rate..... | 6d | 7.00 % 7.00 % |
| e Salary scale..... | 6e | % <input checked="" type="checkbox"/> N/A |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate..... | 6f(1) | <input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A |
| (2) If "Single rate" is checked in (1), enter applicable single rate..... | 6f(2) | % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date..... | 6g | 7.3 % |
| h Estimated investment return on current value of assets for year ending on the valuation date..... | 6h | 9.8 % |
| i Expense load included in normal cost reported in line 9b..... | 6i | <input type="checkbox"/> N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage..... | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | 6i(2) | 1,687,346 |
| (3) If neither (1) nor (2) describes the expense load, check the box..... | 6i(3) | <input type="checkbox"/> |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | -251,926 | -25,851 |
| | | |
| | | |
| | | |
| | | |

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 | 4,792,308 |
| 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) | 190,538,899 |
| (2) Funding waivers | 9c(2) | |
| (3) Certain bases for which the amortization period has been extended | 9c(3) | |
| d Interest as applicable on lines 9a, 9b, and 9c | 9d | 2,242,387 |
| e Total charges. Add lines 9a through 9d | 9e | 34,276,483 |
| Credits to funding standard account: | | |
| f Prior year credit balance, if any | 9f | 137,771,655 |
| g Employer contributions. Total from column (b) of line 3 | 9g | 8,150,877 |
| | Outstanding balance | |
| h Amortization credits as of valuation date | 9h | 88,544,481 |
| i Interest as applicable to end of plan year on lines 9f, 9g, and 9h | 9i | 11,045,387 |
| j Full funding limitation (FFL) and credits: | | |
| (1) ERISA FFL (accrued liability FFL) | 9j(1) | 161,890,401 |
| (2) "RPA '94" override (90% current liability FFL) | 9j(2) | 304,116,832 |
| (3) FFL credit | 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 | 172,912,065 |
| m Credit balance: If line 9l is greater than line 9e, enter the difference | 9m | 138,635,582 |
| n Funding deficiency: If line 9e is greater than line 9l, enter the difference | 9n | |
| o Current year's accumulated reconciliation account: | | |
| (1) Due to waived funding deficiency accumulated prior to the current plan year | 9o(1) | |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: | | |
| (a) Reconciliation outstanding balance as of valuation date | 9o(2)(a) | |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) | 9o(2)(b) | 0 |
| (3) Total as of valuation date | 9o(3) | 0 |
| 10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) | 10 | |
| 11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |