

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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: [X] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 09/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO
2b Employer Identification Number (EIN): 31-6089169
2c Plan Sponsor's telephone number: 937-665-1900
2d Business code (see instructions): 525100

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

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	4327
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)	791
	6a(2)	1291
	6b	1464
	6c	1932
	6d	4687
	6e	21
	6f	4708
	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	2

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

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

a Pension Schedules	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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 _____

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>CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN</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 THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO</u>	D Employer Identification Number (EIN) <u>31-6089169</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>54246689</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>57899766</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>55125823</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>55125823</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>92207939</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>741050</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>4989921</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>5570642</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 <u>YATURO SEKI</u> Signature of actuary <u>MILLIMAN, INC.</u> Type or print name of actuary <u>71 S WACKER DRIVE, 31ST FLOOR</u> <u>CHICAGO, IL 60606-4637</u> Firm name Address of the firm	<u>10/03/2025</u> Date <u>23-08361</u> Most recent enrollment number <u>312-726-0677</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	54246689
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1448	44759821
(2) For terminated vested participants	2044	34980375
(3) For active participants:		
(a) Non-vested benefits		208750
(b) Vested benefits		12258994
(c) Total active	843	12467744
(4) Total	4335	92207940
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.83 %

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	3345372	0			
			Totals ▶	3(b)	3(c)
				3345372	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	105.0 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<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)	9P 9P+2
(2) Females	6c(2)	9FP 9FP+2
d Valuation liability interest rate	6d	6.75 % 6.75 %
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 checked="" 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	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.2 %
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)	580721
(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	524825	53130
4	2225005	225246

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	0
b Employer's normal cost for plan year as of valuation date.....	9b	880904

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)	28120363	4021488
(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		330911
e Total charges. Add lines 9a through 9d.....	9e		5233303
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		23027571
g Employer contributions. Total from column (b) of line 3.....	9g		3345372
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	7866735	2296870
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1821080
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	26460773	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	25426826	
(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		30490893
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		25257590
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO	D Employer Identification Number (EIN) 31-6089169	

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

NEWTOWER TRUST COMPANY

30-0872552

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

GCM CUSTOMIZED FUND INVESTMENT GRP

80-0952472

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

GCM CFG FUND PARTNERS IV, L.P.

35-2494369

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

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

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

HEARTLAND BENEFIT PLAN ADMINISTRATO

47-5593281

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	182032	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)

SIKICH CPA LLC

54-1172176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	117468	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, BOERNER, VAN DEUREN S.C.

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	63770	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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	62563	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)

MARQUETTE ASSOCIATES, INC.

36-3485298

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	40000	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)

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

(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 49 50 51	NONE	39183	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)

SEGAL SELECT INSURANCE SERVICES, IN

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	22227	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES, IN	22 53	3731
(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.	
ENCORE 45-3957469	STANDARD INSURANCE COMMISSION FROM THE INSURANCE CARRIER.	
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<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

A Name of plan <u>CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN</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 THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO</u>	D Employer Identification Number (EIN) <u>31-6089169</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)
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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>NEWTOWER 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>3540660</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS PREFERRED STOCK FUND II, LLC</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES, INC.</u>		
c EIN-PN <u>16-1626084-002</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>1509530</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSIVE EQUITY FUND LL</u>		
b Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>		
c EIN-PN <u>45-2531297-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3267331</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)

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.	<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	
A Name of plan CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO	D Employer Identification Number (EIN) 31-6089169

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a	294625	388860
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	441597	359678
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	32094	34161
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	210001	531628
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2680707	2450389
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	8928847	5050190
(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)	2822195	3267331
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35324727	41743416
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3561479	3142178

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	20812	14836
f Total assets (add all amounts in lines 1a through 1e).....	1f	54317084	56982667
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	70395	60932
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	70395	60932
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	54246689	56921735

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)	3345372	
(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)		3345372
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21486	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	131160	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		152646
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1311774	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1311774
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1650517	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1650517	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-216409	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-25475
(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)		445136
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2595801
c Other income	2c		65
d Total income. Add all income amounts in column (b) and enter total	2d		7608910

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4207924	
(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)		4207924
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	117468	
(5) Investment advisory and investment management fees	2i(5)	68807	
(6) Bank or trust company trustee/custodial fees	2i(6)	3550	
(7) Actuarial fees	2i(7)	62863	
(8) Legal fees	2i(8)	63770	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	409482	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		725940
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4933864

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2675046
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: SIKICH CPA LLC

(2) EIN: 54-1172176

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.			

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 559826.

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

A Name of plan <u>CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN</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 THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO</u>	D Employer Identification Number (EIN) <u>31-6089169</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-6089169

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	11
--	---	----

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
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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 CVS PHARMACY, INC.

b EIN 05-0340626 **c** Dollar amount contributed by employer 3342385

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) 1.37

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	3417
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	3530
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	3600

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	0.97
b The corresponding number for the second preceding plan year.....	15b	0.95

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: 51.5 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 18.7 %
 High-Yield Debt: 3.2 % Real Assets: 13.9 % Cash or Cash Equivalents: _____ % Other: 12.7 %

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 _____.



**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

For the Years Ended December 31, 2024 and 2023

The background of the lower half of the cover is an abstract, grayscale geometric pattern. It consists of numerous overlapping, semi-transparent planes and lines that create a sense of depth and complexity, resembling a digital or architectural structure.

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**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Central Ohio UFCW Unions and Retail Employers Pension Plan

Opinion

We have audited the accompanying financial statements of Central Ohio UFCW Unions and Retail Employers Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the 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 the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance 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 within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024, 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. The schedule of employer contributions for the year ended December 31, 2024, schedules of administrative expenses, and schedules of investment expenses for the years ended December 31, 2024 and 2023 are provided for informational purposes only. 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 forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedule of assets (held at end of year) and schedule of reportable transactions, 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 are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content of the supplemental schedule of assets (held at end of year) and schedule of reportable transactions are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Brookfield, Wisconsin
October 6, 2025

FINANCIAL STATEMENTS

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 56,185,132	\$ 53,527,956
Receivables		
Employer contributions	359,678	441,597
Accrued interest and dividends	34,161	32,094
Total receivables	<u>393,839</u>	<u>473,691</u>
Cash	<u>388,860</u>	<u>294,625</u>
Prepaid expenses	<u>14,836</u>	<u>20,812</u>
Total assets	<u>56,982,667</u>	<u>54,317,084</u>
LIABILITIES		
Accounts payable	<u>60,932</u>	<u>70,395</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 56,921,735</u></u>	<u><u>\$ 54,246,689</u></u>

See accompanying notes to the financial statements.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS IN NET ASSETS ATTRIBUTED TO		
Investment income		
Interest	\$ 21,486	\$ 12,214
Dividends	1,311,774	938,460
Net appreciation in fair value of investments	2,930,213	3,262,184
Total investment income	4,263,473	4,212,858
Less investment expenses	(68,807)	(69,807)
Net investment income	4,194,666	4,143,051
Employer contributions	3,345,372	3,323,030
Other income	65	25,040
Total additions	7,540,103	7,491,121
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Pension benefits	4,207,924	4,445,792
Administrative expenses	657,133	639,777
Total deductions	4,865,057	5,085,569
NET INCREASE	2,675,046	2,405,552
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	54,246,689	51,841,137
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 56,921,735	\$ 54,246,689

See accompanying notes to the financial statements.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of the Central Ohio UFCW Unions and Retail Employers Pension Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit multiemployer pension plan providing retirement benefits for those employees who are covered under collective bargaining agreements between the unions and employers participating in the Plan. The Plan is subject to the provisions of Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Board of Trustees (the Trustees) comprised of a union group and an employer group of representatives, each having equal voting power, has overall responsibility for the operation and administration of the Plan.

The Plan has an Administrative Services Agreement with Heartland Benefit Plan Administration, LLC to handle daily administration duties of the Plan.

Eligibility

Covered employees are eligible to participate in the Plan immediately upon employment.

Contributions

The Plan is funded by employer contributions in accordance with the terms of the participating employers' collective bargaining agreements. No contributions are permitted by employees. According to the Plan's actuary, the contributions for the years ended December 31, 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Contributions are received from employers for the operation of the Plan. Contributions are recognized in the period when the performance obligation of the participant work hours is satisfied.

Pension Benefits

The pension benefits provided by the Plan are established by the Trustees administering the Plan. Participants may receive their benefits upon application at or after attaining normal retirement age, or early retirement age if applicable, as specified in the plan document and the applicable participation agreement. Survivor benefits are provided for the surviving spouses of participants who die before beginning to receive their vested benefits.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

1. DESCRIPTION OF PLAN (Continued)

Vesting

Employees become vested after five years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Cash

Cash is defined as currency on hand, in demand deposits.

Concentrations

Employer Contributions - Participating employers remit contributions to the Plan based on the number of hours worked by the members. Therefore, employer contributions are dependent upon the working environment of the area serviced by the employers. One employer accounted for approximately 100% of the Plan's contributions during the years ended December 31, 2024 and 2023.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies and procedures utilizing information provided by its investment advisor and custodian. See Note 3 for a discussion of fair value measurements.

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

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Recent Accounting and Regulatory Pronouncements

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2024 and 2023. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.0 and awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor (DOL). The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended December 31, 2024 and 2023. The Plan will be amended to reflect any changes made in response to SECURE 2.0 prior to the deadline set by law or applicable regulations.

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Topic 820 are described as follows:

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

Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets,
- b. Quoted prices for identical or similar assets or liabilities in inactive markets,

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

3. FAIR VALUE MEASUREMENTS (Continued)

Level 2: (Continued)

- c. Inputs other than quoted prices that are observable for the asset or liability,
- d. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023:

Cash and cash equivalents: Valued at amortized cost, which approximates fair value.

Mutual funds: Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-ended mutual funds that are registered with the US Securities Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective funds and 103-12 investment entities: Valued at the net asset value (NAV) per units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure the securities liquidations will be carried out in an orderly business manner.

Partnership: The GCM Grosvenor Secondary Opportunities Feeder Fund II, L.P. is a Cayman Islands exempted limited partnership formed to achieve capital appreciation through the discount at which investments are acquired and the appreciation of the underlying portfolio companies. All of the assets are invested in the GCM Grosvenor Secondary Opportunities Fund II, L.P. The value of the partnership in the accompanying financial statements is at NAV per unit outstanding.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

3. FAIR VALUE MEASUREMENTS (Continued)

Other investment: RREEF America REIT II Fund (REIT) is a corporation classified as a real estate investment trust and is organized to serve as a collective investment vehicle through which eligible investors may invest in a professionally managed real estate portfolio consisting of multi-family, industrial, retail and office properties in targeted metropolitan areas within the continental United States. The principal investment objective of REIT is to generate attractive, predictable investment returns from a target portfolio of low-risk equity investments in income-producing real estate while maximizing the total return to shareholders through cash dividends and appreciation in the value of REIT shares. RREEF America LLC (RREEF) serves as investment advisor to REIT.

RREEF values REIT's real estate investments based on external valuations performed annually by independent real estate appraisers. Additionally, RREEF will perform annual internal valuations on each of the real estate investments in REIT, with the exception of recently acquired real estate investments. Cost plus capital additions are used to approximate estimated fair value until the real estate investments are first appraised. Quarterly, RREEF presents the results of both the internal and external valuations to REIT's Board of Directors for final approval. The periodic valuation of REIT's total portfolio including the related loans and bonds payable serves as the basis for determining REIT's net asset value. Determination of estimated fair value involves subjective assumptions and estimates. The value of the REIT in the accompanying financial statements is at NAV per unit outstanding.

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.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

3. FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Description	Assets at Fair Value as of December 31, 2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 41,743,416	\$ -	\$ -	\$ 41,743,416
Cash and cash equivalents	1	531,627	-	531,628
TOTAL	\$ 41,743,417	\$ 531,627	\$ -	42,275,044
Investments measured at NAV (a)				13,910,088
TOTAL INVESTMENTS AT FAIR VALUE				\$ 56,185,132

Description	Assets at Fair Value as of January 1, 2024			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 35,324,728	\$ -	\$ -	\$ 35,324,728
Cash and cash equivalents	1	210,000	-	210,001
TOTAL	\$ 35,324,729	\$ 210,000	\$ -	35,534,729
Investments measured at NAV (a)				17,993,227
TOTAL INVESTMENTS AT FAIR VALUE				\$ 53,527,956

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

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

3. FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables present the fair value, unfunded commitments, redemption frequency, and redemption notice period for plan investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

	December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption	
			Frequency	Notice Period
Collective funds				
Multi-Employer Property Trust	\$ 3,540,660	\$ -	Quarterly	1 year written notice
NIS Preferred Stock Fund II, LLC	1,509,530	-	Quarterly	30 days written notice
103-12 investment entities				
Parametric Defensive Equity Fund LLC	3,267,331	-	Monthly	5 days written notice
Partnership				
GCM Grosvenor Secondary Opportunities Fund II, L.P.	2,450,389	1,167,799	Daily	30 days written notice
Other				
RREEF America REIT II Fund	3,142,178	-	Quarterly	45 days written notice

	December 31, 2023			
	Fair Value	Unfunded Commitments	Redemption	
			Frequency	Notice Period
Collective funds				
Barings International Small Cap Equity	\$ 2,369,620	\$ -	Daily	None
Multi-Employer Property Trust	3,827,199	-	Quarterly	1 year written notice
NIS Preferred Stock Fund II, LLC	1,395,903	-	Quarterly	30 days written notice
NIS Total Absolute Return Fund LLC	1,336,125	-	Quarterly	15 days written notice
103-12 investment entities				
Parametric Defensive Equity Fund LLC	2,822,195	-	Monthly	5 days written notice
Partnership				
GCM Grosvenor Secondary Opportunities Fund II, L.P.	2,680,707	1,226,474	Daily	30 days written notice
Other				
RREEF America REIT II Fund	3,561,478	-	Quarterly	45 days written notice

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

4. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions, to the services employees of the Plan's participating employers 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 based on hours of credit service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of 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 actuarial present value of accumulated plan benefits is determined by the actuary of the Plan, Milliman, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of 2024 and 2023 are as follows:

- a) Discount Rate
 - 2.82% for the year beginning January 1, 2024 and 2.19% for the year beginning January 1, 2023
- b) Net Investment Return
 - 6.75% for the year beginning January 1, 2024 and 7.00% for the year beginning January 1, 2023
- c) Mortality Rates:
 - Retired Participants - For the Plan year January 1, 2024 valuation Pri-2012 Employee Blue Collar (amount-weighted) projected generationally with Scale MP-2021 for Pre-retirement participants. For the Plan year January 1, 2023 valuation Pre-retirement (actives and vested terminations): The RP-2014 Blue Collar mortality tables (male and female rates) with three year set forward adjusted to reflect Mortality Improvement Scale MP-2018 from the 2006 base year and projected forward using MP-2018 on a generational basis with employee rates before commencement and annuitant rates after commencement.
 - Post-retirement Participants - For the Plan year January 1, 2024 valuation, Pri-2012 Retiree Blue Collar (amount-weighted) with three-year set forward and projected generationally with Scale MP-2021 for Post-retirement participants. For the Plan year January 1, 2023 valuation, Post-retirements the RP-2014 Blue Collar mortality tables (male and female rates) with three year set forward adjusted to reflect Mortality Improvement Scale MP-2018 from the 2006 base year and projected forward using MP-2018 on a generational basis with employee rates before commencement and annuitant rates after commencement.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

4. ACTUARIAL INFORMATION (Continued)

c) Mortality Rates (Continued):

- Beneficiaries - For the Plan year January 1, 2024 valuation, Pri-2012 Surviving Spouse Blue Collar (amount-weighted) projected generationally with scale MP-2021 for Beneficiaries. For the Plan year January 1, 2023 valuation, beneficiaries the RP-2014 Blue Collar mortality tables (male and female rates) with three year set forward adjusted to reflect Mortality Improvement Scale MP-2018 from the 2006 base year and projected forward using MP-2018 on a generational basis with employee rates before commencement and annuitant rates after commencement.
- Disabled Participants - For the Plan year January 1, 2024 valuation, Pri-2012 Disabled Retiree (amount weighted) projected generationally with Scale MP-2021 for disabled participants. For the Plan year January 1, 2023 valuation, The RP-2014 Disabled mortality tables (male and female rates) adjusted to reflect Mortality Improvement Scale MP-2018 from the 2006 base year and projected forward using MP-2018 on a generational basis.

d) Spousal Assumptions

- For participants not in pay status - Percentage of participants married are based on March 2010 US Census Bureau Table. Males are assumed to be three years older than spouses.
- For participants in pay status - Actual birth dates of beneficiaries are included in the census data, where relevant
- For beneficiaries – Actual birth dates are included in the census data, where relevant.

e) Retirement Ages

- Retirement eligible participants are assumed to retire at various rate grades ranging in age from 55 to 70

f) Form of Payment

- Life annuity

g) Administrative Expenses

- \$600,000, payable as the middle of the year

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

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

4. ACTUARIAL INFORMATION (Continued)

The actuarial present value of accumulated plan benefits as of January 1, 2024 is as follows:

Vested benefits	
Retired participants and beneficiaries	\$ 34,448,959
Other participants	25,852,512
	<u>60,301,471</u>
Nonvested benefits	<u>200,612</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 60,502,083</u></u>

The following summarizes the changes in the actuarial present value of accumulated plan benefits as of the beginning of the plan year:

Actuarial present value of accumulated plan benefits, January 1, 2023	\$ 58,614,203
Increase (decrease) attributable to:	
Benefits paid to participants	(4,445,792)
Reduction in average discount period	3,928,010
Administrative expenses paid	(639,777)
Actuarial experience and accumulation of benefits	820,434
Changes in actuarial assumptions	<u>2,225,005</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, JANUARY 1, 2024	<u><u>\$ 60,502,083</u></u>

The above calculations were determined by the independent actuary for the Plan, Milliman, Inc. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary is responsible for the computation of the necessary funding provisions of ERISA as they apply to the Plan.

Changes in actuarial assumptions and methods increased the actuarial present value of accumulated plan benefits by \$2,225,005 due to changing the net investment return rate from 7.00% to 6.75%, updating the mortality tables for non-disabled and disabled participants, and changing the discount rate from 2.19% to 2.82%.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

5. PLAN TERMINATION

The Trustees may terminate the Plan in whole or in part, to the extent the termination is permitted by law. If the Plan is partially or completely terminated, all affected Plan participants will become fully vested in the benefits, to the extent funded, they have earned as of the termination date.

Upon termination, and after any necessary approval of the Pension Benefit Guaranty Corporation (PBGC), the Trustees shall apply the Trust to pay or to provide for the payment of any and all obligations of the Plan and shall distribute and allocate all assets of the Trust in accordance with the provisions of the Plan; provided, however, that no part of the corpus or income of the Trust shall be used for or diverted to purposes other than for the exclusive benefit of the participants, former participants or their beneficiaries or dependents, or the administrative expenses of the Plan or for other payments in accordance with the provisions of the Trust agreement. If the assets held under the terminated Plan are insufficient to discharge the obligations of the Plan, the degree of insurance coverage, the priority of claims and the distribution of assets and insurance proceeds to all claimants shall be in accordance with PBGC regulations.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fifth Third Bank, the custodian, therefore, these transactions qualify as party-in-interest. These transactions are not considered prohibited transactions by statutory exemptions under ERISA regulations. Investment fees paid to the custodian totaled \$7,500 for each of the years ended December 31, 2024 and 2023.

7. TAX STATUS

The IRS has determined and informed the Company by letter dated January 20, 2010, that the Plan is designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

US GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**
NOTES TO FINANCIAL STATEMENTS (Continued)

8. RELATED PARTY TRANSACTIONS

The Plan has an Administrative Services Agreement with the Heartland Benefit Plan Administrators, LLC (the LLC), which is a related entity of the Heartland Health & Wellness Fund (the Fund). The Plan shares some common Trustees with the Fund. Under this arrangement certain administrative expenses are shared by the Plan, the Fund, and UFCW Heartland Pension Fund based on an allocation methodology approved by the Board. Administrative costs attributable to only one plan are paid directly by that plan. Shared administrative expenses were \$181,358 and \$198,816, for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the amounts owed for these administrative services were \$21,620 and \$16,134, respectively, and are included in accounts payable on the statements of net assets available for benefits.

9. RISKS AND UNCERTAINTIES

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

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, 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.

10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 6, 2025, which was the date that these financial statements were available for issuance and determined that there were no significant nonrecognized subsequent events through that date.

SUPPLEMENTAL SCHEDULES

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 51-0167810 PLAN: #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Baird Funds, Inc.	Core Plus Bond Fund Institutional	\$ 9,355,977	\$ 9,265,068
	Blackrock	Global Allocation Fund	1,263,971	1,255,060
	BNY Mellon	Global Fixed Income Fund	2,695,704	2,521,840
	Fidelity	Total Market Index Fund	17,371,140	16,876,572
	Nationwide	International Small Cap Institutional	2,475,123	2,254,901
	Vanguard	Total International Stock Index Fund	8,185,213	9,569,975
	Total mutual funds		<u>41,347,128</u>	<u>41,743,416</u>
Collective Funds				
	NewTower Trust Company	Multi-Employer Property Trust	2,014,802	3,540,660
	National Investment Services	Preferred Stock Fund II, LLC	347,922	1,509,530
	Total collective funds		<u>2,362,724</u>	<u>5,050,190</u>
103-12 Investment Entities				
	Northern Trust	Parametric Defensive Equity Fund, LLC	1,350,000	3,267,331
Partnership				
	GCM Grosvenor	Secondary Opportunities Fund II, L.P.	1,425,954	2,450,389
Other				
	DWS Distributors, Inc.	RREEF America REIT II Fund	2,436,529	3,142,178
Cash and Cash Equivalents				
*	Fifth Third Bank	Banksafe Trust	531,627	531,627
*	Fifth Third Bank	Uninvested cash	1	1
	Total cash and cash equivalents		<u>531,628</u>	<u>531,628</u>
TOTAL INVESTMENTS			<u>\$ 49,453,963</u>	<u>\$ 56,185,132</u>

* A party-in-interest as defined by ERISA

See accompanying notes and independent auditor's opinion.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j

EIN: 51-0167810 PLAN: #001

For the Year Ended December 31, 2024

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2024:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Baird	International BD Inst (12 transactions)	\$ 1,603,029	\$ -	\$ -	\$ -	\$ -	\$ 1,603,029	\$ -
	(1 transactions)	-	8,089,800	-	-	8,344,184	8,089,800	(254,384)
Baird	Core Plus Bond Fd Insti (4 transactions)	3,493,262	-	-	-	-	3,493,262	-
DFA	US Targeted Value Portfolio Fund (3 transactions)	33,289	-	-	-	-	33,289	-
	(2 transactions)	-	3,493,262	-	-	2,283,016	3,493,262	1,210,246
Fidelity	Total Market index fund (3 transactions)	17,371,140	-	-	-	-	17,371,140	-
Vanguard	Institutional Index Fund (5 transactions)	114,352	-	-	-	-	114,352	-
	(6 transactions)	-	10,482,621	-	-	4,349,207	10,482,621	6,133,414
Vanguard	Midcap Index Fund (3 transactions)	49,305	-	-	-	-	49,305	-
	(2 transactions)	-	4,947,032	-	-	2,271,080	4,947,032	2,675,952

See accompanying notes and independent auditor's opinion.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

SCHEDULE OF EMPLOYER CONTRIBUTIONS

For the Year Ended December 31, 2024

CVS Pharmacy, Inc.	\$ 3,342,385
UFCW Local 1059	<u>2,987</u>
TOTAL EMPLOYER CONTRIBUTIONS	<u><u>\$ 3,345,372</u></u>

See accompanying notes and independent auditor's opinion.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

For the Years Ended December 31, 2024 and 2023

	Shared Expenses (Note 9)	Direct Charges	Combined	
			2024	2023
Salaries	\$ 69,852	\$ -	\$ 69,852	\$ 77,454
Payroll taxes	5,648	-	5,648	6,007
Employees' health and welfare expense	28,210	-	28,210	30,843
Employees' pension expense	4,032	-	4,032	4,652
Legal fees and expenses	-	63,770	63,770	63,975
Auditing and accounting fees	-	117,468	117,468	48,494
Actuarial and consulting fees	300	62,563	62,863	80,648
Office rent	1,797	-	1,797	1,980
Benefit processing fees	-	35,671	35,671	42,510
Printing, stationery, and office expenses	6,391	5,764	12,155	15,116
Bank service fees	39	3,511	3,550	3,601
Postage	2,431	-	2,431	1,685
Data processing equipment use charges	60,276	-	60,276	62,468
Telephone	481	-	481	796
Insurance				
PBGC termination insurance	-	159,877	159,877	162,995
Cyber	-	-	-	1,308
Fiduciary responsibility	-	22,227	22,227	21,987
Bonding and liability	44	-	44	89
Meeting expenses	1,857	4,924	6,781	13,169
TOTAL ADMINISTRATIVE EXPENSES	\$ 181,358	\$ 475,775	\$ 657,133	\$ 639,777

See accompanying notes and independent auditor's opinion.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

SCHEDULES OF INVESTMENT EXPENSES

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Fifth Third Bank	\$ 7,500	\$ 7,500
Marquette Associates, Inc.	40,000	37,500
DWS Distributors, Inc.	21,307	24,807
TOTAL INVESTMENT EXPENSES	<u>\$ 68,807</u>	<u>\$ 69,807</u>

See accompanying notes and independent auditor's opinion.

Attachment to 2024 Form 5500
Schedule MB, line 8b(2) – Schedule of Active Participant Data
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Active Participants by Age and Service

The number of active participants summarized by attained age and years of vesting service as of January 1, 2024 is shown below.

Age	Years of Credited Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
<25	1	145	16	-	-	-	-	-	-	-	162
25-29	-	42	35	3	-	-	-	-	-	-	80
30-34	-	18	37	20	8	-	-	-	-	-	83
35-39	-	21	25	19	12	7	-	-	-	-	84
40-44	-	21	9	13	8	12	4	-	-	-	67
45-49	-	15	15	10	12	6	6	1	-	-	65
50-54	-	14	15	14	9	11	8	3	1	-	75
55-59	-	9	9	13	16	12	11	3	1	1	75
60-64	-	6	15	13	14	15	15	2	1	8	89
65-69	-	8	5	6	3	10	8	1	-	4	45
70+	-	2	4	4	2	5	1	-	-	-	18
Total	1	301	185	115	84	78	53	10	3	13	843

Attachment to 2024 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. There are several commonly used cost methods which differ in how much of the ultimate cost is assigned to each prior and future year.

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements and the FASB ASC Topic 960 accounting requirements is the unit credit actuarial cost method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the portion of each active participant's benefit attributable to the current year of service. The plan's accrued liability is the sum of (a) the present value of the portion of each active participant's accrued benefit attributable to all prior years of service plus (b) the present value of each inactive participant's future benefits.

Funding Requirements

Each year employer contributions must fund the normal cost and amortize a portion of the unfunded actuarial accrued liability. IRS minimum funding rules specify amortization schedules for the unfunded actuarial accrued liability, depending on the source of increase or decrease (Plan amendments, assumption changes, gains/losses, etc.).

Another factor can also affect funding requirements. The excess, if any, of past contributions over the accumulated minimum required amount creates a credit balance, which may be used to offset the minimum required contribution.

Asset Valuation Method

Five-year smoothing method. The actuarial value of assets is equal to the market value of assets adjusted to recognize differences between the expected value of assets and the actual market value of assets over five years at a rate of 20% per year. The expected value of assets for the year is the market value of assets at the valuation date for the prior year brought forward with interest at the valuation rate to the current year plus contributions minus benefit payments, all adjusted with interest at the valuation rate to the valuation date for the current year. The actuarial value of assets cannot be less than 80% or more than 120% of the market value of assets.

Attachment to 2024 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Special Amortization Rule

The Plan's investment loss for the plan year ended December 31, 2008 is treated separately from other investment gains/losses to be amortized in equal installments over the period beginning from January 1, 2009 through December 31, 2037.

The portion of the net experience loss is based on the prospective method as described in Notice 2010-83. The total loss of \$17,667,545 equals the investment loss for the year ended December 31, 2008. The schedule of amortization bases is as follows:

Year	Initial Amount (Gain)/Loss	Initial Years in Amortization Base	Initial Years in Offset Base
1/1/2009	\$10,612,985	29	15
1/1/2010	1,415,986	28	15
1/1/2011	1,250,221	27	15
1/1/2012	1,469,826	26	15
1/1/2013	1,591,717	25	15
1/1/2014	<u>1,326,810</u>	24	15
Total	\$17,667,545		

Withdrawal Liability

The actuarial value of assets is used for determining unfunded vested benefit liability for withdrawal liability.

Changes in Actuarial Methods Since Prior Valuation

None.

Attachment to 2024 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

ERISA minimum funding and FASB ASC Topic 960 plan accounting: 6.75% per year (net of investment-related expenses).

Rationale: The above interest rate assumption was selected based on the Plan's target asset allocation (updated in October 2023, and shown below), combined with capital market assumptions from several sources, as well as published studies summarizing the expectations of various investment experts. This information was then used to develop forward looking expected long-term expected returns, producing a range of potential reasonable expectations according to industry experts. Based on this information, an assumption was selected that, in our professional judgement, is not expected to have any significant bias.

Asset Class	Target Allocation Percentages
Fixed Income	25.0%
US Equity	27.5
Non-US Equity	22.5
Real Estate	12.5
Hedge Funds	7.5
Private Equity	5.0

Withdrawal liability: December 2023 PBGC annuity basis interest rates of 5.06% for the first 20 years and 4.37% thereafter.

Current liability (RPA '94): 2.82% per year.

Administrative Expenses

Assumed equal to \$600,000, payable as of the middle of year.

For FASB ASC Topic 960 plan accounting, the present value of the administrative expenses was calculated by projecting the payment of expected administrative expenses for the duration of the Plan's liabilities. The duration of the Plan's liabilities was calculated to be approximately 10 years as of January 1, 2024 and 10 years as of January 1, 2023.

Rationale: The administrative expenses assumption is based on past and projected experience and is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Attachment to 2024 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Mortality

ERISA minimum funding, FASB ASC Topic 960 plan accounting, and withdrawal liability:

Pre-retirement: Pri-2012 Employee Blue Collar (amount-weighted) projected generationally with Scale MP-2021.

Post-retirement: Pri-2012 Retiree Blue Collar (amount-weighted) with two-year set forward and projected generationally with Scale MP-2021.

Beneficiaries: Pri-2012 Surviving Spouse Blue Collar (amount-weighted) projected generationally with Scale MP-2021.

Disabled: Pri-2012 Disabled Retiree (amount weighted) projected generationally with Scale MP-2021.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above-mentioned published mortality tables in which credible mortality experience was analyzed and made adjustments to reflect actual and projected plan experience. The assumption selected is reasonable for the contingency being measured and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Current liability (RPA '94): IRS 2024 Generational Mortality

Retirement

Active participants: Annual rates of retirement are shown in the following table for active participants who are eligible to retire.

Age	Rate
55-57	3%
58-60	2
61-64	12
65	20
66-69	15
70+	100

Based on the above rates, the Plan's weighted average retirement age from active service is 65.

Terminated vested participants: The assumed age of commencement of deferred benefits is age 62 for Tier 1 participants (except those noted below) and age 65 for Tier 2 participants, Tier 1 participants terminated before 10/1/1985 for Local 1059 and before 4/1/1985 for Local 75, and Meat Division participants.

Participants over the Plan's Normal Retirement Age who have not yet attained age 71 are assumed to receive an actuarially increased benefit at their deferred retirement date. For participants age 71 and older, it is assumed that not all will receive their actuarially increased benefit from the Plan.

Rationale: The retirement assumption is based on past and projected experience and is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Attachment to 2024 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Termination

Annual rates of termination are based on age and years of Service. Sample select and ultimate termination rates used are shown in the following table.

Attained Age	Years of Service less than 3	3 & 4 Years of Service	Years of Service 5 or more
<25	47%	33%	16%
25	34	24	13
30	43	28	11
35	20	15	7
40	32	14	6
45	35	10	8
50	33	15	6
55	18	10	4
60	17	13	5
65+	15	18	0

Rationale: The termination assumption is based on past and projected experience and is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability

None assumed.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity.

Rationale: The form of payment assumption is based on past and projected experience and is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Marital Characteristics

For participants not in pay status: Percentage of participants married are based on March, 2010 U.S. Census Bureau Table. Males are assumed to be three years older than spouses.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Rationale: The marital characteristics assumption is based on past and projected experience and is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Attachment to 2024 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Future Hours Worked

Assumed to equal hours worked in prior year.

Rationale: The future hours worked assumption is based on past and projected experience and is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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 CENTRAL OHIO UFCW UNIONS AND RETAIL EMPLOYERS PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</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)</p> <p>BOARD OF TRUSTEES OF THE CENTRAL OHIO UFCW UNIONS AND EMPLOYERS PENSIO</p> <p>7250 Poe Avenue, Suite 300</p> <p>Dayton OH 45414-2547</p>	<p>1c Effective date of plan 09/01/1967</p> <p>2b Employer Identification Number (EIN) 31-6089169</p> <p>2c Plan Sponsor's telephone number 937-665-1900</p> <p>2d Business code (see instructions) 525100</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	<p>Signed by: <i>Mike Nichols</i> <small>763959CD2E9E4D9...</small></p> <p>Signature of plan administrator</p>	10/8/2025	MIKE NICHOLS
		Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	4,327	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	791	
6a(2) Total number of active participants at the end of the plan year	6a(2)	1,291	
b Retired or separated participants receiving benefits	6b	1,464	
c Other retired or separated participants entitled to future benefits	6c	1,932	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	4,687	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	21	
f Total. Add lines 6d and 6e	6f	4,708	
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)		
g(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	2	

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

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

a Pension Schedules

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

b General Schedules

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

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, ITEM 4j**

EIN: 51-0167810 PLAN: #001

For the Year Ended December 31, 2024

The following series of transactions exceeded 5% of the fair value of Plan assets at January 1, 2024:

(a) Identity of Party Involved	(b) Description of Assets, Interest Rate and Maturity in Case of a Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Baird	International BD Inst (12 transactions)	\$ 1,603,029	\$ -	\$ -	\$ -	\$ -	\$ 1,603,029	\$ -
	(1 transactions)	-	8,089,800	-	-	8,344,184	8,089,800	(254,384)
Baird	Core Plus Bond Fd Insti (4 transactions)	3,493,262	-	-	-	-	3,493,262	-
DFA	US Targeted Value Portfolio Fund (3 transactions)	33,289	-	-	-	-	33,289	-
	(2 transactions)	-	3,493,262	-	-	2,283,016	3,493,262	1,210,246
Fidelity	Total Market index fund (3 transactions)	17,371,140	-	-	-	-	17,371,140	-
Vanguard	Institutional Index Fund (5 transactions)	114,352	-	-	-	-	114,352	-
	(6 transactions)	-	10,482,621	-	-	4,349,207	10,482,621	6,133,414
Vanguard	Midcap Index Fund (3 transactions)	49,305	-	-	-	-	49,305	-
	(2 transactions)	-	4,947,032	-	-	2,271,080	4,947,032	2,675,952

See accompanying notes and independent auditor's opinion.

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 Central Ohio UFCW Unions and Retail Employers 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 BoT of the Central Ohio UFCW Unions and Retail Employers Pension Plan	D Employer Identification Number (EIN) 31-6089169	

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

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

b Assets	
(1) Current value of assets.....	1b(1) 54,246,689
(2) Actuarial value of assets for funding standard account	1b(2) 57,899,766
c (1) Accrued liability for plan using immediate gain methods	1c(1) 55,125,823
(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) 55,125,823
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) 92,207,939
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 741,050
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 4,989,921
(3) Expected plan disbursements for the plan year.....	1d(3) 5,570,642

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>10/03/2025</u> Date
	<u>Yutaro Seki</u> Type or print name of actuary	<u>23-08361</u> Most recent enrollment number
	<u>Milliman, Inc.</u> Firm name	<u>(312) 726-0677</u> Telephone number (including area code)
	<u>71 S. Wacker Drive, 31st Floor</u> Address of the firm	
	<u>Chicago IL 60606-4637</u> 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	54,246,689
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1,448	44,759,821
(2) For terminated vested participants	2,044	34,980,375
(3) For active participants:		
(a) Non-vested benefits		208,750
(b) Vested benefits		12,258,994
(c) Total active	843	12,467,744
(4) Total	4,335	92,207,940
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.83%

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	3,345,372				
Totals ▶			3(b)	3,345,372	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	105.0%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<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)	9P+2
(2) Females	6c(2)	9FP+2
d Valuation liability interest rate	6d	6.75 %
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 checked="" 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	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.2 %
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)	580,721
(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	524,825	53,130
4	2,225,005	225,246

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	0
b Employer's normal cost for plan year as of valuation date.....	9b	880,904

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)	28,120,363	4,021,488
(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		330,911
e Total charges. Add lines 9a through 9d.....	9e		5,233,303
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		23,027,571
g Employer contributions. Total from column (b) of line 3.....	9g		3,345,372
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	7,866,735	2,296,870
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1,821,080
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	26,460,773	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	25,426,826	
(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		30,490,893
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		25,257,590
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Central Ohio UFCW Unions and Retail Employers Pension Plan

Sch R – Multiple Collective Bargaining Agreements

CVS Pharmacy, Inc. has separate collective bargaining agreements with United Food & Commercial Workers Union Local 75 and United Food & Commercial Workers Union Local 1059, both of which require contributions to Central Ohio UFCW Unions and Retail Employers Pension Plan. The terms of the collective bargaining agreements are as follows:

1. United Food & Commercial Workers Union Local 75 – contribution rate of \$1.37 per hour, expires on 10/12/25
2. United Food & Commercial Workers Union Local 1059 - contribution rate of \$1.37 per hour, expires on 6/5/27

Attachment to 2024 Form 5500
Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Plan Year	Terminated Vested		Retired Participants and Beneficiaries Receiving	Total
	Active Participants	Participants	Payments	
2024	56,474	869,613	4,043,026	4,969,113
2025	113,004	930,874	3,846,339	4,890,217
2026	173,298	1,007,984	3,652,506	4,833,788
2027	245,127	1,052,011	3,461,625	4,758,763
2028	291,000	1,101,237	3,273,752	4,665,989
2029	350,065	1,135,774	3,088,909	4,574,748
2030	400,365	1,166,311	2,907,077	4,473,753
2031	433,764	1,215,243	2,728,237	4,377,244
2032	465,298	1,253,590	2,552,409	4,271,297
2033	490,457	1,275,166	2,379,679	4,145,302
2034	515,933	1,298,020	2,210,232	4,024,185
2035	538,280	1,317,590	2,044,350	3,900,220
2036	560,531	1,330,709	1,882,420	3,773,660
2037	576,830	1,342,931	1,724,894	3,644,655
2038	587,864	1,359,039	1,572,251	3,519,154
2039	598,965	1,370,078	1,424,989	3,394,032
2040	605,828	1,389,785	1,283,628	3,279,241
2041	616,977	1,419,528	1,148,697	3,185,202
2042	617,999	1,445,585	1,020,717	3,084,301
2043	613,729	1,469,183	900,179	2,983,091
2044	609,309	1,493,949	787,526	2,890,784
2045	603,380	1,512,589	683,383	2,799,352
2046	591,372	1,526,226	587,577	2,705,175
2047	581,755	1,523,572	500,438	2,605,765
2048	567,403	1,509,750	422,059	2,499,212
2049	554,704	1,500,229	352,341	2,407,274
2050	540,450	1,475,052	291,043	2,306,545
2051	519,293	1,447,311	237,794	2,204,398
2052	502,955	1,416,469	192,106	2,111,530
2053	485,250	1,378,218	153,398	2,016,866
2054	469,190	1,344,665	121,044	1,934,899
2055	459,599	1,312,061	94,342	1,866,002
2056	444,623	1,273,751	72,667	1,791,041
2057	430,837	1,228,222	55,761	1,714,820
2058	411,883	1,179,196	41,983	1,633,062
2059	392,918	1,129,131	31,255	1,553,304
2060	374,223	1,077,982	23,027	1,475,232
2061	357,524	1,027,941	16,811	1,402,276
2062	342,510	975,639	12,184	1,330,333
2063	323,678	923,961	8,790	1,256,429
2064	306,432	872,090	6,333	1,184,855
2065	292,529	819,142	4,578	1,116,249
2066	276,018	767,153	3,337	1,046,508
2067	260,600	715,514	2,468	978,582
2068	243,582	663,978	1,864	909,424
2069	226,745	613,188	1,443	841,376
2070	210,727	563,395	1,147	775,269
2071	195,414	514,775	937	711,126
2072	180,828	467,537	784	649,149
2073	166,906	421,920	669	589,495

Attachment to 2024 Form 5500
Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$2,800,000	\$0	\$2,800,000
2025	\$2,800,000	\$0	\$2,800,000
2026	\$2,800,000	\$0	\$2,800,000
2027	\$2,800,000	\$0	\$2,800,000
2028	\$2,800,000	\$0	\$2,800,000
2029	\$2,800,000	\$0	\$2,800,000
2030	\$2,800,000	\$0	\$2,800,000
2031	\$2,800,000	\$0	\$2,800,000
2032	\$2,800,000	\$0	\$2,800,000
2033	\$2,800,000	\$0	\$2,800,000

Attachment to 2024 Form 5500
Schedule MB, line 6 – Summary of Plan Provisions
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions – Class 1059 Participants

Plan Year and Effective Date: The plan year is the calendar year. The plan was originally established effective as of September 1, 1967. The plan document was restated effective January 1, 2015 and amended effective January 1, 2021.

Union: Union Local 1059 chartered by the United Food and Commercial Workers International Union, AFL-CIO-CLC, or any other local union chartered by the United Food and Commercial Workers International Union which adopts the Plan.

Employers Included: Any employer who is not primarily engaged in the sale of food products and who enters into a collective bargaining agreement with the union requiring contributions to be made to the Plan. The term "employer" also includes the union, the Plan, and any jointly administered health and welfare, vacation, or other type of employee benefit plan to which any union or employer participating in the Plan is a party, which adopts the Plan in accordance with its provisions.

Employees Included: Any person will commence participation on the January 1 or July 1 following the last to occur of (a) the date the first contribution on his behalf is made to the Plan, (b) his attainment of age 21, and (c) the first anniversary of the date his employment commenced if he has then had at least 455 hours of service. Anyone included under the prior provisions of the Plan as of October 31, 1986 will continue as a participant.

Vesting Service: "Vesting service" determines a participant's eligibility for benefits and consists of the following periods of employment, unless provided otherwise in the employer's participation agreement:

- (a) For the period before an employer's participation date, an employee will receive one year of vesting service for each calendar year in which he had three months of employment. Vesting service for that period may also be given for excused years and employment by nonparticipating employers.
- (b) For the period after an employer's participation date, an employee covered by a collective bargaining agreement will receive a full year of vesting service if he earns 455 or more hours of service in a calendar year.
- (c) However, if an employee is not covered by a collective bargaining agreement, his vesting service will be determined on an elapsed time basis and then only if such noncovered employment immediately precedes or follows employment with the same employer that is covered by a collective bargaining agreement and there is no intervening quit, retirement or discharge.

Benefit Service: "Benefit service" determines the amount of a participant's benefit and is based on calendar years as follows:

- (a) For the period during which no contributions were made on behalf of the employee because contributions were not required per the Collective Bargaining Agreement, he will receive one year of benefit service for 12 months of employment after the employee's participation date, provided he received vesting service as provided in the Vesting Service definition above. If he had less than 12 months of employment, he will receive

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a partial year of benefit service based on quarters, and no benefit service for less than 3 months of employment.

- (b) For the period before 1976 during which contributions were made on behalf of the employee, he will receive one full year of benefit service if he earned 1,820 or more hours of service; a partial year based on quarters if he earned less than 1,820 hours, but at least 455 hours; and no benefit service for less than 455 hours of service. For the period after 1975 during which contributions were made on behalf of the employee, he will receive benefit service in accordance with the following schedule:

Hours of Service Earned	Years of Benefit Service before January 1, 2010	Years of Benefit Service after December 31, 2009
1,800+	1.00	1.00
1,700 – 1,799	0.88	0.88
1,600 – 1,699	0.83	0.83
1,500 – 1,599	0.78	0.78
1,400 – 1,499	0.73	0.73
1,300 – 1,399	0.68	0.68
1,200 – 1,299	0.63	0.63
1,100 – 1,199	0.58	0.58
1,000 – 1,099	0.53	0.53
900 - 999	0.48	0.48
800 - 899	0.43	0.43
750 - 799	0.38	0.38
455 - 749	0.25	0.00
< 455	0.00	0.00

An employee whose participation or re-participation in the Plan commences after 1975 on some day other than January 1 will receive benefit service for such year equal to his hours of service divided by 2,080 even though he earned less than 455 hours of service provided he earned a full year of vesting service for such calendar year.

Normal Pension – Class 1059 Participants

With respect to service earned before January 1, 2010, Normal Retirement Age is on or after attainment of age 62 and the completion of either 5 years of vesting service or five years of Plan participation after January 1, 1988.

With respect to service earned after December 31, 2009, Normal Retirement Age is on or after attainment of age 65 and the completion of either 5 years of vesting service or 5 years of Plan participation after January 1, 1988.

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For those participants hired or rehired after December 31, 2005 subject to the special benefit rates described in the paragraph 5 below, Normal Retirement Age is on or after attainment of age 65 and completion of 5 years of vesting service.

If the participant earns at least 455 hours of service after September 30, 1997, the monthly pension on a single-life basis is equal to the sum of (a), (b), (c), (d), (e) and (f) below:

- (a) \$29.50 multiplied by participant's years of Benefit Service for Benefit Service earned prior to January 1, 2000, plus:
- (b) \$36.50 multiplied by participant's years of Benefit Service earned after January 1, 2000 and prior to January 1, 2004 (excluding active participants who were transferred to the Southwestern Ohio Plan effective July 1, 2000), plus:
- (c) \$29.50 multiplied by a participant's years of Benefit Service earned between January 1, 2004 and December 31, 2005, plus:
- (d) \$17.50 multiplied by a participant's years of Benefit Service earned between January 1, 2006 and December 31, 2009, plus;
- (e) \$13.50 multiplied by a participant's years of Benefit Service earned between January 1, 2010 and December 31, 2020, plus;
- (f) \$18.50 multiplied by a participant's years of Benefit Service earned after December 31, 2020.

For those participants who are hired by participating employers after December 31, 2005, their benefit rate for Benefit Service earned under the Plan shall be \$14 for Benefit Service earned before January 1, 2010, \$10 for Benefit Service earned after December 31, 2009 to December 31, 2020 and \$15 for Benefit Service earned after December 31, 2020. These benefit rates shall also be applied to participants who had earned Benefit Service in the Plan prior to January 1, 2006, and who terminated their employment with a participating employer and who were then rehired by an employer participating in the Plan after December 31, 2005 with regard to any Benefit Service earned by such individual after their rehire.

The Plan contains special conditions regarding the following current (or former) employers: Gamble's Soft-Line Distribution Center, Ohio Lamp and Fixture Company, Dolly Madison - Columbus and Huntington, Goldman's Inc., Concord City Clothing, Inc., Seaway Distributing, Inc., and Cook United.

The monthly amount of any pension benefit payable to a former participant who is ineligible to have the amount of his benefit computed at the \$29.50 pension benefit rate will be increased by 15.56% effective January 1, 1998. (Not including deferred vested retirees whether or not in pay status and not including certain participants with special limitations as described in the previous paragraph.)

Early Pension – Class 1059 Participants

Early retirement on or after the participant's 55th birthday and completion of 5 or more years of vesting service or 10 or more years of vesting service if participant is subject to benefit rates described in the fifth paragraph of the Normal Pension Benefit plan provision above.

Monthly pension on a single-life basis payable at a participant's Normal Retirement Age is computed in the same manner as a Normal Pension described above.

If payment commences prior to the participant's Normal Retirement Age, the amount is reduced by 1/12 of 3% for each month that the pension commencement date precedes age 62, except for Benefit Service earned after

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December 31, 2009, that amount is reduced by 1/12 of 6% for each month the pension commencement date precedes age 65.

If the participant is subject to the benefit rates described in the fifth paragraph of the Normal Pension Benefit plan provision above, the amount is reduced by 1/12 of 6% for each month that the pension commencement date precedes age 65.

Vested Pension – Class 1059 Participants

Termination of employment after any age and completion of 5 or more years of vesting service.

Monthly pension on a single-life basis payable at Normal Retirement Age is computed in the same manner as a Normal Pension described above. If payments commence prior thereto, the amount is as described in the Early Pension plan provision above if the participant meets the requirements for an Early Pension.

Surviving Spouse Benefit – Class 1059 Participants

Upon death of a vested terminated employee or an active vested employee, the spouse will be entitled to a life annuity equal to one-half of the benefit the participant would have been entitled to receive in the form of a Fifty Percent Participant and Spouse Annuity as of the first day of the month in which the participant would have attained age 55 if the participant met the service requirements for an Early Pension before his death or termination of employment. Otherwise the benefit will commence as of the first day of the month in which the participant would have attained age 65.

Forms of Payment – Class 1059 Participants

Automatic Fifty Percent Participant and Spouse Annuity: If a participant is married on the date his pension payment commences, payment will be made in the form of a Fifty Percent Participant and Spouse Annuity unless he elects otherwise in writing. Under this form of payment, a reduced amount will be paid to the participant for his lifetime, and his surviving spouse will receive thereafter a lifetime survivorship pension equal to 50% of the participant's reduced pension. The reduced pension payable to the participant is calculated in accordance with a schedule set forth in Appendix B of the Plan document.

Optional Benefits: If payment of an Early Pension commences before the participant is eligible to receive a Social Security benefit, he may elect the level income option, the level income 50% participant and spouse annuity, or the level income 75% participant and spouse annuity. The 75% participant and spouse annuity and 50% participant and spouse annuity with pop-up feature are also available. The Plan also provides the quarterly, semi-annual or lump sum payments of a pension of less than \$25, and small pensions with an actuarial value of \$1,000 or less.

Definitions – Class 75 Participants

Plan Year and Effective Date: The plan year is the calendar year. The plan was originally established effective as of September 1, 1967. The plan document was restated effective January 1, 2015 and amended effective January 1, 2021.

Union: Local No. 75 chartered by the United Food and Commercial Workers International Union, AFL-CIO-CLC.

Employers Included: Any employer that signs a collective bargaining agreement with the Union or an agreement with the trustees requiring contributions to the Plan, and makes the required contributions. Also, the Union, the Plan and any other related jointly administered plan accepted for participation by the trustees, and which makes the required contributions.

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Employees Included: An employee of an included employer will become a participant on the January 1 or July 1 after the last to occur of (a) the date for which the first contribution is due to the Plan on his behalf, (b) his 21st birthday, and (c) the last day of a 12-month period, measured by anniversaries of his date of hire, during which he has completed at least 520 hours of service (which may include the crediting of 190 hours in any month of employment by an employer when a Plan contribution was not required).

Vesting Service: A participant's Vesting Service determines eligibility for a vested benefit, and is principally based on calendar years in which an employee has at least 520 Hours of Service while covered by a collective bargaining agreement with the Union.

Benefit Service: The amount of benefit payable under the Plan is determined by a participant's Benefit service, principally based on calendar years in which an employee had contributions made to the Plan on his behalf, with credit for the calendar year determined by the following schedule:

Hours of Service Earned	Years of Benefit Service before January 1, 2010	Years of Benefit Service after December 31, 2009
1,800+	1.00	1.00
1,700 – 1,799	0.88	0.88
1,600 – 1,699	0.83	0.83
1,500 – 1,599	0.78	0.78
1,400 – 1,499	0.73	0.73
1,300 – 1,399	0.68	0.68
1,200 – 1,299	0.63	0.63
1,100 – 1,199	0.58	0.58
1,000 – 1,099	0.53	0.53
900 - 999	0.48	0.48
800 - 899	0.43	0.43
750 - 799	0.38	0.38
520 - 749	0.25	0.00
< 520	0.00	0.00

For pension computation purposes, past service credits are reduced by 20% with respect to employment periods prior to 1971 with Greenhill's Consumer Service, Inc. and by 20% for employment prior to May 1, 1974 with Dolly Madison Bakeries. Employees of Super-X Drug Store No. 123 shall receive no past service credit for employment prior to April 5, 1978.

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Normal Retirement Benefit – Class 75 Participants

With respect to service earned before January 1, 2010, Normal Retirement Age is on or after attainment of age 62 and the completion of either 5 years of vesting service or five years of Plan participation after January 1, 1988.

With respect to service earned after December 31, 2009, Normal Retirement Age is on or after attainment of age 65 and the completion of either 5 years of vesting service or 5 years of Plan participation after January 1, 1988.

For those participants hired or rehired after December 31, 2007, Normal Retirement Age is on or after attainment of age 65 and completion of 5 years of vesting service.

The amount of the normal pension in the form of a monthly income for life is equal to the sum of (a), (b), (c) (d), (e) and (f) below:

- (a) \$29.50 multiplied by the participant's years of benefit service for benefit service earned through December 31, 2004, and
- (b) For benefit service earned after December 31, 2004
- \$25.40 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.76 or more per Hour of Service;
 - \$16.90 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.57 or more but less than \$.76 per Hour of Service;
 - \$8.50 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.38 or more but less than \$.57 per Hour of Service, plus
- (c) For benefit service earned after December 31, 2007
- \$14.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.76 or more per Hour of Service;
 - \$10.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.57 or more but less than \$.76 per Hour of Service;
 - \$7.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.38 per Hour of Service but less than \$.57 per Hour of Service; plus
- (d) For benefit service earned after December 31, 2009
- \$10.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.86 or more per Hour of Service;
 - \$7.40 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.67 or more but less than \$.86 per Hour of Service;

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- \$4.80 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.48 or more but less than \$.67 per Hour of Service.

(e) For benefit service earned after December 31, 2011

- \$10.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$1.06 or more per Hour of Service;
- \$7.40 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.87 or more but less than \$1.06 per Hour of Service;
- \$4.80 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.68 or more but less than \$.87 per Hour of Service.

(f) For benefit service earned after December 31, 2020

- \$15.00 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$1.27 or more per Hour of Service;
- \$7.40 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.87 or more but less than \$1.27 per Hour of Service;
- \$4.80 multiplied by the participant's years of benefit service which are attributable to Hours of Service for which contributions are made to the Plan at the rate of \$.68 or more but less than \$.87 per Hour of Service.

Early Pension – Class 75 Participants

"Early pension" is payable upon employee's retirement after attainment of age 55 and completion of 5 or more years of vesting service or 10 or more years of vesting service if participant was hired or rehired after December 31, 2007.

Monthly pension on a single-life basis payable at a participant's Normal Retirement Age is computed in the same manner as a normal pension above.

If payment commences prior to the participant's Normal Retirement Age, the amount is reduced by 1/12 of 3% for each month that the pension commencement date precedes age 62, except for Benefit Service earned after December 31, 2009, that amount is reduced by 1/12 of 6% for each month the pension commencement date precedes age 65.

If the participant was hired or rehired after December 31, 2007, the amount of benefit related to service earned after that date is reduced by 1/12 of 6% for each month that the pension commencement date precedes age 65.

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Vested Pension – Class 75 Participants

The right to a vested benefit is attained upon completion of 5 or more years of vesting service.

Monthly amount of vested pension commencing at Normal Retirement Age is determined as for normal retirement, considering benefit service to actual termination.

For participants who terminated before July 1, 2000, if payments begin before Normal Retirement Age, the amount is reduced by 1/12 of 6% for each month of early payment prior to age 65 (or age 62 if 520 hours of service were earned after April 1, 1985). If 520 hours of service earned after December 31, 1999 and termination after July 1, 2000, the amount is reduced by 1/12 of 3% for each month of early payment prior to age 62.

For participants who terminate after December 31, 2009, if payments commence prior Normal Retirement Age, the amount is as described in the Early Retirement Benefit plan provision above if the participant meets the requirements for an Early Pension.

Surviving Spouse Benefit – Class 75 Participants

Upon death of a vested terminated employee or an active vested employee, the spouse will be entitled to a life annuity equal to one-half of the benefit the participant would have been entitled to receive in the form of a Fifty Participant and Spouse Annuity as of the first day of the month in which the participant would have attained age 55 if the participant met the service requirements for an Early Pension before his death or termination of employment. Otherwise, the benefit will commence as of the first day of the month in which the participant would have attained age 65.

Forms of Payment – Class 75 Participants

Automatic Fifty Percent Participant and Spouse Annuity: The benefit of a participant who is married when his pension payments commence will be paid in the form of a Fifty Percent Participant and Spouse Annuity, unless he elects a monthly income for life. Under this form of payment, a reduced income is payable to the participant for life, and an amount equal to 50% of the benefit is paid to the surviving spouse after the participant's death. The reduced amount is determined by a table in the Plan which varies the reduction according to relative ages of the participant and the spouse. A separate table applies only to disabled retirees.

Optional Benefits: The following optional forms of payments are available for non-disability retirements after July 1, 2000:

- (a) 50% Participant and Spouse Annuity with Pop Up Feature
- (b) Level Income Option
- (c) Level Income Option with 50% Participant and Spouse Annuity
- (d) Level Income Option with 75% Participant and Spouse Annuity
- (e) 75% Participant and Spouse Annuity

If the actuarial equivalent of a participant's pension is less than \$5,000, a lump sum payment shall be made in lieu of such pension subject to the participant's consent.

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

Effective October 1, 1991, the UFCW Union Local 1099 - Meat Division Pension Plan was merged into this Plan. Former participants in the Local 1099 Meat Plan receive, at retirement, a benefit equal to:

- (a) The benefit accrued under the Local 1099 - Meat Division Pension Plan for service through September 30, 1991, plus
- (b) The benefit computed under the provisions of this plan based on service, if any, on or after October 1, 1991.

Changes in Principal Plan Provisions Since Prior Valuation

This valuation reflects the plan provisions in effect on January 1, 2024, which are the same provisions that were valued in the January 1, 2023 actuarial valuation report.

**CENTRAL OHIO UFCW UNIONS AND
RETAIL EMPLOYERS PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, ITEM 4i

EIN: 51-0167810 PLAN: #001

December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds				
	Baird Funds, Inc.	Core Plus Bond Fund Institutional	\$ 9,355,977	\$ 9,265,068
	Blackrock	Global Allocation Fund	1,263,971	1,255,060
	BNY Mellon	Global Fixed Income Fund	2,695,704	2,521,840
	Fidelity	Total Market Index Fund	17,371,140	16,876,572
	Nationwide	International Small Cap Institutional	2,475,123	2,254,901
	Vanguard	Total International Stock Index Fund	8,185,213	9,569,975
	Total mutual funds		<u>41,347,128</u>	<u>41,743,416</u>
Collective Funds				
	NewTower Trust Company	Multi-Employer Property Trust	2,014,802	3,540,660
	National Investment Services	Preferred Stock Fund II, LLC	347,922	1,509,530
	Total collective funds		<u>2,362,724</u>	<u>5,050,190</u>
103-12 Investment Entities				
	Northern Trust	Parametric Defensive Equity Fund, LLC	1,350,000	3,267,331
Partnership				
	GCM Grosvenor	Secondary Opportunities Fund II, L.P.	1,425,954	2,450,389
Other				
	DWS Distributors, Inc.	RREEF America REIT II Fund	2,436,529	3,142,178
Cash and Cash Equivalents				
*	Fifth Third Bank	Banksafe Trust	531,627	531,627
*	Fifth Third Bank	Uninvested cash	1	1
	Total cash and cash equivalents		<u>531,628</u>	<u>531,628</u>
TOTAL INVESTMENTS			<u>\$ 49,453,963</u>	<u>\$ 56,185,132</u>

* A party-in-interest as defined by ERISA

See accompanying notes and independent auditor's opinion.

Attachment to 2024 Form 5500
Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
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The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2024 are determined below.

1. Charges as of January 1, 2024

	<u>Date</u>		<u>Amortization</u>	<u>Years</u>	<u>Outstanding</u>
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 1996	Change in assumptions	\$13,644	2.0	\$26,426
b.	January 1, 1997	Change in assumptions	2,891	2.0	5,599
c.	July 1, 1997	Change in assumptions	90,515	3.5	292,547
d.	January 1, 1998	Change in assumptions	11,366	4.0	41,332
e.	January 1, 1998	Change in assumptions	2,409	4.0	8,760
f.	January 1, 1998	Plan amendment	179,726	4.0	653,545
g.	January 1, 1998	Plan amendment	38,067	4.0	138,426
h.	January 1, 1999	Plan amendment	16,260	5.0	71,650
i.	January 1, 1999	Plan amendment	3,445	5.0	15,178
j.	July 1, 1999	Plan amendment	1,480	5.5	7,064
k.	January 1, 2000	Plan amendment	40,950	6.0	209,982
l.	July 1, 2000	Plan amendment	94,027	6.5	514,441
m.	July 1, 2000	Plan amendment	6,741	6.5	36,883
n.	January 1, 2009	Special amort-2008 net inv loss	802,327	14.0	7,603,954
o.	January 1, 2010	Special amort-2008 net inv loss	108,183	14.0	1,025,289
p.	January 1, 2011	Special amort-2008 net inv loss	96,620	14.0	915,700
q.	January 1, 2012	Actuarial loss	459,862	3.0	1,294,190
r.	January 1, 2012	Special amort-2008 net inv loss	115,018	14.0	1,090,068
s.	January 1, 2013	Change in assumptions	282,930	4.0	1,028,832
t.	January 1, 2013	Special amort-2008 net inv loss	126,261	14.0	1,196,620
u.	January 1, 2014	Special amort-2008 net inv loss	106,877	14.0	1,012,912
v.	January 1, 2016	Actuarial loss	126,578	7.0	734,599
w.	January 1, 2016	Change in assumptions	130,476	7.0	757,222
x.	January 1, 2017	Actuarial loss	129,404	8.0	832,920
y.	January 1, 2018	Change in assumptions	100,494	9.0	706,433
z.	January 1, 2018	Actuarial loss	256,469	9.0	1,802,870
aa.	January 1, 2019	Actuarial loss	161,878	10.0	1,227,860
bb.	January 1, 2021	Change in asset valuation method	18,709	7.0	108,581
cc.	January 1, 2021	Plan amendment	78,791	12.0	677,046
dd.	January 1, 2023	Actuarial loss	140,714	14.0	1,333,604
ee.	January 1, 2024	Actuarial loss	53,130	15.0	524,825

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Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
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	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
ff.	January 1, 2024	Change in assumptions	<u>225,246</u>	15.0	<u>2,225,005</u>
gg.	Total		4,021,488		28,120,363
2. Credits as of January 1, 2024					
	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	January 1, 2010	Actuarial gain (includes NIL offset)	\$639,344	1.0	\$639,344
b.	January 1, 2010	Plan amendment	130,690	1.0	130,690
c.	January 1, 2011	Actuarial gain (includes NIL offset)	295,774	2.0	572,845
d.	January 1, 2012	Change in assumptions	186,175	3.0	523,953
e.	January 1, 2013	Actuarial gain (includes NIL offset)	259,049	4.0	941,992
f.	January 1, 2014	Actuarial gain (includes NIL offset)	144,449	5.0	636,504
g.	January 1, 2015	Actuarial gain	133,507	6.0	684,597
h.	January 1, 2020	Actuarial gain	48,337	11.0	391,793
i.	January 1, 2021	Funding method change	237,646	7.0	1,379,188
j.	January 1, 2021	Actuarial gain	92,552	12.0	795,292
k.	January 1, 2022	Actuarial gain	<u>129,347</u>	13.0	<u>1,170,537</u>
l.	Total		2,296,870		7,866,735
3.	Net outstanding balance [(1gg) - (2l)]				20,253,628
4.	Credit Balance as of January 1, 2024				23,027,571
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				(2,773,943)
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024				(2,773,943)

Attachment to 2024 Form 5500
Schedule MB, line 11 – Justification for Change in Actuarial Assumptions
Plan Name: Central Ohio UFCW Unions and Retail Employers Pension Plan
EIN 31-6089169 / PN 001

Changes In Actuarial Assumptions Since Prior Valuation

- For funding purposes, the interest rate was changed from 7.00% to 6.75% to reflect current capital market conditions and expected returns on plan assets. The revised rate is based on a blend of long-term expected returns and/or yields on high-quality fixed income investments consistent with the plan's investment policy and asset allocation. This change improves the alignment of the assumption with current economic expectations and relevant actuarial standards.
- For funding purposes, the mortality tables used were updated to reflect the latest available tables published by the Society of Actuaries, incorporating recent improvements in longevity trends. The new table better represents the plan's participant population and is intended to more accurately estimate future benefit payments. Where applicable, generational projection scales have been applied to reflect anticipated future improvements in mortality. The changes are as follows:
 - Pre-retirement mortality: Changed from RP-2014 Employee Blue Collar with three-year set forward projected generationally with Scale MP-2018 from base year 2006 to Pri-2012 Employee Blue Collar (amount-weighted) projected generationally with Scale MP-2021.
 - Post-retirement mortality: Changed from RP-2014 Healthy Annuitant Blue Collar with three-year set forward projected generationally with Scale MP-2018 from base year 2006 to Pri-2012 Retiree Blue Collar (amount-weighted) with two-year set forward and projected generationally with Scale MP-2021.
 - Surviving spouses: Changed from RP-2014 Healthy Annuitant Blue Collar with three-year set forward projected generationally with Scale MP-2018 from base year 2006 to Pri-2012 Surviving Spouse Blue Collar (amount-weighted) projected generationally with Scale MP-2021.
 - Disabled mortality: Changed from RP-2014 Disabled mortality tables projected generationally with Scale MP-2018 to Pri-2012 Disabled Retiree (amount weighted) projected generationally with Scale MP-2021.
- For Current Liability purposes, the interest rate was changed from 2.19% to 2.82% in accordance with IRS guidance. (The statutory mortality tables also have been updated as required by law).
- For withdrawal liability purposes, the interest rate for calculating the present value of vested benefits was changed from the January 2023 PBGC annuity basis interest rates of 4.86% for the first 20 years and 4.70% thereafter to the December 2023 PBGC annuity basis interest rates of 5.06% for the first 20 years and 4.37% thereafter.