

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA RELATED ORGANIZATIONS
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA
2b Employer Identification Number (EIN): 13-6112258
2c Plan Sponsor's telephone number: 615-889-8860
2d Business code (see instructions):

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.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	91
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	18
	<b>6a(2)</b>	18
	<b>6b</b>	55
	<b>6c</b>	11
	<b>6d</b>	84
	<b>6e</b>	7
	<b>6f</b>	91
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	5

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA RELATED ORGANIZATIONS</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PENSION FUND FOR THE EMPLOYEES OF UFW OF</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6112258</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>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>1518248</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>1661030</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>8082037</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>8082037</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>11204606</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>91014</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>795978</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>848794</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.

<b>SIGN HERE</b>  Signature of actuary <u>CHRISTIAN E. BENJAMINSON, FSA, EA</u> Type or print name of actuary <u>CHEIRON, INC</u> Firm name <u>701 EAST GATE DRIVE, SUITE 330</u> <u>MOUNT LAUREL, NJ 08054</u> Address of the firm	<u>09/19/2025</u> Date <u>23-07015</u> Most recent enrollment number <u>703-893-1456</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:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	1518248
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	63	8216548
<b>(2)</b> For terminated vested participants .....	11	904562
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		33579
<b>(b)</b> Vested benefits .....		2049917
<b>(c)</b> Total active .....	18	2083496
<b>(4)</b> Total .....	92	11204606
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	13.55 %

**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	293623	0			
<b>Totals ▶</b>			<b>3(b)</b>	293623	<b>3(c)</b> 0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b> 66000

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	20.6 %
<b>b</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 .....	<b>4b</b>	C
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • 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."	<b>4f</b>	9999

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

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....			<b>5j</b>
<b>k</b> Has a change been made in funding method for this plan year? .....			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....			<b>5m</b>

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
<b>b</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
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	8P
<b>(2)</b> Females .....	<b>6c(2)</b>	8PF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	2.58 % <input type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	8.2 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	14.1 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	69000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2376200	-240552

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	5
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) .....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e</b> If box 5h is checked or 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). ....	<b>8e</b>	-26765

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	3999280
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	118312

<b>c</b> 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 .....	<b>9c(1)</b>	5204818	695961
(2) Funding waivers .....	<b>9c(2)</b>	0	0
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		324915
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		5138468
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		0
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		293623
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	2783091	311610
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		30943
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	7133143	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	8016200	
(3) FFL credit .....	<b>9j(3)</b>		0
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		0
(2) Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		636176
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		4502292
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		0
(3) Total as of valuation date.....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		4502292
<b>11</b> 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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA RELATED ORGANIZATIONS</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PENSION FUND FOR THE EMPLOYEES OF UFW OF</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6112258</b>	

**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  
**PIMCO LLC**

**33-0629048**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**GREAT GREY TRUST COMPANY** **6275 VIA AUSTI PARKWAY, SUITE 260**  
**LAS VEGAS, NV 89119**

**92-1941236**

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

**13-3806694**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
**EATON VANCE** **PO BOX 534439**  
**PITTSBURGH, PA 15253**

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

VANGUARD

PO BOX 2900  
VALLEY FORGE, PA 19482

23-1945930

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

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

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

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

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

CHEIRON INC

1000 ATRIUM WAY  
MT LAUREL, NJ 08054

13-4215617

(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	ACTUARY	32190	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)

ROGOFF & COMPANY PC

355 LEXINGTON AVE  
NEW YORK, NY 10017

13-2688836

(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	AUDITOR	18950	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)

UNITED FURNITURE WORKERS PLAN A

1910 AIRLANE DRIVE  
NASHVILLE, TN 37210

13-5511877

(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?
50 49	SHARED EXPENSES	17984	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)

GALLAGHER FIDUCIARY ADVISORS, LLC

744 BROAD STREET  
NEWARK, NJ 07102

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT CONSULTANT	11000	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)

PIERSON FERDINAND

1270 AVE OF AMERICA  
NEW YORK, NY 10020

93-3416937

(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	ATTORNEY	6294	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)

UNITED FURNITURE WORKERS BUILDING C

1910 AIRLANE DRIVE  
NASHVILLE, TN 37210

62-1048449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	RELATED PARTY	5243	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA RELATED ORGANIZATIONS</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PENSION FUND FOR THE EMPLOYEES OF UFW OF</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6112258</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO MULTIEMPLOYER PLAN ARPA/SFA A</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PIMCO MULTIEMPLOYER PLAN ARPA/SFA A</u>		
<b>c</b> EIN-PN <u>92-1941236-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3784918</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA RELATED ORGANIZATIONS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PENSION FUND FOR THE EMPLOYEES OF UFW OF</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6112258</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	88460	19700
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	114288	138672
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	191	119
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	4301896	3784918
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3165708	3741465
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	5743	5669
f Total assets (add all amounts in lines 1a through 1e).....	1f	7676286	7690543
<b>Liabilities</b>			
g Benefit claims payable.....	1g	28609	13770
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28609	13770
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	7647677	7676773

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	227623	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	2140	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		229763
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8404	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8404
(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)	29247	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		29247
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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 .....	<b>2b(6)</b>		363060
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		267239
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		897713

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	758231	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		758231
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	18950	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	11000	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	32190	
(8) Legal fees .....	<b>2i(8)</b>	6294	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	41952	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		110386
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		868617

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		29096
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **ROGOFF & COMPANY PC**

(2) EIN: **13-2688836**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	X		500000
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 559472.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA RELATED ORGANIZATIONS</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PENSION FUND FOR THE EMPLOYEES OF UFW OF</u>	<b>D</b> Employer Identification Number (EIN) <u>13-6112258</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): \_\_\_\_\_

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
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<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

<b>Part III</b>	<b>Amendments</b>
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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

<b>Part IV</b>	<b>ESOPs</b> (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.
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**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 UFW INSURANCE FUND

**b** EIN 13-5547701 **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 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 135759.00

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): PERCENTAGE OF ANNUAL PAYR

**a** Name of contributing employer UFW PENSION PLAN A

**b** EIN 13-5511877 **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 05 Day 31 Year 2025

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

(1) Contribution rate (in dollars and cents) 36482.00

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): PERCENTAGE OF ANNUAL PAYR

**a** Name of contributing employer LOCAL 463, CWA

**b** EIN 11-1671020 **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 04 Day 30 Year 2025

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

(1) Contribution rate (in dollars and cents) 29069.00

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): PERCENTAGE OF ANNUAL PAYR

**a** Name of contributing employer LOCAL 800, CWA

**b** EIN 39-0733449 **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 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 30639.00

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): PERCENTAGE OF ANNUAL PAYR

**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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	13
<b>b</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).....	<b>14b</b>	13
<b>c</b> 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).....	<b>14c</b>	13

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	1.02
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	1.02

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year.....	<b>16a</b>	0
<b>b</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.....	<b>16b</b>	

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

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

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

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

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

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

Independent Auditor's Report

Board of Trustees  
Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations  
Nashville, TN

***Opinion***

We have audited the financial statements of Pension Plan for Employees of the United Furniture Workers of America and Related Organizations (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Pension Plan for Employees of the United Furniture Workers of America and Related Organizations 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 Pension Plan for Employees of the United Furniture Workers of America and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Employees of the United Furniture Workers of America's ability to continue as a going concern for one year after the date that the financial statements are 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 Pension Plan for Employees of the United Furniture Workers of America and Related Organizations'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 Pension Plan for Employees of the United Furniture Workers of America and Related Organizations'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.

***Other Matter—Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments and reportable transactions for the year ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Rogoff & Company PC*

October 14, 2025  
New York, New York

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

**1. Eligibility**

Employees of contributing employers become Participants on their date of employment.

**2. Years of Service**

An employee receives credit for a year of service for each calendar year in which he is credited with 1,000 or more hours of service.

**3. Normal Retirement**

Eligibility: earlier of:

- a. Later of the date the Participant attains age 65 or the 5<sup>th</sup> anniversary of employment; or
- b. Age 62 with 15 years of service (only for benefit accrued as of March 1, 2014).

Benefit: 24% of the average monthly contributions multiplied by the years of service for benefit accrued as of March 1, 2014. Thereafter, the benefit is 12% of the average monthly contributions multiplied by the years of service. Contributions are based on salary and range from 1.02% to 12% depending on the Local.

**4. Early Retirement**

Eligibility: After age 55 with 5 years of service.

Benefit: The normal retirement benefit described above reduced by 5/9 of 1% for each month the Participant is less than 65 and by 5/12 of 1% for each month the Participant is less than 62.

Effective April 1, 2017, the subsidized reduction described above is only applied to Participants retiring directly from active status. All other retirements will be actuarially reduced to reflect early commencement of benefits.

**5. Disability Retirement**

Eligibility: 5 years of service and awarded a Social Security Disability Pension.

Benefit: The normal retirement benefit will be payable without reduction for age.

Effective April 1, 2017, the unreduced disability benefit described above is only applied to Participants retiring directly from active status. All other disability retirements will be actuarially reduced to reflect early commencement of benefits.

**6. Deferred Vested Pension**

Eligibility: 5 years of service.

Benefit: Accrued benefit payable at normal retirement.

**7. Pre-Retirement Death**

Eligibility: 5 years of service and at least one hour of service after December 31, 1975.

Benefit if Single: Aggregate amount of contributions made on behalf of the Participant but removed effective March 1, 2014.

Benefit if Married: Aggregate amount of contributions made on behalf of the Participant reduced by the present value of the Pre-Retirement Survivor Annuity.

Plan Name: Pension Plan for Employees of the United Furniture Workers of America  
Plan Sponsor EIN: 13-6112258 / 001  
Attachment B to 2024 Form 5500 Schedule MB

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

**8. Pre-Retirement Survivor Annuity**

Eligibility: Married participant with 5 years of service and at least one hour of service after December 31, 1975.

Benefit: The monthly benefit equal to 50% of the retirement benefit which would have been payable as a joint and survivor annuity. The monthly payments to the surviving spouse can begin anytime after the Participant would have been eligible to retire.

**9. Normal Form of Payment**

Single: Straight Life Annuity

Married: 50% Joint & Survivor, actuarial equivalence

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

None

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

**A. Actuarial Assumptions**

**1. Investment Return (net of investment expenses)**

Funding & Accounting purposes	6.75% per year
Current Liability under RPA 1994	3.29% per year
LDROM (ERISA 4044 rates, January 2024)	5.45% for 20 years, 5.22% thereafter
Withdrawal Liability (ERISA 4044 rates, December 2023)	5.06% for 20 years, 4.37% thereafter

**2. Administrative Expenses**

\$69,000, paid at the beginning of the plan year

For financial disclosure under FASB ASC 960 the present value of future administrative expense is assumed to be 12.25% of Actuarial Liability.

**3. Rates of Mortality**

Funding:

- Healthy Lives: Pri-2012 Total Dataset Healthy Mortality Table with fully generational projections using Scale MP-2021

- Disabled Lives: Pri-2012 Disabled Dataset Mortality Table with fully generational projections using Scale MP-2021

A projected mortality table was applied to comply with the revised Actuarial Standards of Practice No. 35.

Current Liability: IRS 2024 Static Mortality Table as prescribed under IRS regulations

**4. Turnover** 0.00% at all ages

**5. Rates of Disability** 0.00% at all ages

**6. Rates of Retirement**

Age	Rate
55 - 61	5.0%
62	50.0%
63 - 64	25.0%
65 - 69	50.0%
70	100.0%

Terminated vested members (current and future) are expected to retire at their earliest unreduced retirement age (i.e., age 62 for those with more than 15 years of service, otherwise age 65).

**7. Adoption of Rehabilitation Plan Schedules**

We assumed all Employers elected the Preferred Schedule which made no changes to benefit accrual rates or adjustable benefits.

**8. Marriage**

We assumed that 80% of all active and terminated vested members are married. Husbands are assumed to be 3 years older than their spouses.

**9. Late Retirement**

Benefits for terminated vested participants over Normal Retirement Age are adjusted for late retirement. In addition, terminated vested participants over their Mandatory Retirement Date (MRD) are assumed to receive a retroactive lump sum with interest for missed payments from MRD through date of retirement.

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

**10. Wage Increases**

2.0% wage inflation plus merit increases

Service	Merit Wage Increase
0	9.0%
1	4.5%
2	2.0%
3	2.0%
4	2.0%
5	2.0%
6+	0.0%

**11. Rationale for Assumptions**

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 6.75% discount rate is based on the Trustees risk preference, the Plan’s current asset allocation, and the investment managers capital market outlook.

For the demographic assumptions, the rates of retirement are based on Plan experience. The mortality table was recently changed to a current table with generational mortality improvements. Finally, we do not assume actives will terminate or become disabled given the small population. Other demographic assumptions were recently review and modified based on plan experience in conjunction with the Plan’s SFA Application.

**12. Changes in Assumptions Since the Last Valuation**

The RPA ’94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance.

The mortality table used to determine RPA ’94 current liability was changed to the static mortality table as described under Regulation §1.430(h)(3)-1(e).

For financial disclosure under FASB ASC 960 the present value of future administrative expense was changed from 9.75% of Actuarial Liability to 12.25% of Actuarial Liability.

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

**B. Actuarial Methods**

**1. Actuarial Cost Method**

The cost method for determining liabilities for this valuation is the Unit Credit Cost method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

**2. Asset Valuation Method**

The value of assets is based on recognizing investment gains or losses at the rate of 20% per Plan Year. Assets are taken as market value minus unrecognized gains and losses. The AVA is adjusted, if necessary, to remain between 80% and 120% of the market value.

**3. PRA 2010 Funding Relief**

The Fund's Board of Trustees elected the "special amortization rule" and "special asset valuation rule" under § 431(b)(8) of the Code for the treatment of the 2008 investment loss. The investment loss is being separately amortized over 29 years for minimum funding and has already been fully phased in for the actuarial value of assets.

**4. Amortization Extension**

The Plan's Board of Trustees elected the automatic 5-year amortization extension under §431(d) of the Code effective January 1, 2010.

**5. Withdrawal Liability Method**

The Plan uses the Presumptive method with the Unfunded Vested Benefits (UVB) calculated as the difference between the Market Value of Assets and the present value of nonforfeitable benefits. Due to receipt of SFA, the determination of UVB must comply with the conditions set forth in PBGC Regulation §4262.16(g) including the use of 4044 Interest Assumptions as well as the phase-in of the SFA assets over time.

**6. Special Financial Assistance**

The Plan was approved for SFA on August 25, 2023 and received payment on September 25, 2023. The valuation reflects all applicable conditions and restrictions in accordance with PBGC Regulation §4262. Further, SFA was disregarded in determining the Plan's Minimum Funding requirements pursuant to IRS Notice 2021-38.

**7. Modeling Disclosures**

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

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

***ProVal***

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, normal costs and project benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation report.

***Projection Model***

Projections in Section II of this actuarial valuation report were developed using *P-scan*, our proprietary tool for developing deterministic projections. *P-scan* is used to illustrate the impact on the future financial status of the Plan due to changes in active membership, investment experience and the collection of withdrawal liability payments.

The model can show how sensitive the Plan is to changes in an individual assumption or changes in a combination of assumptions. The scenarios shown in this report are deterministic projections and the variables are not necessarily correlated.

**8. Changes in Actuarial Methods Since the Last Valuation**

The SFA is disregarded in determining the Plan's Minimum Funding requirements pursuant to IRS Notice 2021-38 and the withdrawal liability discount rate was updated per PBGC Regulation.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

EIN 13-6112258

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Date, Rate of Interest, Collateral, Par, or Maturity Value	Maturity	Cost	Current Value
<i>Mutual Funds</i>				
PIMCO	Pimco Total Return Instl; 63,193.906 shares		\$ 583,201	\$ 535,884
Vanguard	Vanguard-Inflation-Protected Secs Adm; 4,473.670 shares		122,144	100,747
Parametric	Parametric Vol. Risk Prem Def Inst; 12,781.638 shares		144,463	<u>197,093</u>
				<u>833,724</u>
<i>Collective Investment Trust</i>				
BlackRock	Russell 3000 NL Fund; 16,380.817 Shares		1,257,444	1,731,446
BlackRock	BLK MSCI ACQI EQT Index NL Fund; 36,346.817 shares		964,670	1,176,295
PIMCO	Pimco Multiemployer Plan ARPA/SFA; 348,740.76 Shares		3,439,630	<u>3,784,918</u>
				<u>6,692,659</u>
<b>Total Investments, at fair value</b>				<b><u>\$ 7,526,383</u></b>

See independent auditors' report on supplementary information.

Plan Name: Pension Plan for Employees of the United Furniture Workers of America  
 Plan Sponsor EIN: 13-6112258 / 001  
 Attachment D to 2024 Form 5500 Schedule MB

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

**AGE / SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS  
 AS OF JANUARY 1, 2024**

Age	Service										Total	
	Under 1	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	1	0	0	0	0	0	0	0	0	0	0	1
25 to 29	1	2	0	0	0	0	0	0	0	0	0	3
30 to 34	0	1	1	0	0	0	0	0	0	0	0	2
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	2	0	0	0	0	0	2
45 to 49	0	1	0	0	0	0	0	0	0	0	0	1
50 to 54	0	0	1	0	0	0	1	2	0	0	0	4
55 to 59	0	0	0	0	0	0	1	0	1	0	0	2
60 to 64	0	0	1	0	0	0	1	0	0	0	0	2
65 to 69	0	0	0	0	0	0	1	0	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>18</b>

Average Age = 45.9

Average Service = 15.8

Form <b>15315</b> (December 2022)	Department of the Treasury - Internal Revenue Service <b>Annual Certification for Multiemployer Defined Benefit Plans</b>	OMB Number 1545-2111
--------------------------------------	--	-------------------------

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)  
 Complete all entries in accordance with the instructions

For calendar plan year 2024 or fiscal plan year beginning 1/1/2024 and ending 12/31/2024

**Part I – Basic Plan Information**

1a. Name of plan PENSION FUND FOR THE EMPLOYEES OF UFW OF AMERICA & RELATED ORGANIZATIONS	1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name UNITED FURNITURE WORKERS OF AMERICA & RELATED ORGANIZATIONS	1d. Employer identification number (EIN) 13-6112258
1e. Plan sponsor's telephone number (615) 889-8860	1f. Plan sponsor's address, city, state, ZIP code PO BOX 100037, NASHVILLE, TN, 37224-0037

**Part II – Plan Actuary's Information**

2a. Plan actuary's name CHRISTIAN BENJAMINSON	2b. Plan actuary's firm name CHEIRON, INC.
2c. Plan actuary's firm address, city, state, ZIP code 701 EAST GATE DRIVE, SUITE 330, MOUNT LAUREL, NJ, 08054	
2d. Plan actuary's enrollment number 23-07015	2e. Plan actuary's telephone number (703) 893-1456

**Part III – Plan Status**

3. Check the appropriate box to indicate the plan's IRC Section 432 status

<input type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
<input checked="" type="checkbox"/> Critical	
<input type="checkbox"/> Critical and declining	

**Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan**

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V – Sign Here**

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date 4/1/2024
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**FOR PLAN YEAR COMMENCING JANUARY 1, 2024**

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE  
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT  
INCOME SECURITY ACT OF 1974)**

**FOR**

**UNITED FURNITURE WORKERS EMPLOYEES PENSION PLAN**

**EIN: 13-6112258**

**PN: 001**

**Plan Year 1/1/2024**

**Plan Contact Information**

**Fund Contact**

**Ms. Dee Anne Walker**

**Secretary-Treasurer/Director**

**(615) 889 - 8860**

**April 1, 2024**



Board of Trustees of the  
United Furniture Workers Employees Pension Plan  
1910 Air Lane Drive  
Nashville, Tennessee 37210

April 1, 2024  
EIN: 13-6112258  
PN: 001  
Phone: (615) 889 - 8860

***Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)***

Dear Board of Trustees:

## **CERTIFICATION**

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning January 1, 2024, that the Fund is classified as being in Critical status as this term is described in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014. The Rehabilitation Period began on January 1, 2012. We also certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed below.

### **Plan Status**

The Plan received Special Financial Assistance (SFA) on September 25, 2023. Pursuant to ERISA Section 432(b)(7) and PBGC Regulation 4262.17(c) the Plan is therefore deemed to be in Critical status within the meaning of section 305(b)(2) of ERISA.

### **Scheduled Progress**

Pursuant to Code Section 432(b)(3)(A)(ii) and ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted their 2019 Rehabilitation Plan under the all-reasonable measures option to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan requires total annual contribution increases of 1.5% on the anniversary date of the applicable collective bargaining agreement or contribution agreement under which the Employer is obligated to make contributions. Currently, all active employers have adopted these provisions for the duration of their most recent collective bargaining agreement. On this basis, and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

This certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, PBGC Regulation 4262, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as a credentialed actuary, I meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained herein. This certification does not address any contractual or legal issues. I am not an attorney, and our firm does not provide any legal services or advice.

Board of Trustees

April 1, 2024

Page ii

This certification was prepared solely for the Trustees of the Pension Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to such other users.

Sincerely,



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Christian Benjaminson, FSA, EA (23-07015)

cc: Secretary of the Treasury

Plan Name: Pension Plan for Employees of the United Furniture Workers of America  
Plan Sponsor EIN: 13-6112258 / 001  
Attachment A to 2024 Form 5500 Schedule MB

**Schedule MB, Line 3 – Withdrawal Liability Amounts**

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/12/2024	\$ 1,500	0	\$ 1,500
5/20/2024	1,500	0	1,500
6/14/2024	0	63,000	63,000
Total	\$ 3,000	0	\$ 66,000

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

Support for the Plan’s Critical status can be found in the attached PPA certification.

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

As of January 1, 2025, the Plan is making scheduled progress in meeting the requirements of its Rehabilitation Plan as follows:

Pursuant to Code Section 432(b)(3)(A)(ii) and ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted their 2019 Rehabilitation Plan under the all-reasonable measures option to forestall insolvency as defined in ERISA Section 4245. The Rehabilitation Plan requires total annual contribution increases of 1.5% upon the anniversary date of the applicable collective bargaining agreement or contribution agreement under which the Employer is obligated to make contributions. Currently, all active employers have adopted these provisions for the duration of their most recent collective bargaining agreement.

On this basis and also considering lack of guidance from the Internal Revenue Service, we are certifying that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

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

Schedule Of Amortizations Required For Minimum Required Contribution as of January 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years <sup>1</sup>	Beg of Yr Amortization Amount
<b>CHARGES</b>						
1. Assumption Change	1/1/2007	\$ 414,261	30	\$ 318,880	18	\$ 29,163
2. Actuarial Loss	1/1/2007	38,740	15	9,116	3	3,239
3. Actuarial Loss	1/1/2008	66,497	15	20,591	4	5,663
4. Bifurcation Base	1/1/2009	206,891	15	78,856	5	17,896
5. Recognized Portion of the 2008 ENIL	1/1/2009	763,242	29	543,619	14	57,360
6. Recognized Portion of the 2008 ENIL	1/1/2010	120,682	28	86,865	14	9,166
7. Bifurcation Base	1/1/2011	46,543	15	9,217	2	4,759
8. Recognized Portion of the 2008 ENIL	1/1/2011	182,788	27	133,087	14	14,043
9. Bifurcation Base	1/1/2012	459,475	15	131,871	3	46,857
10. Recognized Portion of the 2008 ENIL	1/1/2012	138,547	26	102,142	14	10,777
11. Assumption Change	1/1/2012	72,512	15	20,811	3	7,395
12. Recognized Portion of the 2008 ENIL	1/1/2013	152,515	25	113,980	14	12,027
13. Bifurcation Base	1/1/2013	3,931	15	1,456	4	400
14. Recognized Portion of the 2008 ENIL	1/1/2014	226,248	24	171,610	14	18,107
16. Actuarial Loss	1/1/2015	77,009	15	39,976	6	7,796
17. Assumption Change	1/1/2015	586,202	15	304,303	6	59,344
18. Actuarial Loss	1/1/2016	344,934	15	202,654	7	34,919
19. Assumption Change	1/1/2016	439,970	15	258,491	7	44,540
20. Actuarial Loss	1/1/2017	359,703	15	234,384	8	36,414
21. Actuarial Loss	1/1/2018	112,477	15	80,042	9	11,386
22. Actuarial Loss	1/1/2019	323,391	15	248,321	10	32,738
23. Actuarial Loss	1/1/2020	99,676	15	81,790	11	10,091
24. Actuarial Loss <sup>2</sup>	1/1/2022	2,080,469	15	1,905,972	13	210,614
25. Assumption Change	1/1/2023	111,299	15	106,784	14	11,267
<b>TOTAL CHARGES</b>				<b>\$ 5,204,818</b>		<b>\$ 695,961</b>
<b>CREDITS</b>						
1. Assumption Change	1/1/2010	\$ 99,113	15	\$ 10,161	1	\$ 10,161
2. Bifurcation Base	1/1/2010	85,955	15	8,812	1	8,812
3. Plan Amendment	1/1/2014	106,140	15	47,462	5	10,771
4. Bifurcation Base	1/1/2014	58,836	15	26,308	5	5,970
5. Actuarial Gain	1/1/2021	232,564	15	202,308	12	23,543
6. Actuarial Gain	1/1/2023	116,569	15	111,840	14	11,801
7. Actuarial Gain	1/1/2024	2,376,200	15	2,376,200	15	240,552
<b>TOTAL CREDITS</b>				<b>\$ 2,783,091</b>		<b>\$ 311,610</b>
<b>NET CHARGE</b>				<b>\$ 2,421,727</b>		<b>\$ 384,351</b>

<sup>1</sup> Includes a 5-year 431(d) extension effective January 1, 2010

<sup>2</sup> The 2022 Actuarial Loss includes the net experience gain, the cost of the VCP correction, and the increase in liability due to late retirement adjustments. Initial amount and annual payment restated with the January 1, 2023 valuation.

Plan Name: Pension Plan for Employees of the United Furniture Workers of America  
Plan Sponsor EIN: 13-6112258 / 001  
Attachment G to 2024 Form 5500 Schedule MB

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

1. The RPA '94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Static Mortality Table to comply with appropriate guidance.

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

**1. Eligibility**

Employees of contributing employers become Participants on their date of employment.

**2. Years of Service**

An employee receives credit for a year of service for each calendar year in which he is credited with 1,000 or more hours of service.

**3. Normal Retirement**

Eligibility: earlier of:

- a. Later of the date the Participant attains age 65 or the 5<sup>th</sup> anniversary of employment; or
- b. Age 62 with 15 years of service (only for benefit accrued as of March 1, 2014).

Benefit: 24% of the average monthly contributions multiplied by the years of service for benefit accrued as of March 1, 2014. Thereafter, the benefit is 12% of the average monthly contributions multiplied by the years of service. Contributions are based on salary and range from 1.02% to 12% depending on the Local.

**4. Early Retirement**

Eligibility: After age 55 with 5 years of service.

Benefit: The normal retirement benefit described above reduced by 5/9 of 1% for each month the Participant is less than 65 and by 5/12 of 1% for each month the Participant is less than 62.

Effective April 1, 2017, the subsidized reduction described above is only applied to Participants retiring directly from active status. All other retirements will be actuarially reduced to reflect early commencement of benefits.

**5. Disability Retirement**

Eligibility: 5 years of service and awarded a Social Security Disability Pension.

Benefit: The normal retirement benefit will be payable without reduction for age.

Effective April 1, 2017, the unreduced disability benefit described above is only applied to Participants retiring directly from active status. All other disability retirements will be actuarially reduced to reflect early commencement of benefits.

**6. Deferred Vested Pension**

Eligibility: 5 years of service.

Benefit: Accrued benefit payable at normal retirement.

**7. Pre-Retirement Death**

Eligibility: 5 years of service and at least one hour of service after December 31, 1975.

Benefit if Single: Aggregate amount of contributions made on behalf of the Participant but removed effective March 1, 2014.

Benefit if Married: Aggregate amount of contributions made on behalf of the Participant reduced by the present value of the Pre-Retirement Survivor Annuity.

Plan Name: Pension Plan for Employees of the United Furniture Workers of America  
Plan Sponsor EIN: 13-6112258 / 001  
Attachment B to 2024 Form 5500 Schedule MB

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

**8. Pre-Retirement Survivor Annuity**

Eligibility: Married participant with 5 years of service and at least one hour of service after December 31, 1975.

Benefit: The monthly benefit equal to 50% of the retirement benefit which would have been payable as a joint and survivor annuity. The monthly payments to the surviving spouse can begin anytime after the Participant would have been eligible to retire.

**9. Normal Form of Payment**

Single: Straight Life Annuity

Married: 50% Joint & Survivor, actuarial equivalence

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

None

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

**A. Actuarial Assumptions**

**1. Investment Return (net of investment expenses)**

Funding & Accounting purposes	6.75% per year
Current Liability under RPA 1994	3.29% per year
LDROM (ERISA 4044 rates, January 2024)	5.45% for 20 years, 5.22% thereafter
Withdrawal Liability (ERISA 4044 rates, December 2023)	5.06% for 20 years, 4.37% thereafter

**2. Administrative Expenses**

\$69,000, paid at the beginning of the plan year

For financial disclosure under FASB ASC 960 the present value of future administrative expense is assumed to be 12.25% of Actuarial Liability.

**3. Rates of Mortality**

Funding:

- Healthy Lives: Pri-2012 Total Dataset Healthy Mortality Table with fully generational projections using Scale MP-2021

- Disabled Lives: Pri-2012 Disabled Dataset Mortality Table with fully generational projections using Scale MP-2021

A projected mortality table was applied to comply with the revised Actuarial Standards of Practice No. 35.

Current Liability: IRS 2024 Static Mortality Table as prescribed under IRS regulations

**4. Turnover** 0.00% at all ages

**5. Rates of Disability** 0.00% at all ages

**6. Rates of Retirement**

Age	Rate
55 - 61	5.0%
62	50.0%
63 - 64	25.0%
65 - 69	50.0%
70	100.0%

Terminated vested members (current and future) are expected to retire at their earliest unreduced retirement age (i.e., age 62 for those with more than 15 years of service, otherwise age 65).

**7. Adoption of Rehabilitation Plan Schedules**

We assumed all Employers elected the Preferred Schedule which made no changes to benefit accrual rates or adjustable benefits.

**8. Marriage**

We assumed that 80% of all active and terminated vested members are married. Husbands are assumed to be 3 years older than their spouses.

**9. Late Retirement**

Benefits for terminated vested participants over Normal Retirement Age are adjusted for late retirement. In addition, terminated vested participants over their Mandatory Retirement Date (MRD) are assumed to receive a retroactive lump sum with interest for missed payments from MRD through date of retirement.

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

**10. Wage Increases**

2.0% wage inflation plus merit increases

Service	Merit Wage Increase
0	9.0%
1	4.5%
2	2.0%
3	2.0%
4	2.0%
5	2.0%
6+	0.0%

**11. Rationale for Assumptions**

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 6.75% discount rate is based on the Trustees risk preference, the Plan’s current asset allocation, and the investment managers capital market outlook.

For the demographic assumptions, the rates of retirement are based on Plan experience. The mortality table was recently changed to a current table with generational mortality improvements. Finally, we do not assume actives will terminate or become disabled given the small population. Other demographic assumptions were recently review and modified based on plan experience in conjunction with the Plan’s SFA Application.

**12. Changes in Assumptions Since the Last Valuation**

The RPA ’94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance.

The mortality table used to determine RPA ’94 current liability was changed to the static mortality table as described under Regulation §1.430(h)(3)-1(e).

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

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The Fund's Board of Trustees elected the "special amortization rule" and "special asset valuation rule" under § 431(b)(8) of the Code for the treatment of the 2008 investment loss. The investment loss is being separately amortized over 29 years for minimum funding and has already been fully phased in for the actuarial value of assets.

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The Plan's Board of Trustees elected the automatic 5-year amortization extension under §431(d) of the Code effective January 1, 2010.

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The Plan uses the Presumptive method with the Unfunded Vested Benefits (UVB) calculated as the difference between the Market Value of Assets and the present value of nonforfeitable benefits. Due to receipt of SFA, the determination of UVB must comply with the conditions set forth in PBGC Regulation §4262.16(g) including the use of 4044 Interest Assumptions as well as the phase-in of the SFA assets over time.

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**7. Modeling Disclosures**

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

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***Projection Model***

Projections in Section II of this actuarial valuation report were developed using *P-scan*, our proprietary tool for developing deterministic projections. *P-scan* is used to illustrate the impact on the future financial status of the Plan due to changes in active membership, investment experience and the collection of withdrawal liability payments.

The model can show how sensitive the Plan is to changes in an individual assumption or changes in a combination of assumptions. The scenarios shown in this report are deterministic projections and the variables are not necessarily correlated.

**8. Changes in Actuarial Methods Since the Last Valuation**

The SFA is disregarded in determining the Plan's Minimum Funding requirements pursuant to IRS Notice 2021-38 and the withdrawal liability discount rate was updated per PBGC Regulation.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**  
Financial Statements

December 31, 2024 and 2023

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

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December 31, 2024 and 2023

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Independent Auditor's Report

Board of Trustees  
Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations  
Nashville, TN

***Opinion***

We have audited the financial statements of Pension Plan for Employees of the United Furniture Workers of America and Related Organizations (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Pension Plan for Employees of the United Furniture Workers of America and Related Organizations 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 Pension Plan for Employees of the United Furniture Workers of America and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Pension Plan for Employees of the United Furniture Workers of America's ability to continue as a going concern for one year after the date that the financial statements are 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 Pension Plan for Employees of the United Furniture Workers of America and Related Organizations'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 Pension Plan for Employees of the United Furniture Workers of America and Related Organizations'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.

***Other Matter—Supplemental Schedules Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investments and reportable transactions for the year ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

*Rogoff & Company PC*

October 14, 2025  
New York, New York

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**  
Statements of Net Assets Available for Benefits  
December 31, 2024 and 2023

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	2024	2023
<b><u>Assets</u></b>		
Investments, at fair value	\$ 7,526,383	\$ 7,467,604
Receivables:		
Employer contributions, net	11,000	15,900
Withdrawal liability, net	8,700	72,560
Due from related entity	119	191
	19,819	88,651
Cash and cash equivalents	138,672	114,288
Prepays	5,669	5,743
Total assets	7,690,543	7,676,286
<b><u>Liabilities</u></b>		
Accrued liabilities	4,906	13,136
Due to related entity	8,864	15,473
Total liabilities	13,770	28,609
<b>Net Assets Available for Benefits</b>	<b>\$ 7,676,773</b>	<b>\$ 7,647,677</b>

The accompanying notes are an integral part of the financial statements.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Statements of Changes in Net Assets Available for Benefits  
For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>Additions to Net Assets Attributed to:</b>		
Investment Income:		
Net appreciation in fair value of investments	\$ 630,299	\$ 656,079
Dividend income	29,247	27,784
Interest income	8,404	4,104
	667,950	687,967
Less: investment expenses	11,000	11,500
Net investment income	656,950	676,467
Employer contributions	227,623	238,609
Withdrawal liability income	2,140	10,560
Special financial assistance income	-	8,131,163
Total additions	886,713	9,056,799
<b>Deductions to Net Assets Attributed to:</b>		
Benefits paid directly to participants	758,231	690,824
Retroactive cost of benefits	-	159,261
Administrative expenses	99,386	135,346
Total deductions	857,617	985,431
Net increase for the year	29,096	8,071,368
<b>Net Assets (Deficiency) Available for Benefits</b>		
Beginning of Year	7,647,677	(423,691)
End of Year	\$ 7,676,773	\$ 7,647,677

The accompanying notes are an integral part of the financial statements.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 1. Description of Plan**

The following brief description of the Pension Plan for Employees of the United Furniture Workers of America and Related Organizations (the "Plan" or "Fund") is provided for general purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

*General* - The Plan is a multiemployer defined benefit pension plan covering employees of various locals of United Furniture Workers ("UFW") as well as employees of UFW Insurance Fund, and UFW Pension Plan A. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees and is governed by a joint board.

*Funding Policy* - The Plan benefits are funded by the contributions from the participating employers pursuant to the terms of applicable collective bargaining agreements. The Fund had an accumulated funding deficiency for the plan year 2023, which means the minimum funding standards under ERISA have not been met. However, the Plan was certified to be in critical and declining status for the 2022 plan year and therefore, no excise taxes apply under section 4971(a) and (b) of the Code with respect to the accumulated funding deficiency.

*Pension Protection Act Funding Status* - As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of January 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2024 and audited financial information as of December 31, 2023, as well as other financial information, including estimated cash flows for the year ended December 31, 2024 and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan.

The Plan was certified to be in critical status (red zone) for the 2025 plan year under the PPA as amended by the Multiemployer Pension Reform Act of 2014 (MPRA). Plan is not projected to have a positive credit balance for the next 10 years and projected to go insolvent within the next 19 years. This is the fourth year the Plan was certified as this zone status, which is re-determined annually.

A Rehabilitation Plan was adopted in November 2010 and last updated in July 2019, which clarified the timing of contribution rate increases. The Rehabilitation Plan remains under the all-reasonable measures options; it is reviewed annually and updated as needed.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 1. Description of Plan (continued)**

*Pension Benefits* - Employees with five or more years of service are entitled to a Normal Pension commencing at age 65; employees with 15 years of credited service are entitled to a Normal Pension commencing at age 62 (only for benefits accrued as of March 1, 2014). The Plan provides for an Early Pension commencing between the ages of 55 and 64 if the employee has accrued at least five years of credited service. A provision is also made to pay a Disability Pension at any age to any employee who has accrued at least five years of credited service and has been awarded a Social Security Disability Pension. Employees who terminate employment prior to retirement age have a non-forfeitable right to a pension at age 55 or later provided the employee has accrued at least five years of credited service. The Joint and Survivor and Pre-Retirement Joint and Survivor Annuity benefits as required by ERISA are included in the plan provisions.

*Pre-Retirement Death Benefits* –

Eligibility: 5 years of service and at least one hour of service after December 31, 1975.

Benefit: for single, are the aggregate amount of contributions made on behalf of the participant but removed effective March 1, 2014. For married, the benefits are the aggregate amount of contributions made on behalf of the participant but reduced by the present value of the Pre-Retirement Survivor Annuity.

*Pre-Retirement Survivor Annuity:*

Eligibility: Married participants with five years of service and at least one hour of service after December 31, 1975.

Benefit: The monthly benefit equals to 50% of the retirement benefit which would have been payable as a joint and survivor annuity.

**Note 2. Summary of Accounting Policies**

The following are the significant accounting policies followed by the Plan:

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

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

*Cash and Cash Equivalents* - The Plan considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

*Operating Leases* - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for lease obligations that are not material to the financial statements and therefore related disclosures under Accounting Standards Codification Topic 842 for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 2. Summary of Accounting Policies (continued)**

*Investments 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 Plan's investment committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Administrative Expenses* - The Plan's administrative expenses are paid by the Plan, as provided by the plan document. 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. In addition, certain investment related expenses are included in net investment income (loss) presented in the accompanying statements of changes in net assets available for benefits.

*Payment of Benefits* - Benefit payments to participants are recorded upon distribution.

*Employer Contributions Receivable* - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to period-end are recorded as contributions receivable. The Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024 and 2023 management believes that the receivable are deemed collectable and no allowance is needed.

*Assessed Withdrawal Liability Receivable* - The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

*New Accounting Pronouncements Adopted* - Effective January 1, 2023, the Plan adopted Accounting Standard Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other documents to extend credit held by a reporting entity. The adoption of this ASU did not materially impact the financial statements.

*Subsequent Events* – The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 3. Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to (A) retired or terminated employees or their beneficiaries, (B) beneficiaries of employees who have died, and (C) present employees or their beneficiaries. Benefits under the Plan are accumulated based on contributions made on behalf of the employees. 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 independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Present values of Plan benefits, as determined by the Plan's actuary, are summarized as follows:

	<u>January 1, 2024</u>
Actuarial present value of accumulated Vested benefits:	
Retirees and Beneficiaries currently receiving benefits	\$ 6,303,275
Terminated vested	537,609
Active Participants	<u>1,229,898</u>
Total vested benefits	8,070,782
Nonvested benefits	11,255
Present value of expected administrative expenses	<u>990,050</u>
Total actuarial present value of accumulated plan benefits with expenses	<u><u>\$ 9,072,087</u></u>

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)**

Changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits beginning of year (with expenses)	\$	11,128,704
Increase (decrease) during the year attributable to:		
Benefit Accruals	\$	57,730
Benefit Payments		(2,921,085)
Increase for Interest		689,567
Liability (Gains)/Losses		177,942
Administrative Expenses		(135,346)
Expense Experience (Gains)/Losses		74,575
Change in Assumptions		-
Net change		(2,056,617)
Actuarial present value of accumulated plan benefits at December 31, 2023 (with expenses)	\$	9,072,087

The significant actuarial assumptions used in the valuations as of January 1, 2024 was as follows:

Mortality Rates Healthy Lives:	Pri-2012 Total Dataset Healthy Mortality Table with fully generational projections using Scale MP-2021
Disabled Lives:	Pri-2012 Disabled Dataset Mortality Table with fully generational projections using Scale MP-2021
Retirement age - Ranging from 55 to age 70	
Net investment return - 6.75%.	

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

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 4. Plan Termination**

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

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

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

**Note 5. Fair Value Measurements**

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

**Note 5. Fair Value Measurements (continued)**

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 maximize the use of relevant 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.

*Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Collective Investment Trusts:* Valued at the net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024 and 2023.

	<i>Assets at Fair Value as of December 31, 2024</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 833,724	\$ -	\$ -	\$ 833,724
Collective Investment Trust, (SFA)	-	6,692,659		6,692,659
<b>Investments at Fair Value</b>	<u>\$ 833,724</u>	<u>\$ 6,692,659</u>	<u>\$ -</u>	<u>\$ 7,526,383</u>
	<i>Assets at Fair Value as of December 31, 2023</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 689,011	\$ -	\$ -	\$ 689,011
Collective Investment Trust, (SFA)	-	6,778,593		6,778,593
<b>Investments at Fair Value</b>	<u>\$ 689,011</u>	<u>\$ 6,778,593</u>	<u>\$ -</u>	<u>\$ 7,467,604</u>

In Management's opinion, the Plan did not hold any Level 3 investments as of December 31, 2024 and 2023.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 6. Assessed Withdrawal Liability**

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years.

The Plan entered into various settlement agreements with participating employers who withdrew from the Plan and were subject to withdrawal liability assessments. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

For the year ended December 31, 2024 and 2023 the Plan recognized withdrawal liability income of \$2,140 and 10,560, respectively.

As of December 31, 2024 and 2023, the Plan was receiving withdrawal assessment payments under payment plan arrangements from two former participating employers. The receivable amount represents the present value of the remaining payments using a discount rate, net of an allowance for uncollectible accounts of approximately \$8,700 and \$126,000 as of December 31, 2024 and 2023, respectively.

**Note 7. Plan Amendments**

There were no significant amendments during the plan year 2024 and 2023.

**Note 8. Tax Status**

The Plan obtained a determination letter in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

**Note 9. Related Party and Parties-In-Interest Transactions**

The Plan has the following related entities:

- United Furniture Workers Pension Fund A
- United Furniture Workers Insurance Fund
- United Furniture Workers Successor Pension Fund
- United Furniture Workers of America, AFL-CIO Building Corporation (“UFW Building Corp.”).

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 9. Related Party and Parties-In-Interest Transactions (continued)**

All of the above entities qualify as tax-exempt organizations. The entities listed above share some common trustees with the Plan as well as office facilities and staff.

For the year ended December 31, 2024 and 2023, the Plan receives contributions from UFW Insurance Fund in the amount of \$123,245 and \$135,759. For the year ended December 31, 2024 and 2023, the Plan receives contributions from UFW Pension Fund A in the amount of \$37,204 and \$36,482.

The Plan and other related entities occupy space in the building owned by the UFW Building Corp. Each tenant bears its pro rata share of the operating costs of such building on month-to-month basis. Rent expense allocated to the Plan by the UFW Building Corp. amounted to \$5,243 and \$3,453 for the year ended December 31, 2024 and 2023, respectively.

The Plan and other related entities share administrative staff. The payroll and related expenses allocated to the Plan as per its share amounted to \$18,292 and \$22,993, for the year ended December 31, 2024 and 2023, respectively.

The transactions above qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

**Note 10. Credit Risk Concentration**

The Plan maintains accounts in banks located in the Nashville area. Cash accounts at the bank are insured by Federal Deposit Insurance Corporation (FDIC) for up to \$250,000. From time to time, the Plan may have amounts on deposit in excess of FDIC limits. As of December 31, 2024 and 2023, there were no amounts in excess of insured limits.

The management performs ongoing evaluations of the commercial banks to limit its concentration of risk exposure. The Plan has not experienced any loss in such accounts. Management believes the Plan is not exposed to any significant risk on its cash.

**Note 11. Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit. 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 statement 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 which would be material to the financial statements.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**  
Notes to Financial Statements  
Years Ended December 31, 2024 and 2023

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**Note 12. Concentration**

The Plan received approximately 54% of its employer contributions from one employer for the years ended December 31, 2024 and 2023.

**Note 13. PBGC Special Financial Assistance Program**

On March 11, 2021, the American Rescue Plan Act of 2021 became law and included the Emergency Pension Plan Relief Act of 2021. This legislation creates a Special Financial Assistance (SFA) program under which cash payments would be made by the PBGC to financially troubled multiemployer pension plans. A multiemployer plan must satisfy certain criteria to be eligible for financial assistance. One of those criteria is those plans that are certified in Critical and Declining Status. Once approved, the funding is disbursed in a single, lump-sum payment in an amount sufficient to guarantee benefits, without reductions, through 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received.

On April 27, 2023, the Plan submitted a revised application to the PBGC for SFA. On August 25, 2023, the Plan received a letter from the PBGC approving the SFA in the amount of \$8,131,163. The Plan has received funding for the year ended December 31, 2023.

**Note 14. Retroactive Cost of Benefits**

In 2021, the Plan identified certain operational failures with respect to suspension of benefits notices and late retirement adjustments.

On October 25, 2022, the Plan filed an application to correct these operation failures through the IRS's Voluntary Correction Program ("VCP"). By letter dated October 14, 2024, the IRS formally approved the VCP application.

For the year ended December 31, 2023, the retroactive benefits were paid by the Plan was approximately in the amount of \$2.2 million.

**Note 15. Correction of 2023 Disclosure for Fair Value Measurement**

During 2024, management reviewed the fair value hierarchy table presented in Note 5, and identified that, in the 2023 financial statements disclosures, collective investment trust totaling \$6,778,593, which should have been classified as Level 2, were inadvertently reported as Level 1 in the investments at fair value hierarchy table.

This correction affects only the disclosure classification and has no impact on the amounts reported in the financial statement.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

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**Note 16. Reconciliation to Form 5500**

The following is a reconciliation of total additions per the financial statements to the total income Form 5500:

	Year ended <u>December 31, 2024</u>
Total additions per the financial statements	\$ 886,713
Add: Investment expenses	<u>11,000</u>
Total additions available per the Form 5500	<u>\$ 897,713</u>

The following is a reconciliation of administrative expenses per the financial statements to the administrative expenses Form 5500:

	Year ended <u>December 31, 2024</u>
Administrative expenses per the financial statements	\$ 99,386
Add: Investment expenses	<u>11,000</u>
Total expenses available per the Form 5500	<u>\$ 110,386</u>

The following is a reconciliation of total deductions per the financial statements to the total expenses per the Form 5500:

	Year ended <u>December 31, 2024</u>
Total deductions per the financial statements	\$ 857,617
Add: Investment expenses	<u>11,000</u>
Total expenses available per the Form 5500	<u>\$ 868,617</u>

## **Supplemental Schedules**

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

EIN 13-6112258

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Date, Rate of Interest, Collateral, Par, or Maturity Value	Maturity	Cost	Current Value
<i>Mutual Funds</i>				
PIMCO	Pimco Total Return Instl; 63,193.906 shares		\$ 583,201	\$ 535,884
Vanguard	Vanguard-Inflation-Protected Secs Adm; 4,473.670 shares		122,144	100,747
Parametric	Parametric Vol. Risk Prem Def Inst; 12,781.638 shares		144,463	197,093
				<u>833,724</u>
<i>Collective Investment Trust</i>				
BlackRock	Russell 3000 NL Fund; 16,380.817 Shares		1,257,444	1,731,446
BlackRock	BLK MSCI ACQI EQT Index NL Fund; 36,346.817 shares		964,670	1,176,295
PIMCO	Pimco Multiemployer Plan ARPA/SFA; 348,740.76 Shares		3,439,630	3,784,918
				<u>6,692,659</u>
<b>Total Investments, at fair value</b>				<u><u>\$ 7,526,383</u></u>

See independent auditors' report on supplementary information.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

EIN 13-6112258

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions.  
For the Year Ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity	(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 or (loss)
---	---	--------------------------	----------------------	------------------------	---	-------------------------	--	------------------------------

Single Transactions

NONE

Series of Transactions

PIMCO Multiemploye r Plan ARPA/SFA Fund	10.48	211,796	225,000	13,204
	10.80	205,479	225,000	19,521
	11.03	143,095	160,000	16,905

See independent auditors' report on supplementary information.

**Pension Plan for Employees of the United Furniture Workers  
of America and Related Organizations**

EIN 13-6112258

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions.  
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)

Single Transactions

NONE

Series of Transactions

PIMCO Multiemploye r Plan ARPA/SFA Fund	10.48	211,796	225,000	13,204
	10.80	205,479	225,000	19,521
	11.03	143,095	160,000	16,905

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

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.

<b>A</b> Name of plan PENSION PLAN FOR THE EMPLOYEES OF UFW OF AMERICA	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES PENS FUND FOR EES OF UFW	<b>D</b> Employer Identification Number (EIN)  13-6112258	

**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 .....	<b>1b(1)</b>	1,518,248
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	1,661,030

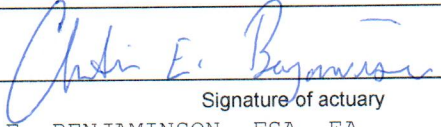
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	8,082,037
--	--------------	-----------

<b>(2) Information for plans using spread gain methods:</b>		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	8,082,037

<b>d</b> Information on current liabilities of the plan:	<b>1d(1)</b>	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....		

<b>(2) "RPA '94" information:</b>		
(a) Current liability .....	<b>1d(2)(a)</b>	11,204,606
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	91,014
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	765,978
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	848,794

**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.

<b>SIGN HERE</b>	
CHRISTIAN E. BENJAMINSON, FSA, EA	
Type or print name of actuary	
Cheiron, Inc.	
Firm name	
701 East Gate Drive, Suite 330	
Mount Laurel NJ 08054	
Address of the firm	

9/19/2025
Date 23-07015
Most recent enrollment number (703) 893-1456
Telephone number (including area code)

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

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

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

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	1,518,248
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	63	8,216,548
<b>(2)</b> For terminated vested participants .....	11	904,562
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		33,579
<b>(b)</b> Vested benefits .....		2,049,917
<b>(c)</b> Total active .....	18	2,083,496
<b>(4)</b> Total .....	92	11,204,606
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	13.55%

**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	293,623				
<b>Totals ▶</b>			<b>3(b)</b>	293,623	<b>3(c)</b>
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b> 66,000

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	20.6%
<b>b</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 .....	<b>4b</b>	C
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • 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."	<b>4f</b>	9999

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

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

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
	Pre-retirement	Post-retirement
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	8P
<b>(2)</b> Females .....	<b>6c(2)</b>	8PF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	6.75 %
<b>e</b> Salary scale .....	<b>6e</b>	2.58 % <input type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	8.2 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	14.1 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	69,000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

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

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-2,376,200	-240,552

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	<b>8d(2)</b>	5
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If box 5h is checked or 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). ....	<b>8e</b>	-26,765

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	3,999,280
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	118,312

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	5,204,818	695,961
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0	0
<b>(3)</b> Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>	0	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		324,915
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		5,138,468
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		0
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		293,623
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	2,783,091	311,610
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		30,943
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	7,133,143	
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	8,016,200	
<b>(3)</b> FFL credit .....	<b>9j(3)</b>		0
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>		0
<b>(2)</b> Other credits .....	<b>9k(2)</b>		0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		636,176
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		4,502,292
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>		0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>		0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>		0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		4,502,292
<b>11</b> 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