

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: UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 06/01/1967
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code: 3031 B WALTON ROAD, PLYMOUTH MEETING, PA 19462
2b Employer Identification Number (EIN): 23-6461717
2c Plan Sponsor's telephone number
2d Business code (see instructions): 445110

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

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

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>	5365
<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>	1818
	<b>6a(2)</b>	1905
	<b>6b</b>	1129
	<b>6c</b>	2410
	<b>6d</b>	5444
	<b>6e</b>	136
	<b>6f</b>	5580
	<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>	29

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

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

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

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

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

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 1
  - (4)  **C** (Service Provider Information)
  - (5)  **D** (DFE/Participating Plan Information)
  - (6)  **G** (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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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">001</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">23-6461717</span></p>	

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

**1 Coverage Information:**

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030348		01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid</p> <p style="color: blue;">0</p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="color: blue;">0</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b> <span style="float: right;">2814513</span>
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> <span style="float: right;">2887610</span>
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> <span style="float: right;">4410</span>
	(2) Dividends and credits.....	<b>7c(2)</b> <span style="float: right;">104796</span>
	(3) Interest credited during the year.....	<b>7c(3)</b>
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> <span style="float: right;">109206</span>
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> <span style="float: right;">2996816</span>
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>
	(2) Administration charge made by carrier.....	<b>7e(2)</b> <span style="float: right;">27934</span>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶ <b>NET INVESTMENT INCOME</b>	<b>7e(4)</b> <span style="float: right;">154369</span>
(5) Total deductions .....	<b>7e(5)</b> <span style="float: right;">182303</span>	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> <span style="float: right;">2814513</span>

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>23-6461717</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>72065483</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>77297635</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>78274197</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>78274197</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>149523852</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>3585236</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>4211831</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>4211831</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>   <u>ANTHONY BERTOLOTTI</u> Type or print name of actuary  <u>KEYSTONE 74 BENEFITS AND ADMINISTRA</u> Firm name  <u>3031 WALTON ROAD BLDG B</u> <u>PLYMOUTH MEETING, PA 19462</u> Address of the firm	<u>10/06/2025</u> Date  <u>23-08756</u> Most recent enrollment number  <u>267-606-1379</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>	72065483
<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 .....	1126	41312441
<b>(2)</b> For terminated vested participants .....	2476	56998921
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		1143468
<b>(b)</b> Vested benefits .....		50069022
<b>(c)</b> Total active .....	1905	51212490
<b>(4)</b> Total .....	5507	149523852
<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>	48.20 %

**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	2126505	0			
01/01/2025	182872	0			
<b>Totals ▶</b>			<b>3(b)</b>	2309377	<b>3(c)</b> 0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b> 0

**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>	98.8 %
<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>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input 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 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>	

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

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

<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>	9P+1
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00 %
<b>e</b> Salary scale .....	<b>6e</b>	3.00 % <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 type="checkbox"/> ERISA 4044 <input checked="" 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>	6.7 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	8.9 %
<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>	506000
<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	1925989	197629

**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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 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>	
<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 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>	

**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>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	2010208

**c** Amortization charges as of valuation date:

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

		Outstanding balance	
<b>9c(1)</b>		14169395	1727529
<b>9c(2)</b>			
<b>9c(3)</b>			

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

<b>9d</b>	261642
<b>9e</b>	3999379

**e** Total charges. Add lines 9a through 9d.....  
**Credits to funding standard account:**

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

<b>9f</b>	2623662
<b>9g</b>	2309377

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

		Outstanding balance	
<b>9h</b>		10569171	1710855

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

<b>9i</b>	376992
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**j** Full funding limitation (FFL) and credits:

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

<b>9j(1)</b>	11601564
<b>9j(2)</b>	60670931
<b>9j(3)</b>	

- k (1)** Waived funding deficiency .....
- (2)** Other credits .....

<b>9k(1)</b>	
<b>9k(2)</b>	

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

<b>9l</b>	7020886
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**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....

<b>9m</b>	3021507
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**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....

<b>9n</b>	
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**o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
  - (a) Reconciliation outstanding balance as of valuation date .....
  - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

<b>9o(1)</b>	
<b>9o(2)(a)</b>	
<b>9o(2)(b)</b>	
<b>9o(3)</b>	

**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

<b>10</b>	
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**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....

Yes  No

<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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-6461717</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

**BLACK ROCK INVESTMENTS LLC** **40 EAST 52ND STREET**  
**NEW YORK, NY 10022**

**13-3806694**

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

**PIMCO** **840 NEWPORT CENTER DRIVE**  
**NEWPORT BEACH, CA 92660**

**33-0629048**

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

**SENTINEL REAL ESTATE FUND, LP** **1251 AVENUE OF THE AMERICAS,**  
**NEW YORK, NY 10020**

**27-2876245**

**(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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**(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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**(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)

WELLS FARGO ADVISORS

165 TOWNSHIP LINE ROAD  
JENKINTOWN, PA 19046

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50	NONE	144562	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)

HEALTHCARE STRATEGIES

3031B WALTON ROAD  
PLYMOUTH MEETING, PA 19462

23-2848954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50	NONE	110002	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)

US BANK

50 SOUTH 16TH STREET, SUITE 2000  
PHILADELPHIA, PA 19102

31-0841368

(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?
52 28	NONE	53419	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)

RBC WEALTH MANAGEMENT

181 WASHINGTON ST, STE 500  
CONSOHOCKEN, PA 19428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	40094	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)

CBIZ

PO BOX 826435  
PHILADELPHIA, PA 18182

23-1700844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	37889	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)

WILLIG WILLIAMS & DAVIDSON

1845 WALNUT STREET, 24TH FLO  
PHILADELPHIA, PA 19103

(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 29	NONE	33835	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)

ALAN ROSS & COMPANY

10 HEARTHSTONE COURT, SUITE 100  
READING, PA 19606

20-5367494

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32450	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)

CHARTWELL INVESTMENT PARTNERS

1235 WESTLAKES DRIVE  
BERWYN, PA 19312

23-2891243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50	NONE	31258	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)

PRUDENTIAL INSURANCE CO.

22-1211670

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

**Part I Service Provider Information (continued)**

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

<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>	<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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>23-6461717</u>
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<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)
---------------	--

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

**b** Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

<b>c</b> EIN-PN <u>22-1211670-068</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2814513</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INTL EQUITY GROUP

**b** Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISERS

<b>c</b> EIN-PN <u>26-6493485-001</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>10492292</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

**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)
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**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):

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**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:

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**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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-6461717</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>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>	48110	182872
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	387872	464959
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3696590	2826238
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4955779	7295438
<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>	3964032	4783610
<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>	18522984	13114045
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	3740348	6605964
<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>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	9285575	10492292
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	2887610	2814513
<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>	24641579	32896218
<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>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	72130479	81476149
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	64996	149111
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	64996	149111
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	72065483	81327038

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2309377	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2309377
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	279368	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	69944	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	74262	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		423574
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	370606	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	853950	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1224556
<b>(3)</b> Rents.....	<b>2b(3)</b>		108628
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	7418837	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3941102	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1343795	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	1206717
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	-73097
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	1423299
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	11444584

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3713338
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	3713338
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	110002
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	32450
(5) Investment advisory and investment management fees .....	2i(5)	271852
(6) Bank or trust company trustee/custodial fees .....	2i(6)	
(7) Actuarial fees .....	2i(7)	37889
(8) Legal fees .....	2i(8)	33956
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	286552
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	772701
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	4486039

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	6958545
<b>l</b> Transfers of assets:		
(1) To this plan.....	2l(1)	2303010
(2) From this plan .....	2l(2)	

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: ALAN ROSS AND COMPANY PC

(2) EIN: 20-5367494

**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		500000
<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	
<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 558623.

<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 <b>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</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>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-6461717</b>	

<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.**

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

<b>1</b>	
----------	--

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

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

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

<b>3</b>	<b>0</b>
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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) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<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).....	<b>6c</b>	

**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.
----------------	---

**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 HEALTHCARE STRATEGIES

**b** EIN 23-2848954

**c** Dollar amount contributed by employer 151121

**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 01 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) 351.48

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

**a** Name of contributing employer S/R ARAMINGO

**b** EIN 23-3028109

**c** Dollar amount contributed by employer 139556

**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 08 Day 22 Year 2026

**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) 147.62

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

**a** Name of contributing employer S/R BROWNS

**b** EIN 22-2813419

**c** Dollar amount contributed by employer 297856

**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 08 Day 22 Year 2026

**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) 147.62

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

**a** Name of contributing employer S/R COLLINS FAMILY MARKET

**b** EIN 22-3399211

**c** Dollar amount contributed by employer 192385

**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 08 Day 22 Year 2026

**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) 147.62

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

**a** Name of contributing employer S/R R&R - MORRELL

**b** EIN 23-2820707

**c** Dollar amount contributed by employer 164090

**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 08 Day 22 Year 2026

**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) 153.18

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

**a** Name of contributing employer S/R BROWNS - PARKSIDE

**b** EIN 22-2813419

**c** Dollar amount contributed by employer 261720

**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 08 Day 22 Year 2026

**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) 147.62

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

**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 S/R LIBERTY & MONTICELLO

**b** EIN 22-1705981 **c** Dollar amount contributed by employer 156446

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 13 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) 147.62

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<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 checked="" type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	158
<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>	166
<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>	176

**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>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	94.32

**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>	
<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: 56.5 % Private Equity: 16.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 5.9 %  
 High-Yield Debt: 9.0 % Real Assets: 8.1 % Cash or Cash Equivalents: 0.8 % Other: 3.3 %

**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 \_\_\_\_\_.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

FINANCIAL REPORT

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees  
UFCW Local 1776 and Participating  
Employers Pension Fund  
Plymouth Meeting, PA

***Opinion***

We have audited the financial statements of UFCW Local 1776 and Participating Employers Pension Fund, an employee benefit plan subject to 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 Statement of Accumulated Plan Benefits as of December 31, 2023, and the related Statement of Changes in Accumulated Plan Benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the Net Assets Available for Benefits of UFCW Local 1776 and Participating Employers Pension Fund as of December 31, 2024 and 2023, and the Changes in its Net Assets Available for Benefits for the years then ended, and the Accumulated Plan Benefits as of December 31, 2023, and the Changes in its Accumulated Plan Benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

We conducted our audits in accordance with the auditing standards generally accepted in the United States of American (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 UFCW Local 1776 and Participating Employers Pension Fund and meet our other ethical responsibilities, in accordance with the relevant 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 UFCW Local 1776 and Participating Employers Pension Fund's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

### *Auditor's Responsibilities for the Audit of the Financial Statements*

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of UFCW Local 1776 and Participating Employers Pension Fund'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW Local 1776 and Participating Employers Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

*Supplemental Schedules Required by ERISA*

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information and the schedule of administrative expenses are the responsibility of management and were derived from and relate 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 Disclosures 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.

*Row + Company P. C.*

Reading, Pennsylvania  
October 7, 2025

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

	2024	2023
<b>ASSETS</b>		
<b>INVESTMENTS, AT FAIR VALUE</b>		
Cash and Cash Equivalents	\$ 2,826,238	\$ 3,640,346
U.S. Government Securities	7,295,438	4,955,779
Corporate/Foreign Bonds	4,783,610	3,964,032
Common Stocks	13,114,045	18,522,984
Common/Collective Trusts	10,492,292	9,285,575
Mutual Funds	32,896,218	24,641,579
Pooled Separate Account	2,814,513	2,887,610
Real Estate Limited Partnership	6,605,964	3,740,348
	<u>80,828,318</u>	<u>71,638,253</u>
Total Investments		
<b>RECEIVABLES</b>		
Employers' Contribution Receivable	182,872	48,110
Accrued Investment Income	122,103	75,761
	<u>304,975</u>	<u>123,871</u>
Total Receivables		
<b>OTHER ASSETS</b>		
Cash, Checking	-	56,244
Prepaid Benefits	305,774	276,910
Prepaid Expenses	37,082	35,201
	<u>342,856</u>	<u>368,355</u>
TOTAL ASSETS	<u>81,476,149</u>	<u>72,130,479</u>
<b>LIABILITIES</b>		
Accounts Payable	145,482	62,547
Tax Withholdings	3,629	2,449
	<u>149,111</u>	<u>64,996</u>
TOTAL LIABILITIES		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 81,327,038</u>	<u>\$ 72,065,483</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets Attributed to:		
Investment income		
Net appreciation/(depreciation) in fair value of investments	\$ 7,378,449	\$ 4,776,698
Interest	423,574	393,464
Dividends	1,224,556	917,591
Real estate income	108,628	163,194
	<u>9,135,207</u>	<u>6,250,947</u>
Less investment expense	<u>(271,852)</u>	<u>(287,281)</u>
	<u>8,863,355</u>	<u>5,963,666</u>
Employers' contributions	<u>2,309,377</u>	<u>1,904,026</u>
Total additions	<u>11,172,732</u>	<u>7,867,692</u>
Deduction from Net assets attributed to:		
Benefits paid directly to participants and beneficiaries	3,713,338	3,429,637
Administrative expenses	500,849	506,125
	<u>4,214,187</u>	<u>3,935,762</u>
Total deductions	<u>4,214,187</u>	<u>3,935,762</u>
Net increase	6,958,545	3,931,930
Transfer of assets from National Pension Fund	2,303,010	-
Net Assets Available for Benefits:		
Beginning of year	<u>72,065,483</u>	<u>68,133,553</u>
End of year	<u>\$ 81,327,038</u>	<u>\$ 72,065,483</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

STATEMENT OF ACCUMULATED PLAN BENEFITS  
BEGINNING OF THE YEAR BENEFIT INFORMATION  
DECEMBER 31, 2023

Actuarial present value of accumulated benefits

Vested benefits:

Participants currently receiving payments	\$ 28,887,044
Terminated participants with deferred benefits	24,578,980
Active participants	<u>22,691,216</u>
	<u>76,157,240</u>

Non-vested benefits	<u>2,116,957</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 78,274,197</u></u>
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The Accompanying Notes are an Integral Part of these Financial Statements.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
BEGINNING OF THE YEAR BENEFIT INFORMATION  
For the Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 73,124,350
Increase (decrease) during the year attributable to:	
Benefits accumulated and gains and losses	3,580,817
Due to decrease in the discount period	4,998,667
Benefits paid	<u>(3,429,637)</u>
Net increase	<u>5,149,847</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 78,274,197</u>

The Accompanying Notes are an Integral Part of these Financial Statements.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the UFCW Local 1776 and Participating Employers Pension Fund (the "Plan") provides only general information. Participant's should refer to the Summary Plan Description for a more complete description of the Plan's provisions. Copies are available from the Plan's third party administrator.

General

The Plan is a defined benefit, multiemployer union negotiated pension plan. It covers all eligible employees of participating employers under the terms of the various collective bargaining or participation agreements between the UFCW Local 1776 (the "Local") and participating employers. The Plan is subject to and conforms to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Operations of the Plan are under the joint control of labor and management trustees.

Pension Benefits

Vesting - A participant becomes 100% vested after five or more years of credited service (two years of which must be future service).

Normal retirement - Normal retirement occurs on the later of the first day of the month immediately preceding or coinciding with a participant's 65th birthday or the 5th anniversary of participation.

Early retirement - A participant can receive early retirement on or after the first day of the month following the attainment of age 55 (age 62 prior to January 2000) provided they have at least 10 years of credited service (at least two years of which must be future service). Early retirement benefits are reduced by 0.5% for each month prior to normal retirement age.

Additionally, effective January 1, 1996, a participant can retire early under the Rule of 90. That is the sum of a participant's age plus the number of years of credited service must equal or exceed 90. There is no reduction in benefits under the Rule of 90.

Deferred vested retirement - If a vested participant stopped working in covered employment prior to age 55, they are entitled to a non-forfeitable interest in their accrued pension benefit, payable at normal retirement date. A participant must have had at least 5 years of credited service (at least two of which must be future service) prior to termination of employment. A participant may elect to receive early retirement benefits reduced by 1/2% for each month for which the commencement date precedes age 65 (age 62 prior to January 2000).

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Pension Benefits (continued)

Disability retirement - A participant who is totally and permanently disabled and has at least 10 years of credited service (at least two of which are future service) before normal retirement date and has been an active participant at some time during the twelve months immediately preceding the date of total disability is eligible for a disability retirement benefit. This amount is computed in the same manner as normal retirement.

For a participant to be considered totally and permanently disabled he/she must have received a disability award from the Social Security Administration.

Death Benefits

Pre-retirement spouse benefit - In the event of the death of a married participant, (must be married for at least one year prior to death) the surviving spouse may be entitled to a pre-retirement survivor annuity. The amount and type of benefit is dependent on the participant's age, years of service and last date worked in covered employment.

No pre-retirement benefits are payable in the event of the death of an unmarried participant.

Forms of Benefit Payment

Normal benefit payments - If the participant is not married at the time of retirement, benefits are paid in the form of a single life annuity, with payments made in equal monthly installments until the participant's death.

If the participant is married on his/her retirement date, the benefit is paid in the form of a 50% joint and survivor benefit with pop-up. Under this method, if the retired participant dies, the surviving spouse will continue receiving benefits for his or her lifetime at one-half (1/2) of the normal monthly benefit payment. Because this arrangement usually results in benefits being paid over a longer period of time than the single life annuity, the benefit is reduced by a factor that considers the participant's and spouse's age.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Forms of Benefit Payment (continued)

Other forms of payment include:

- 1) 100% joint and survivor annuity
- 2) 75% joint and survivor annuity
- 3) Life annuity with 120 months guaranteed
- 4) Level income option

Optional payment forms - At any time prior to the commencement of benefit payments, a participant may elect to receive pension payments in some other form, which is the actuarial equivalent of the normal form of payment prescribed. If the participant is married, the spouse must also agree to the election.

Plan Amendments

The Plan was amended to decrease the benefit accrual from 3.34% to 3.00% of employer contributions for certain employers for all future service earned on or after January 1, 2012.

The Plan was amended to decrease the benefit accrual from 4% to 3.34% of employer contributions for certain employers for all future service earned on or after January 1, 2011.

The Plan was amended to recognize a new employer net listed in the Plan document. The Plan will pay pension benefits to any Participant employed by Shop Rite Harbison, the monthly amount of such Participant's Normal Retirement Benefit in the form a Single Life Annuity shall be equal to 3.00% of aggregate Employer Contributions made on behalf of the Participant on or after May 15, 2017.

Funding Policy

The Trustees established a funding policy and method in order to promote the purpose of the Plan and to insure compliance with ERISA. Each employer contributes to the Plan such amounts at such times required by the applicable provisions of the collective bargaining or other agreements as approved by the Trustees. Contribution rates vary by employer and employee classifications. Contributions are received by the Plan on a monthly basis throughout the year.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

ERISA Minimum Funding Requirement

Enough money has been contributed to the Plan to meet minimum funding requirements under ERISA.

Note 2. Summary of Significant Accounting Policies

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representation of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to the accounting principles generally accepted in the United States and have been consistently applied in the preparation of the accompanying financial statements.

The Plan's records are in the custody of Keystone 74 Benefits and Administration ("KBA74") and previously by Healthcare Strategies, Inc., ("HSI") the Plan's third-party administrator. The administrator performs the various administrative functions necessary for the operation of the Plan, including the collection of contributions, processing of retirement benefits and the payment of administrative expenses.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of contributions and expenses during the reporting period. Actual results could differ from these estimates.

Risk and Uncertainties

Financial instruments, which potentially expose the Plan to concentrations of risk, consist primarily of cash and investment securities. The Plan maintains its cash in bank deposit accounts and at times its balances may exceed federally insured limits. At December 31, 2024, the Plan had \$1,907,193 in excess of the federally insured limit. Management has not experienced any loss nor do they expect that the deposits will be a credit risk.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Risk and Uncertainties (Continued)

The Plan invests in various types of investment securities which are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values in investment securities will occur in the near term and such changes could materially affect the amounts reported in the accompanying financial statements. The Plan's exposure to concentration risk is mitigated by diversification across a variety of financial instruments and investment strategies.

The Plan invests in a common/collective trust that in turn invests in securities of foreign issuers in various countries. These investments may involve certain considerations and risks not typically associated with investments in the United States, as a result of, among other factors, the possibility of future political and economic developments and the level of government supervision and regulation of securities in the respective countries. Further, the securities market of a particular country may have capitalization and trading volume concentrated in a limited number of companies and industries. As a result, the Plan's investment portfolio may experience greater volatility and lower liquidity than a portfolio invested in equity securities of U.S. companies. Securities denominated in or expected to settle in foreign currencies are translated into U.S. dollars at the date of the valuation. Purchases and sales of investment securities, income and expense items denominated in foreign currencies are translated into U.S. dollar amounts on the respective dates of such transactions.

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

Valuation of Investments and Income Recognition

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

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Valuation of Investments and Income Recognition (Continued)

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

The net change in the unrealized gains and losses of some of the Plan's investments is presented net of fees, operating expenses and performance based compensation, if any. Investment transactions are recognized on trade-date basis. Interest income is recognized when earned and dividend income is recognized on ex-dividend date.

Derivatives

The Plan invests in a common/collective trust which in turn purchases investments that are considered derivatives under Financial Accounting Standards Board Statement Codification Topic 815, Accounting for Derivative Investments and Hedging Activities (formerly SFAS No. 133). Such derivatives may or may not be used to hedge other investments of the Plan. The Plan's objectives with respect to derivatives are to further diversify its investment portfolio. Its risk with respect to such transactions is limited to its investment balance. Derivatives are presented at fair value.

Contributions Receivable

Contributions receivable at December 31<sup>st</sup> represent contributions earned but not received at year-end. Since these contributions were received in subsequent periods, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the various collective bargaining and participation agreements, the Trustees implemented a policy of auditing the payroll records of contributing employers on a systematic rotation basis.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
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NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated September 3, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of IRS.

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

Note 3. Plan Termination

The employers and the local union intend to continue the Plan indefinitely; however the Trustees reserve the right to change or discontinue the Plan. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.

All other vested benefits (that is, vested benefits not insured by the PBGC).

All nonvested benefits.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
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NOTES TO FINANCIAL STATEMENTS

Note 3. Plan Termination (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. The benefit guarantee in a multiemployer pension plan is the product of a participant's years of service multiplied by the sum of 100 percent of the first \$11 of the monthly benefit accrual rate and 75 percent of the next \$33 of the accrual rate. For a participant with 30 years of service under the plan, the maximum PBGC guaranteed benefit is \$12,870 per year. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 4. Related Parties

Pursuant to a collective bargaining agreement ("CBA"), employees of the Plan's third party administrator are participants of the Plan. As a result KBA74 and HSI make contributions to the Plan in such amounts and as such times as required by the CBA. These participants are entitled to receive benefits under the terms of the Plan Document.

Note 5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participant's total credited service, which is the sum of past service credits and future service credits. 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.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated Plan benefits is determined by an actuary from CBIZ Retirement Plan Services and is that amount which 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 expected date of payment.

The significant actuarial assumptions used in the valuation date of January 1, 2024 were as follows:

Actuarial Valuation Method

Unit credit cost method

Healthy Life Mortality

SOA Pri - 2012 Blue Collar Amount - Weighted Mortality Table with base rates scaled 110% and male mortality rates set forward one year.

Interest Rates

- a. Funding: 7.00% per annum compounded annually
- b. Current liability: 3.29% per annum compounded annually

Retirement Age Assumption

For Actives -

If eligible for Rule of 90, the later of: Age 60  
Age on valuation date

All others the later of: Age on normal retirement date  
Age on valuation date

For Inactives - Retirements are assumed at the later of age 65 or age on valuation date.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
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NOTES TO FINANCIAL STATEMENTS

Note 5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

Asset Value Method

Calculated using an adjusted market value method. The expected actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actuarial investment return and the expected investment return) above or below the assumed rate of return over a 5 year period, adjusted if necessary, to remain no greater than 120% of market value, nor less than 80% of market value.

Changes Since Prior Valuation

The Retirement Protection Act ("RPA") current liability interest rate was changed from 2.55% to 3.29%.

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.

Note 6. Pension Protection Act - Funding Status

Certification of Funded Status

In compliance with Title II of the Pension Protection Act of 2006 ("PPA"), the Plan's actuary certified that the Plan was not in Endangered nor Critical Status for the plan years beginning January 1, 2024 and January 1, 2023.

Note 7. Investments

The assets of the Plan are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Plan's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index.

Except for a real estate investment, a pooled separate account, three mutual funds and a common/collective trust, the Plan's investments are held by Wells Fargo. The Trustees have established a formal investment policy that includes selecting professional investment advisors to manage investments, diversifying the investment portfolio between fixed income, equity securities and other available investments as well as making short-term and long-term investments.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
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NOTES TO FINANCIAL STATEMENTS

Note 8. 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 market prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). These levels are:

Level 1 Quoted market prices in active markets that are accessible at the measurement date, for identical unrestricted assets. It includes securities traded on an active exchange, such as the New York Stock Exchange.

Level 2 Quoted market prices for similar instruments in active markets, quoted prices for identical or similar instruments that are not active, and model based valuations in which significant inputs are observed in the market. An example of this is the use of matrix pricing to estimate the value of a fixed income security that is, using the sale price of securities with similar characteristics such as a coupon rate, credit rating and maturity to estimate the value of another security.

Level 3 The valuation is modeled using significant inputs that are unobservable in the market. These unobservable inputs reflect certain estimates and assumptions that market participants would use in pricing an asset; i.e., valuation of real estate using independent appraisals.

The asset's and 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.

Cash Equivalents: Value relates to the net asset value per share in the money market fund held by the Plan, or by the cash balance reported by the bank.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
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NOTES TO FINANCIAL STATEMENTS

Note 8. Fair Value Measurements (Continued)

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

Common Stocks, Corporate Bonds, U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Common/Collective Trusts: Value relates to the net asset value of the units of participation in the common or collective trust held by the plan, as a practical expedient for fair value.

Real Estate Limited Partnerships and Pooled Separate Account: Valued at the net asset value of the assets. In general, fair value estimates are based upon appraisal reports prepared by independent real estate appraisers. All appraisal reports and appraisal reviews comply with the Uniform Standards Professional Appraisal Practice.

The following table sets forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Cash Equivalents	\$ 673,619	\$ 2,152,619	\$ -	\$ 2,826,238
Corporate Bonds	-	4,783,610	-	4,783,610
Mutual Funds	32,896,218	-	-	32,896,218
Common Stock	13,114,045	-	-	13,114,045
U.S. Government Securities	-	7,295,438	-	7,295,438
	\$ 46,683,882	\$ 14,231,667	\$ -	\$ 60,915,549
Securities reported at Net Asset Value				
Common/Collective Trusts				10,492,292
Real Estate Limited Partnerships				6,605,964
Pooled Separate Account-PRISA				2,814,513
				\$ 80,828,318

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UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
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NOTES TO FINANCIAL STATEMENTS

Note 8. Fair Value Measurements (Continued)

The following table sets forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Cash Equivalents	\$ 3,640,346	\$ -	\$ -	\$ 3,640,346
Corporate Bonds	-	3,964,032	-	3,964,032
Mutual Funds	24,641,579	-	-	24,641,579
Common Stock	18,522,984	-	-	18,522,984
U.S. Government Securities	-	4,955,779	-	4,955,779
	\$ 46,804,909	\$ 8,919,811	\$ -	\$ 55,724,720
Securities reported at Net Asset Value				
Common/Collective Trusts				9,285,575
Real Estate Limited Partnerships				3,740,348
Pooled Separate Account				2,887,610
				\$ 71,638,253

There were no significant transfers between levels during the year ended December 31, 2024 and 2023.

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

Investments Measured Using the Net Asset Value per Share Practical Expedient.

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

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

Note 8. Fair Value Measurements (Continued)

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/Collective Trust	\$10,492,292	N/A	Daily	12 months
Real Estate Limited Partnerships	\$6,605,964	N/A	Quarterly	12 months
Pooled Separate Account	\$2,814,510	N/A	Daily	12 months
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Common/Collective Trust	\$9,285,575	N/A	Daily	12 months
Real Estate Limited Partnerships	\$3,740,348	N/A	Quarterly	12 months
Pooled Separate Account	\$2,887,610	N/A	Daily	12 months

Note 9. Prepaid Benefits

Prepaid benefits consists of cash which was wired out of the Trust account in late December to fund pension benefits which were electronically deposited into participants' accounts on January 1.

Note 10. Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 7, 2025, the date the financial statements were available to be issued.

Note 11. Transfer of Assets and Benefit Obligations from UFCW International Union - Industry Pension Fund

The Trustees reached an agreement with the United Food and Commercial Workers International Union - Industry Pension Fund effective June 30, 2024. The Plan received \$2,303,010. The amount is equivalent to the actuarially determined liability for the participants of UFCW Local 1776KS of \$2,358,000 reduced by a withdrawal liability that UFCW Local 1776 was obligated to pay. In exchange for the payment, the Trustees accepted the pension liability for the participants from UFCW Local 1776 KS.

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See Independent Auditors' Report.

SUPPLEMENTARY INFORMATION

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 Year Ended December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c)	(d) COST	(e) CURRENT VALUE
CASH AND CASH EQUIVALENTS	FEDERATED HERMES GOV'T OBLIG		\$ 671,559	\$ 671,559
	FIRST AM US TREAS MM CI Z		5	5
	FULTON BANK		2,152,619	2,152,619
	GS FSQ GOVERNMENT INSTL MONEY MARKET FUND		2,055	2,055
			<u>2,826,238</u>	<u>2,826,238</u>
U.S. GOVERNMENT SECURITIES	COMM MORTGAGE TRUST SERIES 2014 3.465% 3/10/47		1	-
	FEDERAL HOME LOAN BANK 1.150% 2/26/31		130,000	111,905
	FEDERAL HOME LOAN BANK 1.000% 3/23/26		126,750	121,722
	FEDERAL HOME LOAN BANK 1.250% 3/17/31		190,000	169,801
	FEDERAL HOME LOAN BANK 1.250% 7/07/31		100,000	87,482
	FEDERAL HOME LOAN BANK 1.500% 11/23/26		155,000	147,052
	FEDERAL HOME LOAN BANK 1.150% 10/26/26		130,000	122,734
	FEDERAL HOME LOAN BANK 2.000% 1/27/32		190,000	165,045
	FEDERAL HOME LOAN MORTGAGE CORP 4.500% 6/01/38		71,261	70,650
	FEDERAL HOME LOAN MORTGAGE CORP 5.500% 9/01/38		67,375	68,202
	FEDERAL HOME LOAN MORTGAGE CORP 6.000% 9/01/53		59,280	60,123
	FEDERAL HOME LOAN MORTGAGE CORP 4.500% 9/1/52		16,653	16,050
	FEDERAL HOME LOAN MORTGAGE CORP 5.000% 11/1/52		17,562	17,020
	FEDERAL HOME LOAN MORTGAGE CORP 4.500% 11/1/44		119,396	118,277
	FEDERAL HOME LOAN MORTGAGE CORP 6.000% 7/25/48		57,474	58,025
	FEDERAL FARM CREDIT BANK 3.300% 3/23/32		120,000	109,064
	FEDERAL FARM CREDIT BANK 4.300% 5/17/32		65,000	62,715
	FEDERAL NATIONAL MORTGAGE ASSOC 4.125% 8/28/25		85,000	84,807
	FEDERAL NATIONAL MORTGAGE ASSOC 4.500% 12/1/52		321,549	317,618
	FEDERAL NATIONAL MORTGAGE ASSOC 4.000% 7/01/38		75,984	76,230
	FEDERAL NATIONAL MORTGAGE ASSOC 6.000% 11/01/38		84,284	85,833
	SMALL BUSINESS ADMIN SERIES 2012 1.930% 12/1/32		1	10,130
	SMALL BUSINESS ADMIN SERIES 2017 2.880% 5/1/37		1	18,940
	U S TREASURY I P A 1.750% 1/15/28		94,142	186,954
	U S TREASURY NT 00.375% 11/30/25		317,708	318,668
	U S TREASURY NT 1.125% 2/15/31		411,572	375,489

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Year Ended December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
U.S. GOVERNMENT SECURITIES (CONT)		U S TREASURY NT 1.125% 8/31/28	443,654	441,500
		U S TREASURY NT 1.375% 11/15/31	588,884	563,840
		U S TREASURY I P S 0.125% 4/15/27	32,057	96,438
		U S TREASURY NT 3.250% 6/30/29	376,234	372,150
		U S TREASURY NT 2.750% 8/15/32	382,291	372,469
		U S TREASURY I P 1.125% 1/15/33	99,241	282,633
		U S TREASURY NT 4.500% 11/15/33	359,698	348,414
		U S TREASURY NT 4.375% 5/15/34	24,840	24,617
		U S TREASURY NT 2.375% 5/15/27	445,858	445,317
		U S TREASURY NT 1.625% 9/30/26	669,058	635,946
		U S TREASURY NT 0.625% 5/15/30	185,917	188,725
		U S TREASURY NT 2.625% 3/31/25	553,353	542,853
			<u>7,167,077</u>	<u>7,295,438</u>
CORPORATE AND FOREIGN BONDS		ACCENTURE CAPITAL INC 3.900% DUE 10/4/27	44,811	44,337
		AMGEN INC 5.250% 3/02/33	135,487	134,004
		ANHEUSER-BUSCH INBEV WOR SR UNSECURED CPN 3.500% DUE 06/01/30	36,710	32,814
		ANTHEM INC SR UNSECURED CALLABLE CPN 3.650% DUE 12/01/27	129,412	126,468
		ARES CAPITAL CORP SR UNSECURED CPN 3.250% DUE 07/15/25	132,751	128,738
		ARES CAPITAL CORP SR UNSECURED CPN 3.875% DUE 01/15/26	91,232	88,970
		BANK OF AMERICA CORP MTN VAR% DUE 2/5/26	75,025	75,064
		BANK OF AMERICA CORP UNSC VAR% DUE 11/10/28	89,515	88,001
		BANK OF AMERICA CORP SUB VAR% DUE 9/15/26	105,286	110,158
		BLACKROCK FUNDING INC 4.700% DUE 3/14/29	64,984	65,048
		BLACKROCK FUNDING INC 4.600% DUE 7/26/27	25,038	25,057
		COMCAST CORP SR UNSECURED CALLABLE CPN 4.150% DUE 10/15/28	204,614	195,046
		COMCAST CORP SR UNSECURED CALLABLE CPN 4.250% DUE 10/15/30	150,849	130,182
		CVS HEALTH CORP SR UNSECURED CPN 3.250% DUE 08/15/29	151,958	136,561
		DUKE ENERGY CAROLINAS 4.850% DUE 1/15/34	187,108	184,152
		EXTRA SPACE STORAGE 2.200% 10/15/30	110,260	97,848
		FMC CORP SR UNSECURED CALLABLE CPN 3.450% DUE 10/01/29	57,977	50,373
		FMC CORP 5.150% 5/18/26	54,962	55,059

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Year Ended December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c)	(d) COST	(e) CURRENT VALUE
	CORPORATE AND FOREIGN BONDS (CONT)			
	GENERAL MOTORS FINL 5.650% 1/17/29		73,295	71,040
	GEORGIA POWER CO 5.004% DUE 2/23/27		80,095	80,615
	GOLDMAN SACHS GROUP INC UNSEC VAR% DUE 6/5/28		215,906	213,677
	HEALTHPEAK PROPERTIES SR UNSECURED CPN 2.875% DUE 01/15/31		69,119	61,641
	HP ENTERPRISE CO 5.000% DUE 10/15/34		89,057	86,505
	INTERCONTINENTAL EXCHANGE 4.600% DUE 3/15/33		59,725	57,519
	JEFFERIES FINANCIAL 5.875% 7/21/28		55,111	56,241
	JEFFRIES FIN GROUP INC UNSC 6.200% DUE 4/14/34		54,941	56,681
	JP MORGAN CHASE & CO UNSEC VAR% DUE 12/5/29		148,103	132,299
	JP MORGAN CHASE & CO VAR VAR% DUE 2/24/26		159,832	159,451
	LINCOLN NATIONAL 3.400% DUE 01/15/31		60,080	53,947
	MORGAN STANLEY UNSEC VAR% DUE 4/28/26		140,936	138,751
	MORGAN STANLEY UNSEC VAR% DUE 4/20/28		93,256	93,640
	MORGAN STANLEY UNSEC VAR% DUE 4/18/30		98,916	96,706
	ORACLE CORP 6.250% 11/09/32		87,002	90,080
	OWL ROCK CAPITAL 3.400% 7/15/26		124,988	121,112
	PHILIP MORRIS INTL 5.625% 9/07/33		84,739	86,355
	PHILIP MORRIS INTL 5.250% DUE 2/13/34		138,317	138,366
	PNC FINANCIAL SERVICES UNSC VAR% DUE 1/21/28		105,447	105,902
	PRECISION CASTPARTS 3.250% 6/15/25		48,724	44,741
	ROCKWELL AUTOMATION SR UNSECURED CPN 3.500% DUE 03/01/29		123,267	109,229
	SAFEHOLD OPER L P 2.800% 6/15/31		144,107	128,071
	SAFEHOLD OPER L P 2.850% 1/15/32		89,211	75,616
	SIMON PROPERTY GRP LP SR UNSECURED CPN 3.500% DUE 09/01/25		48,206	44,682
	SIMON PROPERTY GRP LP SR UNSECURED CPN 2.450% DUE 09/13/29		198,110	184,338
	TRACTOR SUPPLY CO 5.250% 5/15/33		65,258	64,962
	TRUIST BANK SUBORDINATED CALLABLE CPN 2.250% DUE 03/11/30		179,157	163,158
	VIRGINIA ELEC & POWER 3.500% DUE 03/15/27		89,926	87,709
	VIRGINIA ELEC & POWER 5.050% DUE 8/15/34		29,973	29,252
	WALT DISNEY COMPANY/THE SR UNSECURED CPN 3.375% DUE 11/15/26		81,989	73,400
	WARNERMEDIA HLDGS 6.412% 3/15/26		110,000	110,044
			<u>4,994,772</u>	<u>4,783,610</u>

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Year Ended December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
COMMON STOCKS		ABBOTT LABORATORIES	1,905	260,153
		ABBVIE INC	1,774	350,958
		ACCENTUIRE PLC IRELAND SHARES CLASS A	55,096	246,253
		AGILENT TECH INC	3,118	201,510
		AIR PRODUCTS & CHEMICALS INC	5,003	304,542
		AMERICAN ELECTRIC POWER INC	11,912	46,115
		APPLIED MATERIALS INC	37,981	475,693
		AUTOMATIC DATA PROCESSING	43,372	430,313
		AVERY DENNISON CORP	10,384	210,521
		BAKER HUGHES A GE CO	33,082	41,020
		BANK OF AMERICA CORP	33,503	184,590
		BAXTER INTERNATIONAL INC	5,600	43,740
		BOEING CO	79,461	212,400
		CARDINAL HEALTH INC	1,106	59,135
		CARRIER GLOBAL CORP	1,887	129,694
		CATERPILLAR INC	60,489	253,932
		CHEVRON CORPORATION	15,635	267,954
		CIGNA CORP NEW	1,123	138,070
		CISCO SYSTEMS INC	71,221	186,480
		COCA-COLA CO COMPANY	23,676	56,034
		COLGATE-PALMOLIVE CO	16,020	63,637
		COMCAST CORP NEW CL A	11,980	45,036
		CORNING INC	8,619	175,824
		CORTEVA INC	8,479	28,480
		CUMMINS INC	87,766	244,020
		DOW INC	16,568	20,065
		DUPONT DE NEMOURS	39,669	47,275
		EATON CORP PLC	46,703	398,244
		EMERSON ELECTRIC CO	13,815	278,842
		GE AEROSPACE NEW	9,268	300,222
		GE HEALTHCARE TECHS INC	3,065	46,908

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
Year Ended December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCKS (CONT)			
		GE VERNOVA LLC	2,616	164,465
		HALLIBURTON COMPANY	11,599	57,099
		HARTFORD FINL SVCS GROUP INC	2,877	136,750
		HEWLETT-PACKARD ENTERPRISE CO	4,779	160,125
		HEXCEL CORP NEW	91,283	109,725
		HP INC	3,886	130,520
		ILLINOIS TOOL WORKS INC	48,659	228,204
		INTEL CORP	58,999	60,150
		INTERNATIONAL BUSINESS MACHINE CORP	12,129	181,359
		INTL FLAVOR & FRAGRANCES	9,945	109,915
		JOHNSON & JOHNSON	3,311	292,856
		KEYSIGHT TECHS INC	1,110	112,441
		KIMBERLY-CLARK CORP	5,577	170,352
		LABCORP HOLDINGS INC	92,807	229,320
		L3HARRIS TECHNOLOGIES	101,510	273,364
		MERCK & CO INC NEW	4,506	248,700
		MICROSOFT CORP	39,219	674,400
		MONDELEZ INTL INC	21,073	65,703
		ORACLE CORPORATION	40,168	290,786
		OTIS WORLDWIDE CORP	3,612	120,393
		PEPSICO INCORPORATED	2,665	212,884
		PFIZER INCORPORATED	9,023	185,710
		PROCTER & GAMBLE CO	43,925	234,710
		REVVITY INC	24,900	312,508
		RTX CORP	5,864	231,440
		SOUTHERN COMPANY/THE	4,083	74,088
		STANLEY BLACK & DECKER INC	18,674	88,319
		TELEFLEX INCORPORATED	44,868	173,531
		TEXAS INSTRUMENTS INC	34,491	262,514
		THERMO FISHER SCIENTIFIC	100,498	442,196
		WATERS CORPORATION	36,269	470,774
		WILLIAMS SONOMA INC	55,263	388,878

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 Year Ended December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCKS (CONT)	XYLEM INC YUM BRANDS INC 3M CO	2,996 273 10,422 <u>1,713,159</u>	121,820 134,160 216,226 <u>13,114,045</u>
	COMMON/COLLECTIVE TRUST	HARDMAN JOHNSTON I. E. GROUP TRUST	<u>4,799,664</u>	<u>10,492,292</u>
	MUTUAL FUNDS	ABERDEEN US SMALL CAP EQUITY INSTL PGIM FLOATING RATE INCOME CIR6 VANGUARD INSTL INDEX INSTL#94	4,437,812 3,716,703 19,092,880 <u>27,247,395</u>	4,127,579 3,607,433 25,161,206 <u>32,896,218</u>
	POOLED SEPARATE ACCOUNT	PGIM PRISA SA	<u>2,251,342</u>	<u>2,814,513</u>
	REAL ESTATE LIMITED PARTNERSHIP	SENTINEL REAL ESTATE FUND, LP	<u>5,303,838</u>	<u>6,605,964</u>
			<u>\$ 56,303,485</u>	<u>\$ 80,828,318</u>

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
PENSION FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES  
For the Years Ended December 31, 2024 and 2023

	2024	2023
Administrative Expenses		
Administrative fees	\$ 110,002	\$ 110,783
Auditing & accounting fees	32,450	17,250
Actuarial fees	37,889	82,648
Legal fees	33,956	23,044
PBGC	203,944	183,855
Insurance premiums	35,340	35,370
Conferences and meetings	30,992	12,471
Computer expense	11,241	35,217
Dues	543	1,441
Office expense and postage	4,492	4,046
	<hr/>	<hr/>
Total administrative expenses	<u>\$ 500,849</u>	<u>\$ 506,125</u>

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See Independent Auditors' Report.

**UFCW Local 1776 and Participating Employers Pension Fund**

**EIN: 23-6461717 Plan: 001**

**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions***

***Type of Plan and Effective Date***

The Plan is a non-contributory, defined benefit plan. The Plan's effective date is October 9, 1967. The most recent amendment took effect December, 2016. The plan year is calendar year.

***Eligibility for Participation***

All employees within bargaining units represented by UFCW Local 1776 where the collective bargaining agreement calls for contributions to the Plan on behalf of such employees, and nonbargained employees whose employer has a participation agreement with the Plan.

***Normal Retirement Date***

An employee's Normal Retirement Date is the earlier of (1) or (2) where: (1) is the first day of the month following his 65th birthday, or the first day of the month following the completion of 5 years of service (with at least 2 years as a participant), whichever is later, and (2) is the later of age 65 or the completion of 5 years of participation.

***Vesting and Eligibility Service***

- a. Past Service: Elapsed time from date of employment to the date the employer joined the Plan.
- b. Future Service: After participation commences, elapsed time from date of participation.
- c. Service in employment not covered by the plan with employers contributing to the plan is included in vesting service if the participant transfers from covered to non-covered service with the same employer, provided the participant completes at least two years of future service.
- d. Vesting schedule: Employees are 100% vested after the completion of five years of service (bargained employees are 100% vested after the completion of ten years of service if last date of employment precedes September 1997).

***Credited Service***

For purposes of computing the dollar amount of retirement benefits to which a participant is entitled under the present plan, credited past service is identical to past service for eligibility and vesting purposes. Service credit after a participant's employer enters the plan is based on the total contributions made to the plan on behalf of the participant.

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions***  
**(Continued)**

***Break in Service***

A break in service for a participant who is not 100% vested is a plan year in which he/she has worked fewer than 500 hours. Certain maternity and paternity leaves will not result in a break in service. A permanent break in service cancels all prior benefit, eligibility, and vesting credit, and is incurred if:

- a. A participant has at least five consecutive breaks in service, and
- b. The participant's number of consecutive breaks in service exceed his pre-break vesting service.

***Accrued Pension***

Monthly pension – the sum of (a) and (b), subject to (c) and (d), as described below.

- a. Past service
  - 1. Columbia Footwear: \$1.00 per month for each year of past credited service.
  - 2. All other: \$4.50 per month for each year of past credited service.
- b. Future service is a percentage of the aggregate Employer Contributions for the locations and percentages below:

Active plan participants employed by Healthcare Strategies, Inc., Collins Family Markets, R&R Family Markets, Colligas Family Markets, Shop Rite Aramingo and Brown's Shop Rites:

Year	Percentage
Prior to 2009	4.50%
2009 through 2010	4.00%
2011	3.34%
After 2011	3.00%

Active plan participants employed by SMS/RXDN:

Year	Percentage
Prior to 2009	4.50%
2009 through 2011	4.00%
2012	3.67%
2013	3.34%
After 2013	3.00%

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions***  
**(Continued)**

Active plan participants employed by Global Spectrum at Liacouras Center:

Year	Percentage
Prior to 2009	4.50%
2009 through 5/31/2012	4.00%
6/1/2012 - 5/31/2013	3.67%
6/1/2013 - 5/31/2014	3.34%
After 5/31/2014	3.00%

Active plan participants employed by P.E.B.T.F. and SERMAC:

Year	Percentage
Prior to 2009	4.50%
2009 through 2012	4.00%
2013	3.67%
2014	3.34%
After 2014	3.00%

Active plan participants employed by Borough of Dunmore and Shop-Rite Liberty Monticello:

Year	Percentage
Prior to 2015	4.00%
After 2014	3.00%

Active plan participants employed by Spectrum Arena, LP and PPL Park:

Year	Percentage
Prior to 2017	4.00%
After 2016	3.00%

Active plan participants employed by Rite Aid Corporation and Shop Rite Knorr.

Year	Percentage
Prior to 2009	4.50%
After 2008	4.00%

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions***  
**(Continued)**

Active plan participants employed by Shop Rite Harbisons:

Year	Percentage
After 2018	3.00%

Active plan participants employed by UFCW Local 1776 and Local 1776 Credit Union:

Year	Percentage
2020	2.00%

- c. 25% Increase: Participants actively employed as of January 1, 1996, received a 25% increase in the benefit they earned through December 31, 1995.
- d. Minimum Monthly Benefit: \$100.
- e. Optional forms – Payments above are reduced for annuity forms other than a straight life annuity.

Effective January 1, 2021, Participants will accrue benefits under a hybrid plan design in which Accrual Rates will be adjusted based on the Accrual Rate in effect for the prior year in accordance with the following table:

Geometric Average Investment Return		Change in Accrual Rate
Is Not Less Than	And Is Less Than	(for employees of Shop Rite Knorr and Rite Aid Corporation) {for employees of UFCW Local 1776 and 1776 Credit Union}
(∞)	-0.50%	Prior Year's Accrual Rate less 1.50% (2.00%) {1.00%}
-0.50%	2.00%	Prior Year's Accrual Rate less 1.125% (1.50%) {0.75%}
2.00%	4.50%	Prior Year's Accrual Rate less 0.750% (1.00%) {0.50%}
4.50%	7.00%	Prior Year's Accrual Rate less 0.375% (0.50%) {0.25%}
7.00%	9.50%	Prior Year's Accrual Rate Unchanged
9.50%	12.00%	Prior Year's Accrual Rate plus 0.375% (0.50%) {0.25%}
12.00%	14.50%	Prior Year's Accrual Rate plus 0.750% (1.00%) {0.50%}
14.50%	17.00%	Prior Year's Accrual Rate plus 1.125% (1.50%) {0.75%}
17.00%	∞	Prior Year's Accrual Rate plus 1.500% (2.00%) {1.00%}

**UFCW Local 1776 and Participating Employers Pension Fund**

**EIN: 23-6461717 Plan: 001**

**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions  
(Continued)***

For purposes of the above table, the "Geometric Average Investment Return" for a Plan Year of reference shall be the geometric average investment return of the Plan assets for the 3 (three) Plan Years preceding the year prior to the Plan Year of reference (for example, the 3 Plan Years used for 2021 will be 2017, 2018, and 2019). The geometric average shall be calculated by adding 1.0 to the investment return (expressed in decimals) in each of the three years, multiplying the resultant values together, and taking the third root of that product. This calculation shall be performed each Plan Year. The investment return for a Plan Year shall be equal to the "annual return" as reported on the applicable IRS Form 5500 Schedule MB, Line 6h for the Plan Year of reference (as such return may be amended from time to time.)

Notwithstanding the above Table, the following provisions shall also apply in calculating the Accrual Rate:

- a. The resulting Accrual Rate determined for any given Plan Year shall never be greater than 4.50%; for employees of Shop-Rite Knorr and Rite Aid Corporation, 6.00%.
- b. The resulting Accrual Rate determined for any given Plan Year shall never be less than 1.50%; for employees of Shop-Rite Knorr and Rite Aid Corporation, 2.00%.
- c. The Accrual Rate for a Plan Year of reference shall always decrease compared to the Accrual Rate of the prior Plan Year if such is the result of the Geometric Average Investment Return calculation for such Plan Year, but the Accrual Rate will not increase for a Plan Year of reference unless the Funded Percentage (Actuarial Value of Assets divided by Accrued Liability) for the Plan Year (as measured as of the first day of the year) immediately preceding the Plan Year of reference is at least 80%.
- d. Finally, any increase to the Plan's Accrual Rate will be subject to the limitations imposed by the Fund's actuarial zone certification and, if applicable, the Fund's Funding Improvement or Rehabilitation Plan.

Plan Year	Historical Accrual Rates		
	All Employers, except Shop Rite Knorr, Rite Aid Corporation, UFCW Local 1776, and 1776 Credit Union	Shop Rite Knorr and Rite Aid Corporation	UFCW Local 1776 and 1776 Credit Union
2020 and prior	As noted above		
2021	3.375%	4.500%	2.250%
2022	3.375%	4.500%	2.250%
2023	4.500%	6.000%	3.000%
2024	4.125%	5.500%	2.750%
2025	3.000%	4.000%	2.000%

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions***  
**(Continued)**

***Normal Retirement Benefit***

An employee's Normal Retirement Benefit is his Accrued Pension determined as of his Normal Retirement Date (or his actual date of retirement, if later).

***Early Retirement Benefit***

- a. Eligibility requirements – must have attained age 55 with at least 10 years of eligibility service, with at least two years as a participant.
- b. Monthly pension – normal retirement pension accrued to date of early retirement, reduced by 0.5% for each month prior to normal retirement date. Continues for life unless the automatic surviving spouse benefit is in effect.

***Rule of 90 Early Retirement Benefit***

- a. Eligibility requirements – attained age plus years of service must equal or exceed 90.
- b. Monthly pension – normal retirement pension without reduction for early commencement.

***Disability Retirement***

- a. Eligibility requirements – must have at least 10 years of eligibility service, with at least two years as a participant, and have been an active participant at some time during the year preceding disability. Disability must be total and permanent.
- b. Monthly pension – normal retirement pension accrued to date of disability, commencing on the first day of the month following disability. Continues for life unless the automatic surviving spouse benefit is in effect. Ceases if the participant recovers prior to normal retirement.

***Deferred Vested Benefit***

- a. Eligibility requirements – must be 100% vested.
- b. Monthly pension – normal retirement pension accrued to date of termination commencing on the normal retirement date. Continues for life unless the automatic surviving spouse benefit is in effect.

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Summary of Plan Provisions***  
**(Continued)**

***Death Benefits***

- a. Eligibility – must be 100% vested and die before retirement.
- b. Benefit – monthly pension of 50% of the immediate joint and survivor annuity the participant would have received if he had retired on the first day of the month in which he died, or if later, the day on which he would have first become eligible for early retirement, reduced for early commencement, if applicable.

***Optional Payment Forms***

At any time prior to the commencement of benefit payments, a participant may elect to receive pension payments in an optional form, calculated as defined in the Plan Document.

***Changes Since the Prior Valuation***

In accordance with the December, 2020 amendment, and given the Plan's 2020 - 2022 geometric average investment return of 3.87%, the 2024 Accrual Rate would have been decreased to 125% of the its original level before the 2021 amendment to adopt the current hybrid plan design. However, the 2024 Accrual Rate was calculated to be 137.5% of its original level due to a misclassification in the Plan's financial statements. After the classification was corrected during the 2024 Plan Year, the Trustees decided to maintain the Accrual Rate at 137.5% of its original level for the remainder of the 2024 Plan Year, but to allow the Accrual Rate to return to what it should have been in 2025 as if the Accrual Rate had been calculated correctly in 2024.

Given the Plan's 2021 - 2023 geometric average investment return of 3.41%, the 2025 Accrual Rate decreased to 100% of the its original level before the 2021 amendment to adopt the current hybrid plan design.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
DECEMBER 31, 2024

EIN: 23-6461717  
FORM: 5500  
PLAN: #001

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	CASH AND CASH EQUIVALENTS	FEDERATED HERMES GOVT OBLIG	\$ 671,559	\$ 671,559
		FIRST AM US TREAS MM CI Z	5	5
		FULTON BANK	2,152,619	2,152,619
		GS FSQ GOVERNMENT INSTL MONEY MARKET FUND	2,055	2,055
			<u>2,826,238</u>	<u>2,826,238</u>
	U.S. GOVERNMENT SECURITIES	COMM MORTGAGE TRUST SERIES 2014 3.465% 3/10/47	1	-
		FEDERAL HOME LOAN BANK 1.150% 2/26/31	130,000	111,905
		FEDERAL HOME LOAN BANK 1.000% 3/23/26	126,750	121,722
		FEDERAL HOME LOAN BANK 1.250% 3/17/31	190,000	169,801
		FEDERAL HOME LOAN BANK 1.250% 7/07/31	100,000	87,482
		FEDERAL HOME LOAN BANK 1.500% 11/23/26	155,000	147,052
		FEDERAL HOME LOAN BANK 1.150% 10/26/26	130,000	122,734
		FEDERAL HOME LOAN BANK 2.000% 1/27/32	190,000	165,045
		FEDERAL HOME LOAN MORTGAGE CORP 4.500% 6/01/38	71,261	70,650
		FEDERAL HOME LOAN MORTGAGE CORP 5.500% 9/01/38	67,375	68,202
		FEDERAL HOME LOAN MORTGAGE CORP 6.000% 9/01/53	59,280	60,123
		FEDERAL HOME LOAN MORTGAGE CORP 4.500% 9/1/52	16,653	16,050
		FEDERAL HOME LOAN MORTGAGE CORP 5.000% 11/1/52	17,562	17,020
		FEDERAL HOME LOAN MORTGAGE CORP 4.500% 11/1/44	119,396	118,277
		FEDERAL HOME LOAN MORTGAGE CORP 6.000% 7/25/48	57,474	58,025
		FEDERAL FARM CREDIT BANK 3.300% 3/23/32	120,000	109,064
		FEDERAL FARM CREDIT BANK 4.300% 5/17/32	65,000	62,715
		FEDERAL NATIONAL MORTGAGE ASSOC 4.125% 8/28/25	85,000	84,807
		FEDERAL NATIONAL MORTGAGE ASSOC 4.500% 12/152	321,549	317,618
		FEDERAL NATIONAL MORTGAGE ASSOC 4.000% 7/01/38	75,984	76,230
		FEDERAL NATIONAL MORTGAGE ASSOC 6.000% 11/01/38	84,284	85,833
		SMALL BUSINESS ADMIN SERIES 2012 1.930% 12/1/32	1	10,130
		SMALL BUSINESS ADMIN SERIES 2017 2.880% 5/1/37	1	18,940

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
DECEMBER 31, 2024

EIN: 23-6461717  
FORM: 5500  
PLAN: #001

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	U.S. GOVERNMENT SECURITIES (CONT)	U S TREASURY I P A 1.750% 1/15/28	94,142	186,954
		U S TREASURY NT 00.375% 11/30/25	317,708	318,668
		U S TREASURY NT 1.125% 2/15/31	411,572	375,489
		U S TREASURY NT 1.125% 8/31/28	443,654	441,500
		U S TREASURY NT 1.375% 11/15/31	588,884	563,840
		U S TREASURY I P S 0.125% 4/15/27	32,057	96,438
		U S TREASURY NT 3.250% 6/30/29	376,234	372,150
		U S TREASURY NT 2.750% 8/15/32	382,291	372,469
		U S TREASURY I P 1.125% 1/15/33	99,241	282,633
		U S TREASURY NT 4.500% 11/15/33	359,698	348,414
		U S TREASURY NT 4.375% 5/15/34	24,840	24,617
		U S TREASURY NT 2.375% 5/15/27	445,858	445,317
		U S TREASURY NT 1.625% 9/30/26	669,058	635,946
		U S TREASURY NT 0.625% 5/15/30	185,917	188,725
		U S TREASURY NT 2.625% 3/31/25	553,353	542,853
			<u>7,167,077</u>	<u>7,295,438</u>
	CORPORATE AND FOREIGN BONDS	ACCENTURE CAPITAL INC 3.900% DUE 10/4/27	44,811	44,337
		AMGEN INC 5.250% 3/02/33	135,487	134,004
		ANHEUSER-BUSCH INBEV WOR SR UNSECURED CPN 3.500% DUE 06/01/30	36,710	32,814
		ANTHEM INC SR UNSECURED CALLABLE CPN 3.650% DUE 12/01/27	129,412	126,468
		ARES CAPITAL CORP SR UNSECURED CPN 3.250% DUE 07/15/25	132,751	128,738
		ARES CAPITAL CORP SR UNSECURED CPN 3.875% DUE 01/15/26	91,232	88,970
		BANK OF AMERICA CORP MTN VAR% DUE 2/5/26	75,025	75,064
		BANK OF AMERICA CORP UNSC VAR% DUE 11/10/28	89,515	88,001
		BANK OF AMERICA CORP SUB VAR% DUE 9/15/26	105,286	110,158
		BLACKROCK FUNDING INC 4.700% DUE 3/14/29	64,984	65,048
		BLACKROCK FUNDING INC 4.600% DUE 7/26/27	25,038	25,057
		COMCAST CORP SR UNSECURED CALLABLE CPN 4.150% DUE 10/15/28	204,614	195,046

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
DECEMBER 31, 2024

EIN: 23-6461717  
FORM: 5500  
PLAN: #001

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	CORPORATE AND FOREIGN BONDS (CONT)	COMCAST CORP SR UNSECURED CALLABLE CPN 4.250% DUE 10/15/30	150,849	130,182
		CVS HEALTH CORP SR UNSECURED CPN 3.250% DUE 08/15/29	151,958	136,561
		DUKE ENERGY CAROLINAS 4.850% DUE 1/15/34	187,108	184,152
		EXTRA SPACE STORAGE 2.200% 10/15/30	110,260	97,848
		FMC CORP SR UNSECURED CALLABLE CPN 3.450% DUE 10/01/29	57,977	50,373
		FMC CORP 5.150% 5/18/26	54,962	55,059
		GENERAL MOTORS FINL 5.650% 1/17/29	73,295	71,040
		GEORGIA POWER CO 5.004% DUE 2/23/27	80,095	80,615
		GOLDMAN SACHS GROUP INC UNSEC VAR% DUE 6/5/28	215,906	213,677
		HEALTHPEAK PROPERTIES SR UNSECURED CPN 2.875% DUE 01/15/31	69,119	61,641
		HP ENTERPRISE CO 5.000% DUE 10/15/34	89,057	86,505
		INTERCONTINENTAL EXCHANGE 4.600% DUE 3/15/33	59,725	57,519
		JEFFERIES FINANCIAL 5.875% 7/21/28	55,111	56,241
		JEFFRIES FIN GROUP INC UNSC 6.200% DUE 4/14/34	54,941	56,681
		JP MORGAN CHASE & CO UNSEC VAR% DUE 12/5/29	148,103	132,299
		JP MORGAN CHASE & CO VAR VAR% DUE 2/24/26	159,832	159,451
		LINCOLN NATIONAL 3.400% DUE 01/15/31	60,080	53,947
		MORGAN STANLEY UNSEC VAR% DUE 4/28/26	140,936	138,751
		MORGAN STANLEY UNSEC VAR% DUE 4/20/28	93,256	93,640
		MORGAN STANLEY UNSEC VAR% DUE 4/18/30	98,916	96,706
		ORACLE CORP 6.250% 11/09/32	87,002	90,080
		OWL ROCK CAPITAL 3.400% 7/15/26	124,988	121,112
		PHILIP MORRIS INTL 5.625% 9/07/33	84,739	86,355
		PHILIP MORRIS INTL 5.250% DUE 2/13/34	138,317	138,366
		PNC FINANCIAL SERVICES UNSC VAR% DUE 1/21/28	105,447	105,902
		PRECISION CASTPARTS 3.250% 6/15/25	48,724	44,741
		ROCKWELL AUTOMATION SR UNSECURED CPN 3.500% DUE 03/01/29	123,267	109,229
		SAFEHOLD OPER L P 2.800% 6/15/31	144,107	128,071
		SAFEHOLD OPER L P 2.850% 1/15/32	89,211	75,616

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
DECEMBER 31, 2024

EIN: 23-6461717  
FORM: 5500  
PLAN: #001

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	CORPORATE AND FOREIGN BONDS (CONT)	SIMON PROPERTY GRP LP SR UNSECURED CPN 3.500% DUE 09/01/25	48,206	44,682
		SIMON PROPERTY GRP LP SR UNSECURED CPN 2.450% DUE 09/13/29	198,110	184,338
		TRACTOR SUPPLY CO 5.250% 5/15/33	65,258	64,962
		TRUIST BANK SUBORDINATED CALLABLE CPN 2.250% DUE 03/11/30	179,157	163,158
		VIRGINIA ELEC & POWER 3.500% DUE 03/15/27	89,926	87,709
		VIRGINIA ELEC & POWER 5.050% DUE 8/15/34	29,973	29,252
		WALT DISNEY COMPANY/THE SR UNSECURED CPN 3.375% DUE 11/15/26	81,989	73,400
		WARNERMEDIA HLDGS 6.412% 3/15/26	110,000	110,044
			4,994,772	4,783,610
	COMMON STOCKS	ABBOTT LABORATORIES	1,905	260,153
		ABBVIE INC	1,774	350,958
		ACCENTUIRE PLC IRELAND SHARES CLASS A	55,096	246,253
		AGILENT TECH INC	3,118	201,510
		AIR PRODUCTS & CHEMICALS INC	5,003	304,542
		AMERICAN ELECTRIC POWER INC	11,912	46,115
		APPLIED MATERIALS INC	37,981	475,693
		AUTOMATIC DATA PROCESSING	43,372	430,313
		AVERY DENNISON CORP	10,384	210,521
		BAKER HUGHES A GE CO	33,082	41,020
		BANK OF AMERICA CORP	33,503	184,590
		BAXTER INTERNATIONAL INC	5,600	43,740
		BOEING CO	79,461	212,400
		CARDINAL HEALTH INC	1,106	59,135
		CARRIER GLOBAL CORP	1,887	129,694
		CATERPILLAR INC	60,489	253,932
		CHEVRON CORPORATION	15,635	267,954
		CIGNA CORP NEW	1,123	138,070
		CISCO SYSTEMS INC	71,221	186,480
		COCA-COLA CO COMPANY	23,676	56,034

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
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EIN: 23-6461717  
FORM: 5500  
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(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCKS (CONT)	COLGATE-PALMOLIVE CO	16,020	63,637
		COMCAST CORP NEW CL A	11,980	45,036
		CORNING INC	8,619	175,824
		CORTEVA INC	8,479	28,480
		CUMMINS INC	87,766	244,020
		DOW INC	16,568	20,065
		DUPONT DE NEMOURS	39,669	47,275
		EATON CORP PLC	46,703	398,244
		EMERSON ELECTRIC CO	13,815	278,842
		GE AEROSPACE NEW	9,268	300,222
		GE HEALTHCARE TECHS INC	3,065	46,908
		GE VERNOVA LLC	2,616	164,465
		HALLIBURTON COMPANY	11,599	57,099
		HARTFORD FINL SVCS GROUP INC	2,877	136,750
		HEWLETT-PACKARD ENTERPRISE CO	4,779	160,125
		HEXCEL CORP NEW	91,283	109,725
		HP INC	3,886	130,520
		ILLINOIS TOOL WORKS INC	48,659	228,204
		INTEL CORP	58,999	60,150
		INTERNATIONAL BUSINESS MACHINE CORP	12,129	181,359
		INTL FLAVOR & FRAGRANCES	9,945	109,915
		JOHNSON & JOHNSON	3,311	292,856
		KEYSIGHT TECHS INC	1,110	112,441
		KIMBERLY-CLARK CORP	5,577	170,352
		LABCORP HOLDINGS INC	92,807	229,320
		L3HARRIS TECHNOLOGIES	101,510	273,364
		MERCK & CO INC NEW	4,506	248,700
		MICROSOFT CORP	39,219	674,400
		MONDELEZ INTL INC	21,073	65,703

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
SCHEDULE H, LINE4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
DECEMBER 31, 2024

EIN: 23-6461717  
FORM: 5500  
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(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCKS (CONT)	ORACLE CORPORATION	40,168	290,786
		OTIS WORLDWIDE CORP	3,612	120,393
		PEPSICO INCORPORATED	2,665	212,884
		PFIZER INCORPORATED	9,023	185,710
		PROCTER & GAMBLE CO	43,925	234,710
		REVVITY INC	24,900	312,508
		RTX CORP	5,864	231,440
		SOUTHERN COMPANY/THE	4,083	74,088
		STANLEY BLACK & DECKER INC	18,674	88,319
		TELEFLEX INCORPORATED	44,868	173,531
		TEXAS INSTRUMENTS INC	34,491	262,514
		THERMO FISHER SCIENTIFIC	100,498	442,196
		WATERS CORPORATION	36,269	470,774
		WILLIAMS SONOMA INC	55,263	388,878
		XYLEM INC	2,996	121,820
		YUM BRANDS INC	273	134,160
		3M CO	10,422	216,226
			<u>1,713,159</u>	<u>13,114,045</u>
	COMMON/COLLECTIVE TRUST	HARDMAN JOHNSTON I. E. GROUP TRUST	<u>4,799,664</u>	<u>10,492,292</u>
	MUTUAL FUNDS	ABERDEEN US SMALL CAP EQUITY INSTL	4,437,812	4,127,579
		PGIM FLOATING RATE INCOME CI R6	3,716,703	3,607,433
		VANGUARD INSTL INDEX INSTL#94	19,092,880	25,161,206
			<u>27,247,395</u>	<u>32,896,218</u>
	POOLED SEPARATE ACCOUNT	PGIM PRISA SA	<u>2,251,342</u>	<u>2,814,513</u>
	REAL ESTATE LIMITED PARTNERSHIP	SENTINEL REAL ESTATE FUND, LP	<u>5,303,838</u>	<u>6,605,964</u>

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS PENSION FUND  
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)  
 DECEMBER 31, 2024

EIN: 23-6461717  
 FORM: 5500  
 PLAN: #001

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
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\$ 56,303,485      \$ 80,828,318

**UFCW Local 1776 and Participating Employers Pension Fund**

**EIN: 23-6461717 Plan: 001**

**Attachment to the 2024 Form 5500 Schedule MB**

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

Age	Years of Credited Service   Average Accrued Monthly Benefit																			
	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & Over	
	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit	No.	Monthly Benefit
<25	4	N/A	201	\$19	16	N/A	0	-	0	-	0	-	0	-	0	-	0	-	0	-
25-29	7	N/A	66	\$49	57	\$101	9	N/A	0	-	0	-	0	-	0	-	0	-	0	-
30-34	2	N/A	53	\$40	45	\$102	56	\$200	13	N/A	0	-	0	-	0	-	0	-	0	-
35-39	4	N/A	54	\$58	42	\$123	35	\$181	54	\$290	11	N/A	0	-	0	-	0	-	0	-
40-44	4	N/A	50	\$36	51	\$125	32	\$229	33	\$355	31	\$423	8	N/A	0	-	0	-	0	-
45-49	3	N/A	73	\$78	31	\$121	26	\$248	26	\$263	18	N/A	10	N/A	3	N/A	0	-	0	-
50-54	7	N/A	36	\$36	35	\$125	23	\$260	29	\$323	21	\$713	19	N/A	9	N/A	3	N/A	0	-
55-59	2	N/A	52	\$36	47	\$130	29	\$207	42	\$346	15	N/A	10	N/A	8	N/A	6	N/A	2	N/A
60-64	1	N/A	42	\$38	39	\$155	28	\$179	48	\$318	13	N/A	22	\$814	5	N/A	11	N/A	10	N/A
65-69	2	N/A	31	\$37	21	\$94	24	\$198	26	\$361	16	N/A	8	N/A	5	N/A	2	N/A	3	N/A
70 & Up	0	-	10	N/A	9	N/A	1	N/A	0	-	2	N/A	2	N/A	1	N/A	0	-	0	-

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

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

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\*The portion of the vested benefits that is matched by the Plan's assets is valued using the single spot rate generated by the Plan's payment stream and the FTSE Pension Discount Curve. For 2024 withdrawals, the rate is 4.80%. The remaining benefits are valued using the same interest rates that apply for Plan minimum Funding (7.00%).

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

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

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)*	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
<b>A. Charges</b>						
1. PRA Investment Loss	1/1/2009	\$ 7,243,089	N/A	\$ 5,159,302	14.000	\$ 551,346
2. PRA Investment Loss	1/1/2010	550,859	28	396,928	14.000	42,417
3. Actuarial Loss	1/1/2011	449,999	15	89,330	2.000	46,175
4. PRA Investment Loss	1/1/2011	954,416	27	696,336	14.000	74,414
5. PRA Investment Loss	1/1/2012	2,995,985	26	2,215,606	14.000	236,769
6. Actuarial Loss	1/1/2013	907,006	15	337,313	4.000	93,069
7. Actuarial Loss	1/1/2015	340,729	15	178,316	6.000	34,963
8. Actuarial Loss	1/1/2016	1,290,909	15	763,851	7.000	132,463
9. Actuarial Loss	1/1/2017	738,538	15	484,196	8.000	75,782
10. Actuarial Loss	1/1/2019	450,571	15	347,457	10.000	46,234
11. Actuarial Loss	1/1/2020	227,420	15	187,238	11.000	23,336
12. Assumption Change	1/1/2020	1,685,303	15	1,387,533	11.000	172,932
13. Actuarial Loss	1/1/2024	1,925,989	15	1,925,989	15.000	197,629
Total				\$ 14,169,395		\$ 1,727,529
<b>B. Credits</b>						
1. Actuarial Gain	1/1/2010	\$ 3,671,415	15	\$ 376,731	1.000	\$ 376,731
2. PRA Asset Relief	1/1/2010	1,790,914	30	1,363,372	16.000	134,882
3. Actuarial Gain	1/1/2012	70,887	15	20,424	3.000	7,273
4. Actuarial Gain	1/1/2014	31,849	15	14,339	5.000	3,268
5. Assumption Change	1/1/2015	4,316,252	15	2,258,870	6.000	442,899
6. Actuarial Gain	1/1/2018	117,481	15	84,039	9.000	12,055
7. Actuarial Gain	1/1/2021	2,879,111	15	2,510,769	12.000	295,431
8. Actuarial Gain	1/1/2022	3,780,699	15	3,469,265	13.000	387,944
9. Actuarial Gain	1/1/2023	490,897	15	471,362	14.000	50,372
Total				\$ 10,569,171		\$ 1,710,855
<b>C. Net (A - B)</b>				\$ 3,600,224		\$ 16,674
<b>D. Balance Test</b>						
1. Credit balance / (funding deficiency)				\$ 2,623,662		
2. Balance test: [C - D(1)]				\$ 976,562		
3. Unfunded accrued liability				\$ 976,562		

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 11 - Justification for Change in Actuarial Assumptions***

**Changes Since the Prior  
Valuation:**

The RPA current liability interest rate was changed from 2.55% to 3.29% and the RPA mortality table was updated, both in accordance with regulations.

In last year's valuation, it was assumed that all actives had a minimum contribution of \$500. Now, that is only assumed for new actives in the data. This was updated based on observations of plan experience.

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

*Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods*

**Interest Rates**

**Funding/FASB ASC 960:** 7.00% per year, compounded annually.  
**RPA Current Liability:** 3.29% per year, compounded annually.

**Mortality**

**Healthy Lives:** SOA Pri-2012 Blue Collar Amount-Weighted Mortality Table with base rates scaled 110% and male mortality rates set forward one year. The table is assumed to reflect both expected mortality rates as of the measurement date and any expected mortality improvement after the measurement date.

**Disabled Lives:** SOA Pri-2012 Amount-Weighted Disabled Mortality Table with base rates scaled 110%

**RPA Current Liability:** IRS 2024 Static Mortality, as prescribed.

**Retirement**

**Active Participants:** Active members are assumed to retire in accordance with the following table. Only members with at least 10 years of Vesting Service are assumed to retire prior to age 65.

Age	Retirement Rate	
	Not Rule of 90 Eligible	Rule of 90 Eligible
<60	0.0%	0.0%
60 - 61	0.0%	100.0%
62 - 64	5.0%	100.0%
65 - 68	15.0%	15.0%
69	10.0%	10.0%
70	25.0%	25.0%
71+	100.0%	100.0%

**Terminated Vested**

**Participants:** Terminated Vested members retire in accordance with the following table.

Age	Retirement Rate
<65	0.0%
65	35.0%
66 - 67	12.5%
68 - 70	10.0%
71+	100.0%

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***  
**(Continued)**

**Salary Scale:** 3.00% per year, compounded annually, where applicable.

**Turnover:** Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with their service for the first 5 years, and then by age thereafter. Ultimate rates are based on the 2003 SOA Pension Plan Turnover Study, with base rates scaled by 170%.

The rates for members with less than 5 years of service are shown below:

Service	Turnover Rate
0	35.00%
1	35.00%
2	30.00%
3	25.00%
4	20.00%

Select rates for members beyond 5 years of service are shown below:

Age	Turnover Rate
25	18.51%
30	12.19%
35	8.78%
40	7.00%
45	6.21%
50	5.63%
55	2.92%
60	2.20%
64	2.62%

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***  
**(Continued)**

**Disability:** A table of disability rates adapted from experience under the U.S. Social Security System. Rates for select ages are shown below.

Age	Rates of Disablement
22	0.05%
27	0.07%
32	0.09%
37	0.13%
42	0.20%
47	0.33%
52	0.56%
57	0.92%
62	1.46%

**Spouses (marital status):** 80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be 3 years older than their wives.

**Form of Payment:** 65% elect a single life annuity.  
35% elect a 50% Joint and Survivor Annuity.

**Participants Included in Valuation:** All eligible Participants.

**Expenses:** An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded to the nearest \$10,000, added to the Normal Cost. (\$506,000 for 2024, expense loading of 33.6%)

**Future Accruals:** For purposes of projecting future benefit accruals, it is assumed that contributions for each active participant will equal what they were in the year prior to the valuation date. For participants who are active as of the valuation date and were either absent from the data last year or who were inactive last year, their contribution is assumed to be no lower than \$500. Accruals also reflect any known future contribution rate increases agreed to in the Collective Bargaining Agreements.

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***  
**(Continued)**

**Actuarial Valuation Method:** Unit Credit Cost Method

Under this method, the normal cost is calculated as the present value of benefits expected to be earned in the valuation year. The actuarial accrued liability is the present value of all benefits earned as of the valuation date. Actuarial gains (losses), as they occur, reduce (increase) the unfunded actuarial accrued liability.

**Asset Method:** Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain no greater than 120% of market value, nor less than 80% of market value.

**Missing Birth Dates:** Active members with missing Dates of Birth were assumed born November 11, 1978, the average birth date of all Active members. Vested Terminated members with missing Dates of Birth were assumed born July 4, 1976, the average birth date of all Vested Terminated members. There were no retirees with missing Dates of Birth.

**Missing Hire Dates:** Active members with missing Dates of Hire were assumed hired on January 1 of the year in which they first appear in the data. Vested Terminated members with missing Dates of Hire were assumed to be at least 15 years old as of their hire dates.

**Missing Male/Female Codes:** Members with a missing Male/Female code were assumed to be either Male or Female with equal probability.

**Changes Since the Prior Valuation** In last year's valuation, it was assumed that all actives had a minimum contribution of \$500. Now, that is only assumed for new actives in the data.

**UFCW Local 1776 and Participating Employers Pension Fund**  
**EIN: 23-6461717 Plan: 001**  
**Attachment to the 2024 Form 5500 Schedule MB**

***Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods***  
**(Continued)**

**Rationale for Selection of Significant Actuarial Assumptions:**

<b>Interest Rate</b>	The interest rate assumption used for funding purposes is based on current and future market expectations and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation.
<b>Mortality</b>	The mortality assumption is based on plan experience during the years 2014 - 2018, adjusted to reflect professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.
<b>Retirement</b>	The current assumptions have been selected based on plan experience during the 2014 - 2018 plan years.
<b>Withdrawal</b>	A standard withdrawal table has been selected which results in a similar level of aggregate annual withdrawal as the Plan has experienced from 2014 - 2018.
<b>Disability</b>	Because the Fund does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor.
<b>Plan Expenses</b>	Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.
<b>Marital Status</b>	The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.

**UFCW Local 1776 and Participating Employers Pension Fund**

**EIN: 23-6461717 Plan: 001**

**Attachment to the 2024 Form 5500 Schedule MB**

**Schedule MB, line 8b(3) - Projections of Employer Contributions & Withdrawal Liability Payments**

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<b>Plan Year</b>	<b>Employer Contributions</b>	<b>Withdrawal Liability Payments</b>	<b>Total</b>
2024	\$1,952,145	\$0.00	\$1,952,145
2025	\$2,053,950	\$0.00	\$2,053,950
2026	\$2,162,881	\$0.00	\$2,162,881
2027	\$2,162,881	\$0.00	\$2,162,881
2028	\$2,162,881	\$0.00	\$2,162,881
2029	\$2,162,881	\$0.00	\$2,162,881
2030	\$2,162,881	\$0.00	\$2,162,881
2031	\$2,162,881	\$0.00	\$2,162,881
2032	\$2,162,881	\$0.00	\$2,162,881
2033	\$2,162,881	\$0.00	\$2,162,881

**UFCW Local 1776 and Participating Employers Pension Fund**

**EIN: 23-6461717 Plan: 001**

**Attachment to the 2024 Form 5500 Schedule MB**

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

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested</b>	<b>Retired Participants</b>	<b>Total</b>
2024	\$484,845	\$217,844	\$3,493,792	\$4,196,481
2025	\$766,963	\$344,402	\$3,380,122	\$4,491,487
2026	\$972,515	\$520,053	\$3,260,335	\$4,752,903
2027	\$1,140,302	\$662,323	\$3,135,534	\$4,938,159
2028	\$1,357,110	\$860,707	\$3,007,677	\$5,225,494
2029	\$1,527,597	\$1,016,395	\$2,877,243	\$5,421,235
2030	\$1,651,398	\$1,183,634	\$2,741,749	\$5,576,781
2031	\$1,827,190	\$1,361,336	\$2,600,042	\$5,788,568
2032	\$1,973,692	\$1,528,528	\$2,457,189	\$5,959,409
2033	\$2,058,294	\$1,697,402	\$2,312,604	\$6,068,300
2034	\$2,174,320	\$1,873,000	\$2,166,510	\$6,213,830
2035	\$2,240,382	\$2,038,906	\$2,025,334	\$6,304,622
2036	\$2,279,677	\$2,183,215	\$1,883,887	\$6,346,779
2037	\$2,323,801	\$2,310,499	\$1,742,881	\$6,377,181
2038	\$2,354,341	\$2,438,344	\$1,603,098	\$6,395,783
2039	\$2,390,726	\$2,594,915	\$1,465,356	\$6,450,997
2040	\$2,408,877	\$2,688,471	\$1,330,491	\$6,427,839
2041	\$2,415,128	\$2,765,347	\$1,199,383	\$6,379,858
2042	\$2,428,426	\$2,840,847	\$1,072,917	\$6,342,190
2043	\$2,435,942	\$2,884,183	\$951,975	\$6,272,100
2044	\$2,424,691	\$2,927,974	\$837,394	\$6,190,059
2045	\$2,418,468	\$3,002,936	\$729,937	\$6,151,341
2046	\$2,391,087	\$3,006,629	\$630,257	\$6,027,973
2047	\$2,361,892	\$2,983,503	\$538,866	\$5,884,261
2048	\$2,333,974	\$2,989,951	\$456,106	\$5,780,031
2049	\$2,300,668	\$2,976,603	\$382,138	\$5,659,409
2050	\$2,257,204	\$2,952,295	\$316,913	\$5,526,412
2051	\$2,214,527	\$2,958,467	\$260,180	\$5,433,174
2052	\$2,167,646	\$2,948,379	\$211,496	\$5,327,521
2053	\$2,129,959	\$2,934,609	\$170,272	\$5,234,840
2054	\$2,087,724	\$2,916,235	\$135,808	\$5,139,767
2055	\$2,036,214	\$2,888,865	\$107,351	\$5,032,430
2056	\$1,975,404	\$2,895,233	\$84,125	\$4,954,762
2057	\$1,920,695	\$2,899,295	\$65,376	\$4,885,366
2058	\$1,862,280	\$2,881,759	\$50,398	\$4,794,437
2059	\$1,806,188	\$2,840,495	\$38,550	\$4,685,233
2060	\$1,746,709	\$2,819,778	\$29,267	\$4,595,754
2061	\$1,674,458	\$2,773,350	\$22,060	\$4,469,868
2062	\$1,606,083	\$2,725,086	\$16,507	\$4,347,676

**UFCW Local 1776 and Participating Employers Pension Fund**

**EIN: 23-6461717 Plan: 001**

**Attachment to the 2024 Form 5500 Schedule MB**

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

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<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested</b>	<b>Retired Participants</b>	<b>Total</b>
2063	\$1,532,019	\$2,650,468	\$12,263	\$4,194,750
2064	\$1,454,721	\$2,556,175	\$9,041	\$4,019,937
2065	\$1,380,486	\$2,431,770	\$6,613	\$3,818,869
2066	\$1,304,951	\$2,305,369	\$4,794	\$3,615,114
2067	\$1,224,274	\$2,162,451	\$3,442	\$3,390,167
2068	\$1,144,355	\$2,018,707	\$2,443	\$3,165,505
2069	\$1,071,709	\$1,874,151	\$1,713	\$2,947,573
2070	\$996,901	\$1,726,634	\$1,185	\$2,724,720
2071	\$918,725	\$1,582,203	\$807	\$2,501,735
2072	\$844,912	\$1,441,156	\$540	\$2,286,608
2073	\$770,781	\$1,305,363	\$356	\$2,076,500





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

**6** Checklist of certain actuarial assumptions:

<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 .....	<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>	9P+1
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.00%
<b>e</b> Salary scale .....	<b>6e</b>	3.00% <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 type="checkbox"/> ERISA 4044 <input checked="" 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>	6.7%
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	8.9%
<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>	506,000
<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	1,925,989	197,629

**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>	<span style="border: 1px solid black; padding: 0 20px;"> </span>
<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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" 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 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>	<span style="border: 1px solid black; padding: 0 20px;"> </span>
<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 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>	<span style="border: 1px solid black; padding: 0 20px;"> </span>
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	<span style="border: 1px solid black; padding: 0 20px;"> </span>
<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>	
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	2,010,208
<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>	14,169,395
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	261,642
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	3,999,379
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	2,623,662
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	2,309,377
	Outstanding balance	
<b>h</b> Amortization credits as of valuation date .....	<b>9h</b>	10,569,171
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	376,992
<b>j</b> Full funding limitation (FFL) and credits:		
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	11,601,564
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	60,670,931
<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>	7,020,886
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	3,021,507
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<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>	
<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