

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan UNITED FURNITURE WORKERS PENSION FUND A
1b Three-digit plan number (PN) 001
1c Effective date of plan 03/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UNITED FURNITURE WORKERS PENSION FUND A P.O. BOX 100037 NASHVILLE, TN 37224
2b Employer Identification Number (EIN) 13-5511877
2c Plan Sponsor's telephone number 615-889-8860
2d Business code (see instructions) 337000

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

A Name of plan <u>UNITED FURNITURE WORKERS PENSION FUND A</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNITED FURNITURE WORKERS PENSION FUND A</u>	D Employer Identification Number (EIN) <u>13-5511877</u>

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

1a Enter the valuation date: Month 03 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>54191070</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>54007944</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>189594446</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>189594446</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>265647071</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>1966123</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>18436073</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>19514556</u>

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

SIGN HERE Signature of actuary <u>CHRISTIAN E. BENJAMINSON, FSA, EA</u> Type or print name of actuary <u>CHEIRON, INC.</u> Firm name <u>701 EAST GATE DRIVE, SUITE 330</u> <u>MOUNT LAUREL, NJ 08054</u> Address of the firm	<u>12/04/2025</u> Date <u>23-07015</u> Most recent enrollment number <u>703-893-1456</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	54191070
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4702	161087520
(2) For terminated vested participants	2288	66963140
(3) For active participants:		
(a) Non-vested benefits		1262485
(b) Vested benefits		36333926
(c) Total active	755	37596411
(4) Total	7745	265647071
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	20.40 %

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	
09/01/2024	4028056	0				
Totals ▶			3(b)	4028056	3(c)	
					0	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	584334

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	28.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2051

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.42 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P 7P
(2) Females	6c(2)	7FP 7FP
d Valuation liability interest rate	6d	6.75 % %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1400000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-22854021	-2313604
4	-483515	-48948
3	110780122	11214714

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	89928830
b Employer's normal cost for plan year as of valuation date.....	9b	2474898

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	153912879	18601779
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7492872
e Total charges. Add lines 9a through 9d.....	9e		118498379
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		4028056
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	108255207	15568478
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1186819
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	147380545	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	174305567	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		20783353
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		97715026
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		97715026
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan UNITED FURNITURE WORKERS PENSION FUND A	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FURNITURE WORKERS PENSION FUND A	D Employer Identification Number (EIN) 13-5511877	

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

PACIFIC INVEST MGMT COMP LLC - PIMC	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

SEI TRUST COMPANY	1 FREEDOM VALLEY DRIVE P.O. BOX 110 OAKS, PA 19456
06-1271230	

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

BPIF NONTAXABLE LP	345 PARK AVENUE NEW YORK, NY 10154
13-3894689	

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

BOSTON PARTNERS GLOBAL INVESTORS	
98-0202744	

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

ALLSPRING FUNDS MANAGEMENT

94-3382001

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

GREAT GREY TRUST COMPANY

6725 VIA AUSTI PARKWAY, SUITE 260
LAS VEGAS, NV 89119

92-1941236

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

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

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

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

CHEIRON INC

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	159399	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROGOFF & COMPANY P.C

13-2688836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	142784	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)

GALLAGHER FIDUCIARY ADVISORS, LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	135000	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)

PIERSON FERDINAND

93-3416937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	64406	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUDY SCHUTT

13-5511877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56302	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)

JEANIE EICHER

13-5511877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48930	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DEE ANNE WALKER

13-5511877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	DIRECTOR	38512	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)

BLACKSTONE ALTERNATIVE ASSET MANAGE

13-3702086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	32706	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)

JPMORGAN CHASE BANK, N.A

13-4994650

(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?
24 28 51	INVESTMENT MANAGER	31773	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 19 18	INVESTMENT MANAGER	25742	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LISA FETZER

13-5511877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	20768	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)

FRONTAGE TECHNOLOGIES SOLUTIONS INC

62-1807516

(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?
	DATA PROCESSING	15397	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PARAMETRIC DEFENSIVE EQUITY FUND LL

45-2531297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	13954	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)

ZOE SIMPSON

13-5511877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	10479	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)

PKF O'CONNOR DAVIS ADVISORY LLC

245 PARK AVENUE
NEW YORK, NY 10167

(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?
70	CONSULTANT	10085	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FIRST HORIZON

62-0201385

(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?
99	BANK ACCOUNT	10053	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)

HERMESHA CUNNINGHAM

13-5511877

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	7422	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMILTON LANE

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGER	5395	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)

BICC SYSTEMS INC

36-2852073

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	DATA PROCESSING	5373	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

A Name of plan <u>UNITED FURNITURE WORKERS PENSION FUND A</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED FURNITURE WORKERS PENSION FUND A</u>	D Employer Identification Number (EIN) <u>13-5511877</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN <u>04-1867445-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4159112</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSCI USA INDEX NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN <u>04-1867445-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8004362</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JP MORGAN ASSET MANAGEMENT

c EIN-PN <u>13-4994650-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4232454</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO MULTIEMPLOYER PLAN ARPA/SFA C

b Name of sponsor of entity listed in (a): GREAT GREY TRUST

c EIN-PN <u>92-1941236-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>181642065</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COOKE & BIELER LARGE CAP VALUE CIT

b Name of sponsor of entity listed in (a): SEI TRUST COMANY

c EIN-PN <u>93-4405470-177</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4204901</u>
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan UNITED FURNITURE WORKERS PENSION FUND A	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FURNITURE WORKERS PENSION FUND A	D Employer Identification Number (EIN) 13-5511877

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2919000	2760000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	83288	873002
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2204747	3027897
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	2520000	2520000
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	205366054	202242894
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28621770	31696661
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	8053860	8226971

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	21722	153864
f Total assets (add all amounts in lines 1a through 1e).....	1f	249790441	251501289
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	129361	112802
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4440877	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4570238	112802
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	245220203	251388487

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3840856	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3840856
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	136796	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	44339	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		181135
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	935828	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		935828
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3816334	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3612169	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		204165
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	854593	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14277439
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2123486
c Other income	2c		-3781
d Total income. Add all income amounts in column (b) and enter total	2d		22413721

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14663048	
(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)		14663048
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	142784	
(5) Investment advisory and investment management fees	2i(5)	244570	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	159399	
(8) Legal fees	2i(8)	64407	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	971229	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1582389
j Total expenses. Add all expense amounts in column (b) and enter total	2j		16245437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6168284
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ROGOFF & COMPANY P.C.**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565203.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan UNITED FURNITURE WORKERS PENSION FUND A	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED FURNITURE WORKERS PENSION FUND A	D Employer Identification Number (EIN) 13-5511877	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 STEINWAY & SONS

b EIN 04-2876343 **c** Dollar amount contributed by employer 1332676

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2027

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

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

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

a Name of contributing employer SEALY MATTRESS COMPANY

b EIN 34-1439379 **c** Dollar amount contributed by employer 1408221

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 2025

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

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

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

a Name of contributing employer SEALY MATTRESS OF N.J. INC.

b EIN 22-1084490 **c** Dollar amount contributed by employer 447077

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 04 Day 30 Year 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) _____

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	5373
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	3155
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	3173

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.52
b The corresponding number for the second preceding plan year	15b	1.48

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

a Enter the number of employers who withdrew during the preceding plan year	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 11.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 83.0 %
 High-Yield Debt: 0.0 % Real Assets: 1.7 % Cash or Cash Equivalents: 0.1 % Other: 3.7 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Independent Auditor's Report

To the Board of Trustees
United Furniture Workers Pension Fund A
Nashville, TN

Opinion

We have audited the financial statements of United Furniture Workers Pension Fund A (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the plan's net assets available for benefits as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Rogoff & Company PC

December 15, 2025
New York, New York

Schedule MB, line 6 – Summary of Plan Provisions

The following is a summary of the major provisions. Please refer to the Plan document for a more complete description.

1. Effective Date

The Plan was established on March 1, 1962. The most recent amendment was effective May 2023.

2. Participation

Employees become Participants as of the date their employer is obligated to begin contributions to the Plan on their behalf.

3. Past Service

Participants shall, after 36 months of contributions have been made, be credited with a year of Past Service during any calendar year prior to the employer's applicable effective date in which they were employed for at least six months.

4. Effective Service

Participants on July 1, 1974 shall be credited with Effective Service for each month for which contributions were made on their behalf through January 1, 1971.

5. Future Eligibility Service

A Participant shall be credited with a year of Future Eligibility Service for each calendar year beginning January 1, 1971 during which contributions were made on their behalf, and they worked at least 1,000 hours.

6. Normal Retirement

Eligibility: The later of age 65 and 5th anniversary of Plan participation.

Benefit: The monthly benefit is equal to the sum of the following, but not less than \$50:

- (A) Multiply the average annual contribution made on the Participant's behalf after January 1, 1971 by the number of years of Past Service by the applicable percentage. The percentage ranges from 1.8% to 2.2% depending on when participation began and how many months employer contributions were made.
- (B) Multiply the average annual contribution made on the Participant's behalf after January 1, 1971 by the Effective Service Credit by 3.0%.
- (C) Multiply the total amount contributed on behalf of the participant from January 1, 1971 to August 31, 2003 by 3%.
- (D) Multiply the total amount contributed on behalf of the participant from September 1, 2003 to August 31, 2006 by 2%.
- (E) Multiply the total amount contributed on behalf of the participant after August 31, 2006 by 1%.

Effective March 1, 2009, the monthly benefit for participants not yet retired will have no 36-month guarantee feature.

Schedule MB, line 6 – Summary of Plan Provisions

7. Early Retirement

Eligibility: Age 55 and five years of service (ten years of service if the participant did not have at least one hour of service after March 1, 1998).

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

Effective March 1, 2009, the subsidized reduction described above is only applied to Participants retiring directly from active status. All other retirements will be actuarially reduced to reflect early commencement of benefits.

8. Disability Retirement

Eligibility: Five years of service (ten years of service if the participant did not have at least one hour of service after March 1, 1998) and awarded a Social Security Disability Award.

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

9. Deferred Vested Pension

Eligibility: Five years of service (ten years of service if the participant did not have at least one hour of service after March 1, 1998).

Benefit: Accrued benefit payable at normal retirement.

10. Joint & Survivor Annuity Benefit

Eligibility: Participant must be eligible for early, normal or disability pension on their date of death.

Benefit: The actuarial equivalence of 50% or 75% of the accrued benefit with reduction for early retirement if applicable.

11. Normal Form

If Single: Straight Life Annuity

If Married: 50% Joint & Survivor, actuarial equivalence.

12. Changes to Plan Provisions Since Last Valuation

Effective May 2023, the MPRA Benefit suspension and Partition were rescinded due to the Plan's receipt of SFA.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Investment Return (net of investment expenses)

Funding purposes	6.75% per year
Current Liability under RPA 1994	3.42% per year
Withdrawal Liability purposes	5.45% for 20 years,
And LDROM (ERISA 4044 rates)	5.22% thereafter

2. Administrative Expenses

\$1,400,000 payable beginning of year.

3. Rates of Mortality

Funding & ASC 960:

- Healthy Lives: RPH-2014 Healthy Blue Collar Mortality Table adjusted back to 2006 using MP-2014 and brought forward with generational mortality improvements using MP-2016

- Disabled Lives: RPH-2014 Disabled Retiree Mortality Table adjusted back to 2006 using MP-2014 and brought forward with generational mortality improvements using MP-2016

RPA '94 Current Liability:

- 2024 Current Liability Combined Mortality Table

Terminated vested participants over age 85 are assumed to be deceased.

In accordance with Actuarial Standard of Practice No. 35, we have considered the effect of mortality improvement prior to and subsequent to the measurement date developing this assumption.

4. Rates of Turnover

Terminations of employment for reasons other than death, disability or retirement are assumed to be in accordance with annual rates as shown below for illustrative ages. Furthermore, active participants who terminate are assumed to retire at age 61 (the weighted retirement age for terminated vested participants).

Age	Service			
	0 - 1	1 - 2	2 - 3	3+
25	20.5%	20.5%	19.0%	15.0%
35	16.9	16.9	16.9	11.3
45	15.0	15.0	12.4	7.8
55	15.0	15.0	7.0	7.0
62	15.0	15.0	7.0	7.0

5. Rates of Disability

Illustrative rates of disablement are shown below:

Age	Rate
25	0.050%
35	0.065
45	0.244
55	0.406
65	0.000

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

6. Rates of Retirement

Annual rates as shown below for illustrative ages.

Actives		Terminated Vesteds	
Age	Rate	Age	Rate
55 - 59	3.00%	55	15.00%
60	5.00	56 – 61	5.00
61	10.00	62	20.00
62 - 64	15.00	63 – 64	10.00
65 - 69	50.00	65	100.00
70	100.00		

7. Normal Form

60% of all active and terminated vested participants elect a Single Life Annuity, 15% elect a 50% Joint & Survivor Annuity, and 25% elect a 75% Joint & Survivor Annuity.

8. Marriage Assumption

70% married, with husbands three years older than wives.

9. Justification for Economic Assumptions

In accordance with Actuarial Standard of Practice No. 27, the rationale for our 6.75% discount rate is based on the Trustees risk preference, the Fund’s current asset allocation, and the investment managers capital market outlook. Based on the current asset allocation, the investment manager’s projected long-term return exceeds the discount rate.

For Withdrawal Liability purposes the discount rate uses ERISA 4044 interest rates as required for plans received SFA.

For our demographic assumptions, the rates of termination and rates of retirement for active participants were initially set after a 2007 Experience Study and are reviewed annually. Other demographic assumptions were adjusted based on actual Plan experience in conjunction with the Plan’s SFA application.

10. Changes in Assumptions Since the Last Valuation

The RPA '94 current liability interest rate was changed from 2.65% to 3.42% to comply with appropriate guidance.

The RPA '94 current liability mortality table changed from the 2023 static mortality table to the 2024 static mortality table to comply with appropriate guidance.

The assumed retirement rates for Terminated Vested participants were revised as part of Special Financial Assistance application, the prior assumption is shown in the table below.

Terminated Vesteds	
Age	Rate
55	15.00%
56 – 61	5.00
62	20.00
63 – 64	10.00
65 – 79	50.00
80	100.00

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

B. Actuarial Methods

1. Actuarial Cost Method

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

2. Asset Valuation Method

The actuarial value of assets is determined in accordance with Section 3.16 of Revenue Procedure 2000-40 using a five-year smoothing period. Specifically, the actuarial value of assets as of March 1, 2007 is set equal to the market value of assets. For each subsequent plan year, the actuarial value shall be the market value minus a decreasing fraction (4/5, 3/5, 2/5, 1/5) of each gain or loss for each of the preceding four plan years. Gains or losses prior to March 1, 2007 are ignored. The resulting actuarial value of assets is then limited to be no greater than 120% and no less than 80% of the market value of assets on the valuation date.

3. Withdrawal Liability Method

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

4. Special Financial Assistance

The Plan was approved for SFA on April 28, 2023 and received payment on May 24, 2023. The valuation reflects all applicable conditions and restrictions in accordance with PBGC Regulation §4262. Further, SFA was disregarded in determining the Plan's Minimum Funding requirements pursuant to IRS Notice 2021-38.

5. Modeling Disclosures

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

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

6. Changes in Actuarial Methods Since the Last Valuation

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

United Furniture Workers Pension Fund A

EIN – 13-5511877

Schedules H, Line 4i – Schedule of Assets (Held at Year End)

As of February 28, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i>Mutual funds/ Registered investment companies</i>			
PIMCO	PIMCO Total Return Inst, 1,714,013.217 Shares	\$ 15,874,517	\$ 14,929,055
US Bancorp Fund Services, LLC	Boston Partners All-Cap Value Fund Institutional Class, 104,593.135 Shares	2,667,803	3,335,475
Blackrock Investments LLC	Strategic Income Opportunities-CLK Fund, 531,773.906 Shares	5,212,344	5,105,029
Vanguard	Vanguard Growth Index Fund Admiral, 39,876,939 Shares	<u>2,642,318</u>	<u>8,327,102</u>
		<u>26,396,982</u>	<u>31,696,661</u>
<i>Collective investment trust</i>			
PIMCO	PIMCO Multiemployer Plan ARPA/SFA CIT, 16,271,213.529 Units	<u>162,712,145</u>	<u>181,642,065</u>
SEI Trust Company	COOKE & BIELER Large Cap Value CIT Founders Class, 373,105.737 Units	<u>3,731,057</u>	<u>4,204,901</u>
<i>Common trust funds Commingled funds</i>			
J.P. Morgan Asset Management	JPMCB Strategic Property Fund, 380,431.662 Units	3,696,635	4,232,454
State Street Global Advisors	MSCI ACWI Ex USA NL Fund, 137,897.028 Units	2,722,926	4,159,112
State Street Global Advisors	Daily MSCI USA Index NL Fund, 87,773.861 Units	<u>2,907,297</u>	<u>8,004,362</u>
		<u>9,326,858</u>	<u>16,395,928</u>
<i>Other Investments</i>			
<i>Limited Partnership/joint venture interests</i>			
Citco Fund Services	Investment in BPIF Non Taxable L.P.	1,143,544	2,700,407
Northern Trust Hedge Fund Services	Parametric Defensive Equity Fund, .07% ownership interest	2,066,532	4,229,300
Hamilton Lane	Investment in Hamilton Lane Strategic Opp Offshore Fund IV	643,380	429,281
Blackstone	Blackstone Real Estate Debts Strategies IV (Feeder Fund) LP	535,875	867,983
Neuberger Berman	NB Private Debt Fund V Offshore Feeder (C) LP	<u>799,092</u>	<u>799,092</u>
		<u>5,188,423</u>	<u>9,026,063</u>
* Investment in United Furniture Workers Building Corporation	Land and Building, 100% ownership interest	<u>554,233</u>	<u>2,520,000</u>
	Total	<u>\$ 204,178,641</u>	<u>\$ 245,485,618</u>

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

Age / Service Distribution of Active Participants as of March 1, 2024											
Age	Service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Under 25	12	19	0	0	0	0	0	0	0	0	31
25 to 29	7	36	6	0	0	0	0	0	0	0	49
30 to 34	4	31	14	6	0	0	0	0	0	0	55
35 to 39	5	37	9	9	5	0	0	0	0	0	65
40 to 44	6	23	11	7	8	13	1	0	0	0	69
45 to 49	3	32	15	3	8	15	11	0	0	0	87
50 to 54	12	26	16	14	8	23	19	5	1	0	124
55 to 59	6	30	16	11	12	23	19	10	7	0	134
60 to 64	0	9	12	7	7	18	17	13	10	1	94
65 to 69	0	5	2	0	5	8	7	3	5	4	39
70 & up	0	1	2	1	2	0	0	0	0	2	8
Total	55	249	103	58	55	100	74	31	23	7	755

Average Age = 48.5

Average Service = 12.8

Department of the Treasury - Internal Revenue Service
**Annual Certification for Multiemployer
Defined Benefit Plans**

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

For calendar plan year _____ or fiscal plan year beginning 3/1/2024 and ending 2/28/2025

Part I – Basic Plan Information

1a. Name of plan United Furniture Workers Pension Fund A		1b. Three-digit plan number (PN) 001	
1c. Plan sponsor's name United Furniture Workers Pension Fund A		1d. Employer identification number (EIN) 13-5511877	
1e. Plan sponsor's telephone number (615) 889-8860	1f. Plan sponsor's address, city, state, ZIP code PO Box 100037, Nashville, TN, 37224		

Part II – Plan Actuary's Information

2a. Plan actuary's name Christian Benjaminson	2b. Plan actuary's firm name Cheiron, Inc.		
2c. Plan actuary's firm address, city, state, ZIP code 701 East Gate Drive, Suite 330, Mount Laurel, NJ, 08054			
2d. Plan actuary's enrollment number 23-07015	2e. Plan actuary's telephone number (877) 243-4766		

Part III – Plan Status

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

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

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

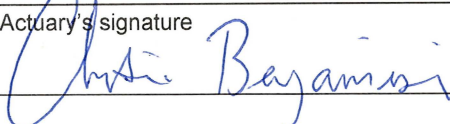
4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

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

Part V – Sign Here

Statement by Enrolled Actuary

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

Actuary's signature 	Date 5/29/2024
--	-------------------

United Furniture Workers Pension Fund A
c/o Ms. Dee Anne Walker
PO Box 100037
Nashville, Tennessee 37224-0037

May 29, 2024
EIN: 13-5511877
PN: 001
Tel: (615) 889-8860

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

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning March 1, 2024, that the Fund is classified as being in Critical status as this term is described in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014. The Rehabilitation Period began March 1, 2011. We also certify that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed below.

Plan Status

The Plan received Special Financial Assistance (SFA) on May 24, 2023. Pursuant to ERISA Section 432(b)(7) and PBGC Regulation 4262.17(c) the Plan is therefore deemed to be in critical status within the meaning of section 305(b)(2) of ERISA.

Scheduled Progress

Pursuant to Code Section 432(b)(3)(A)(ii) and ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted their 2009 Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. Effective March 1, 2009 the Rehabilitation Plan removed some adjustable benefits, and the Rehabilitation Plan requires total annual contribution increases of 1.5% effective January 1, 2020 upon the anniversary date of the applicable collective bargaining agreement or contribution agreement under which the Employer is obligated to make contributions. Currently, all active employers have adopted these provisions for the duration of their most recent collective bargaining agreement. On this basis, and also considering the lack of guidance from the Internal Revenue Service we are certifying that the Fund is making scheduled progress in meeting the requirements of its Rehabilitation Plan as discussed in ERISA Section 305(b)(3)(A)(ii).

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

Board of Trustees

May 29, 2024

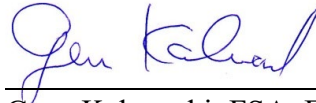
Page ii

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

Sincerely,



Christian Benjaminson, FSA, EA (23-07015)



Gene Kalwarski, FSA, EA (23-01979)

cc: Secretary of the Treasury

Plan Name: United Furniture Workers Pension Fund A
Plan Sponsor EIN/PN: 13-5511877 / 001
Attachment A to 2024 Form 5500 Schedule MB

Schedule MB, Line 3d – Withdrawal Liability Amounts

Schedule MB, Line 3d - Withdrawal Liability Amounts			
Payment Date	Periodic Amounts	Lump Sum Amounts	Total
03-2024	\$ 7,620	\$ 0	\$ 7,620
04-2024	131,164	0	131,164
05-2024	0	0	0
06-2024	11,306	0	11,306
07-2024	128,949	0	128,949
08-2024	1,471	0	1,471
09-2024	9,835	0	9,835
10-2024	128,949	0	128,949
11-2024	0	27,000	27,000
12-2024	7,620	0	7,620
01-2025	130,420	0	130,420
02-2025	0	0	0
Total	\$ 557,334	\$ 27,000	\$ 584,334

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

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

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

Pursuant to Code Section 432(b)(3)(A)(ii) and ERISA Section 305(e)(3)(A)(ii), the Board of Trustees has adopted their 2009 Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. Effective March 1, 2009 the Rehabilitation Plan removed some adjustable benefits, and effective March 1, 2018 it requires annual contribution increases of 1.5% upon adoption of the Rehabilitation Plan. Currently, all active employers have adopted these provisions for the duration of their most recent collective bargaining agreement.

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

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

Table V - 5 Schedule of Amortizations Required for Minimum Required Contribution as of March 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	3/1/2024 Outstanding Balance	Remaining Amortization Years	Beg of Yr Amortization Amount
CHARGES						
1. Actuarial Loss	3/1/2000	7,511,951	30	2,893,672	6	564,313
2. Assumption Change	3/1/2007	8,194,633	30	5,529,367	13	611,008
3. Actuarial Loss	3/1/2011	7,919,489	15	1,568,250	2	809,729
4. Assumption Change	3/1/2012	2,075,229	15	595,591	3	211,632
5. Actuarial Loss	3/1/2012	6,035,275	15	1,732,140	3	615,477
6. Actuarial Loss	3/1/2013	3,242,769	15	1,199,503	4	329,865
7. Assumption Change	3/1/2015	12,570,893	15	6,525,633	6	1,272,602
8. Actuarial Loss	3/1/2016	1,216,656	15	714,807	7	123,167
9. Assumption Change	3/1/2017	11,284,303	15	7,352,862	8	1,142,355
10. Actuarial Loss	3/1/2017	464,431	15	302,627	8	47,016
11. Actuarial Loss	3/1/2019	1,054,584	15	683,856	10	90,158
12. Actuarial Loss	3/1/2020	2,817,058	15	2,311,536	11	285,182
13. Actuarial Loss	3/1/2022	10,422,266	15	9,548,120	13	1,055,088
14. Actuarial Loss	3/1/2023	2,255,275	15	2,163,784	14	228,311
15. Assumption Change	3/1/2023	11,479	15	11,013	14	1,162
16. Rescinding MPRA Benefit Suspension and Partition	3/1/2024	110,780,122	15	<u>110,780,122</u>	15	<u>11,214,714</u>
TOTAL CHARGES				\$ 153,912,879		\$ 18,601,779
CREDITS						
1. Actuarial Gain	3/1/2010	11,371,471	15	1,165,788	1	1,165,788
2. Actuarial Gain	3/1/2014	4,028,752	15	1,801,412	5	408,816
3. Actuarial Gain	3/1/2015	231,637	15	120,244	6	23,449
4. MPRA Benefit Suspension and Partition	3/1/2018	108,024,759	15	76,873,975	9	10,935,778
5. Actuarial Gain	3/1/2018	5,057,769	15	3,599,277	9	512,018
6. Assumption Change	3/1/2020	375,905	15	308,450	11	38,055
7. Actuarial Gain	3/1/2021	1,205,343	15	1,048,525	12	122,022
8. Assumption Change	3/1/2024	483,515	15	483,515	15	48,948
9. Actuarial Gain	3/1/2024	22,854,021	15	<u>22,854,021</u>	15	<u>2,313,604</u>
TOTAL CREDITS				\$ 108,255,207		\$ 15,568,478
NET CHARGE/(CREDIT)				\$ 45,657,672		\$ 3,033,301

Plan Name: United Furniture Workers Pension Fund A
Plan Sponsor EIN/PN: 13-5511877 / 001
Attachment H to 2024 Form 5500 Schedule MB

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Changes:

1. The RPA '94 current liability interest rate was changed from 2.65% to 3.42% to comply with appropriate guidance.
2. The RPA '94 current liability mortality table was changed from the 2023 Current Liability Static Mortality Table to the 2024 Current Liability Static Mortality Table to comply with appropriate guidance.
3. The assumed rates of retirement for Terminated Vested members were revised to be consistent with the Special Financial Assistance application.

United Furniture Workers

Pension Fund A

Financial Statements

February 28, 2025 and February 29, 2024

United Furniture Workers Pension Fund A

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February 28, 2025 and February 29, 2024

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Supplemental schedule of reportable (5%) transactions for the year ended February 28, 2025 (Form 55000, Schedule H, Part IV, Line 4j)	23

Independent Auditor's Report

To the Board of Trustees
United Furniture Workers Pension Fund A
Nashville, TN

Opinion

We have audited the financial statements of United Furniture Workers Pension Fund A (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the plan's net assets available for benefits as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Rogoff & Company PC

December 15, 2025
New York, New York

United Furniture Workers Pension Fund A
Statements of Net Assets Available for Benefits
As of February 28, 2025 and February 29, 2024

	2025	2024
Assets		
Investments, at fair value	\$ 245,485,618	\$ 244,561,684
Receivables		
Employer contributions, net	352,000	321,000
Withdrawal liability, net	2,408,000	2,598,000
Due from related entities	3,236	12,147
Accrued interest and dividends	3,695	3,695
Total receivables	2,766,931	2,934,842
Cash and cash equivalents	3,027,897	2,204,747
Property and equipment, net	153,864	21,722
Other assets	66,979	67,446
Total Assets	251,501,289	249,790,441
Liabilities		
Accrued expenses	112,802	129,361
Due to PBGC for SFA overpayment	-	4,440,877
Total Liabilities	112,802	4,570,238
Net Assets Available for Benefits	\$ 251,388,487	\$ 245,220,203

The accompanying notes are an integral part of these financial statements

United Furniture Workers Pension Fund A
Statements of Changes in Net Assets Available for Benefits
For the Years Ended February 28, 2025 and February 29, 2024

	2025	2024
Additions to Net Assets Attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 17,295,942	\$ 12,732,273
Interest	793,970	973,212
Dividends	486,734	460,655
	18,576,646	14,166,140
Less: investment expenses	244,570	250,414
Net investment income	18,332,076	13,915,726
Employer contributions	3,443,722	3,905,499
Withdrawal liability income	397,134	1,733,291
SFA Funding:		
Financial assistance income, UFW Plan A	-	214,549,840
Refund to PBGC for SFA overpayment	(3,781)	(4,440,877)
Financial assistance, UFW Successor PBGC loan payoff	-	50,837,999
Total additions	22,169,151	280,501,478
Deductions to Net Assets Attributed to:		
Benefits paid directly to participants	14,663,048	19,573,884
Retroactive cost of benefits	-	122,558
Administrative expenses	1,337,819	1,340,802
Total deductions	16,000,867	21,037,244
Net increase in net assets available for benefits	6,168,284	259,464,234
Net assets available for benefits, beginning of year	245,220,203	35,293,155
Transfer of assets to UFW Successor	-	(49,537,186)
Net assets available for benefits, end of year	\$ 251,388,487	\$ 245,220,203

The accompanying notes are an integral part of these financial statements

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 1. Description of Plan

The following brief description of the United Furniture Workers Pension Fund A (the "Plan" "Fund" or "UFW Plan A") is provided for general information purposes only. Participants should refer to the plan Document for a more complete description of the Plan's provisions.

General - The plan is a multiemployer defined benefit plan providing retirement, disability, and death benefits to all eligible employees of participating employers in a collective bargaining unit represented by local unions affiliated with the IUE-CWA, AFL-CIO. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

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

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the collective bargaining agreement and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have not been met as of March 1, 2023.

Pension Protection Act Funding Status - As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of March 1, 2025, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of March 1, 2024 and audited financial information as of February 29, 2024, as well as other financial information, including estimated cash flows for the year ended February 28, 2025, and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan.

The Plan was certified to be in critical status (red zone) under the Pension Protection Act (PPA) as amended by the Multiemployer Pension Reforms Act of 2014 (MPRA) for the 2025 Plan year because the current Funding Deficiency. This is the same status as last year. The PPA status is re-determined annually.

A Rehabilitation Plan was prepared in December 2008 modifying adjustable benefits and requiring annual contribution increase of 5.5% beginning March 1, 2009. In accordance with the MPRA applications, the Rehabilitation Plan was updated to reduce the annual contribution rate increase from 5.5% per year to a 1.5% effective March 1, 2018 upon adoption of the Rehabilitation Plan. This Rehabilitation Plan is based on the "reasonable measures" method and is annually monitored.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 1. Description of Plan (continued)

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

Joint and Survivor Annuity Benefits - Should death occur prior to retirement and the participant is eligible for early, normal or a disability benefit, the actuarial equivalence of 50% or 75% of the accrued benefit, with a reduction for early retirement if applicable, is paid to the spouse.

Note 2. Summary of Accounting Policies

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

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

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

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

Investments Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of February 28, 2025 and February 29, 2024, management believes that the receivable are deemed collectable and no allowance is needed.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 2. Summary of Accounting Policies (continued)

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

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

Property and Equipment - Property, equipment and building improvements are recorded at cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs, which do not improve or extend the useful lives of the respective assets, are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives ranging from 3 to 15 years.

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

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with a related plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans (see note 10). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - The Plan has evaluated events and transactions that occurred through December 15, 2025, which is the date the financial statements were available to be issued.

New Accounting Pronouncements Adopted - Effective March 1, 2023, the Plan adopted Accounting Standard Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other documents to extend credit held by a reporting entity.

Upon evaluation, the management has determined that this standard has no impact on its financial statements.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 3. Accumulated Plan Benefits

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

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

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

	March 1, 2024
Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 123,925,550
Terminated vested	42,573,168
Active participants	22,462,612
	188,961,330
Non-vested benefits	633,116
Present value of expected administrative expenses	16,589,514
Total actuarial present value of accumulated plan benefits	\$ 206,183,960

United Furniture Workers Pension Fund A

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

Note 3. Accumulated Plan Benefits (continued)

Changes in the actuarial present value of accumulated plan benefits during the year ended February 29, 2024 are as follows:

Actuarial present value of accumulated plan benefits at the beginning of the year (with expenses)	\$	93,146,107
Increase (decrease) during the year due to:		
Benefit accruals		1,052,300
Benefit payments		(12,983,372)
Increase for interest		5,874,952
Experience (gains)/losses		1,713,101
Administrative expenses		(1,340,802)
Expense experience (gains)/losses		13,760,060
Change in assumptions		(7,119,321)
Plan amendments		112,080,935
Net change		<u>113,037,853</u>
Actuarial present value of accumulated plan benefits as of March 1, 2024 (with expenses)	\$	<u><u>206,183,960</u></u>

The significant actuarial assumptions used in the valuations as of March 1, 2024 were as follows:

Mortality rates – Healthy Lives:	RPH-2014 Healthy Blue Collar Mortality Table adjusted back to 2006 using MP-2014 and brought forward with generational mortality improvements using MP-2016.
Disable Lives:	RPH-2014 Disabled Retiree Mortality Table adjusted back to 2006 using MP-2014 and brought forward with generational mortality improvements using MP-2016.
Retirement age - Ranging from 55 to age 70	
Net investment return - 6.75%.	

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of March 1, 2024. Had the valuations been performed as of February 29, there would be no material differences.

Note 4. Plan Termination

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

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 4. Plan Termination (continued)

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

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

Note 5. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of February 28, 2025 and February 29, 2024.

Mutual Funds/ Registered Investment Companies (RIC): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are considered a Level 1 investment.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 5. Fair Value Measurements (continued)

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

Common Collective Trust: Valued based on the NAV of units (or equivalent). The NAV, as provided by the trustee or fund manager, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. The trustee or fund manager determines, in good faith, the fair value of the fund's underlying investments, for which market values are not readily determinable.

Limited Partnerships/Joint Ventures: Valued based on the Plan's ownership percentage and the value of the partnerships' investments per the last reported sales price on the last business day of the plan year or the last quoted bid price.

Net Asset Value: As a practical expedient, fair value of certain investments may be estimated using their net asset value (NAV) if such investments are redeemable at NAV. In the fair value hierarchy, such investments that are redeemable at NAV are reported separately instead of the levels within the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of February 28, 2025 and February 29, 2024:

	<i>Assets at Fair Value as of February 28, 2025</i>			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 31,696,661	\$ -	\$ -	\$ 31,696,661
Investment in UFW Building Corp.	-	-	2,520,000	2,520,000
Total investments in the fair value hierarchy	31,696,661	-	2,520,000	34,216,661
Investments measured at NAV	-	-	-	211,268,957
Total investments, at fair value	\$ 31,696,661	\$ -	\$ 2,520,000	\$ 245,485,618

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 5. Fair Value Measurements (continued)

	<i>Assets at Fair Value as of February 29, 2024</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 28,621,770	\$ -	\$ -	\$ 28,621,770
Investment in UFW Building Corp.	<u>-</u>	<u>-</u>	<u>2,520,000</u>	<u>2,520,000</u>
Total investments in the fair value hierarchy	28,621,770	-	2,520,000	31,141,770
Investments measured at NAV	<u>-</u>	<u>-</u>	<u>-</u>	<u>213,419,914</u>
Total investments, at fair value	<u>\$ 28,621,770</u>	<u>\$ -</u>	<u>\$ 2,520,000</u>	<u>\$ 244,561,684</u>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. In the management's opinion there were no transfers between Level 1, 2 or 3.

Changes in Fair Value of Level 3 Assets

There were no purchases, issuances, transfers in or out of level 3. The table represents the changes in the fair value of the Plan's level 3 assets for the years ended February 28, 2025.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

In estimating fair value of the investments in Level 3, management used a third party appraiser. The appraisal was based upon a comparable sales approach. In substantiating the reasonableness, management evaluates a variety of factors including market development, economic conditions and review of appraiser report of estimated value that the plan will receive upon sale.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 5. Fair Value Measurements (continued)

Fair Value of Investments that Calculates Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of February 28, 2025 and February 29, 2024.

<u>Description</u>		<u>Fair Value, February</u>		<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
		<u>28, 2025</u>	<u>29, 2024</u>	<u>Commitment</u>	<u>Frequency</u>	<u>Notice Period</u>
Common investment trust/ Common trust fund:						
PIMCO Multiemployer Plan						
ARPA/SFA CIT	{A}	\$ 181,642,065	\$ 191,132,158	n/a	Daily	5 days
COOKE & BIELER Large Cap Value						
CIT Founders Class	{B}	4,204,901	-	n/a	Daily	none
JPMCB Strategic Property Fund	{C}	4,232,454	3,912,849	n/a	Quarterly	90 days
State Street Global Advisors - MSCI	{D}	4,159,112	3,737,685	n/a	Semi-Monthly	2 days
State Street Global Advisors - Daily	{E}	8,004,362	6,583,362	n/a	Daily	2 days
BPIF Non-Taxable LP	{F}	2,700,407	2,449,108	n/a	Semi-annually	95 days
Parametric Defensive Equity Fund	{G}	4,229,300	3,745,761	n/a	Monthly	5 days
Hamilton Lane Strategic Opportunities						
Offshore Fund IV (series 2018) LP	{H}	429,281	563,636	\$ 290,631	(a)	-
Blackstone Real Estate Debts						
Strategies IV (Feeder Fund) LP	{H}	867,983	1,295,355	631,568	(a)	-
NB Private Debt Fund V Offshore						
Feeder (C) LP	{H}	799,092	-	3,200,000	(a)	-
		<u>\$ 211,268,957</u>	<u>\$ 213,419,914</u>			

(a) The investment is subject to various restrictions on redemption and frequency.

{A} – Fund seeks active total return through U.S. credit bond management.

{B} – Fund seeks to generate attractive long-term return.

{C} – Private Real Estate Fund; safety of principal and income generation.

{D} – Passive International Equity; Its primary objective is capital appreciation.

{E} – Passive U.S. Equity; Its primary objective is capital appreciation.

{F} – Hedge Fund of Funds; Its primary objective is to provide diversified alpha.

{G} – Option-based Strategy; Its primary objective is to provide diversified alpha.

{H} – Private Debt; safety of principal and income generation.

Note 6. Commitments

The Plan has made commitments to Hamilton Lane Strategic Opportunities Offshore Fund IV (series 2018) LP, Blackstone Real Estate Debts Strategies (Feeder Fund) LP and NB Private Debt Fund V Offshore Feeder (C) LP, in the amount of \$2 million, \$2 million and \$4 million, respectively. The outstanding commitments to fund partnership investments as of February 28, 2025, are listed in Note 5.

Note 7. Assessed Withdrawal Liability

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 7. Assessed Withdrawal Liability (continued)

vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into various settlement agreements with participating employers who withdrew from the Plan and were subject to withdrawal liability assessments. The Trustees, at times, approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During 2025 and 2024, the Plan recognized withdrawal liability income of \$397,134 and, \$1,733,291 respectively.

As of February 28, 2025 and February 29, 2024, the Plan was receiving withdrawal assessment payments under payment plan arrangements from former participating employers. The receivable amount represents the present value of the remaining payments using a discount rate of 7.5%, net of an allowance for uncollectible accounts of \$6,396,460 and \$6,764,300 as of February 28, 2025 and February 29, 2024, respectively.

Note 8. Property and Equipment

As of February 28, 2025 and February 29, 2024, property and equipment consist of the following:

	2025	2024
Furniture and equipment	\$ 37,397	\$ 37,397
Building improvements	137,255	-
	174,652	37,397
Less: accumulated depreciation	20,788	15,675
	\$ 153,864	\$ 21,722

Depreciation expense was \$5,108 and \$2,845 for the years ended February 28, 2025 and February 29, 2024, respectively.

Note 9. Credit Risk Concentration

The Plan maintains accounts in banks located in the Nashville area. Cash accounts at the bank are insured by Federal Deposit Insurance Corporation (FDIC) for up to \$250,000. From time to time, the Plan may have amounts on deposit in excess of FDIC limits. As of February 28, 2025 and February 29, 2024, the amounts in excess of insured limits were \$2,814,003 and \$2,000,000, respectively.

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

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 10. Related-Party and Party-in-Interest Transactions

The Plan has the following related entities:

- United Furniture Workers Successor Pension Fund (“Successor Plan”)
- United Furniture Workers Insurance Fund (“UFW Insurance Fund”)
- Pension Plan for Employees of the United Furniture Workers of America and Related Organizations (“PPE of UFW”)
- United Furniture Workers of America, AFL-CIO Building Corporation (“UFW Building Corp.”).

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

For the year ended February 28, 2025 and February 29, 2024, the Plan receives contributions from UFW Insurance Fund in the amount of \$27,772 and \$32,753.

The Plan’s office employees are covered by the UFW Insurance Fund that provides medical benefits to retirees and to eligible employees and their dependents. Contributions to this plan for the year ended February 28, 2025 and February 29, 2024 totaled \$95,968 and \$93,177, respectively.

For the year ended February 28, 2025 and February 29, 2024, the Plan paid pension contributions to PPE of UFW in the amount of \$38,874 and \$36,611, see Note 13.

The Plan and other related entities occupy space in the building owned by the UFW Building Corp. Each tenant bears its pro rata share of the operating costs of such building on month-to-month basis. Rent expense allocated to the Plan by the UFW Building Corp. amounted to \$63,442 and \$36,851 for the year ended February 28, 2025 and February 29, 2024, respectively.

The Plan and other related entities share administrative staff and expenses. The reimbursement for payroll expenses allocated to related entities as per their share amounted to \$53,145 and \$95,493, for the years ended February 28, 2025 and February 29, 2024, respectively.

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

Note 11. Concentration

Contributions received from two employers were approximately 98% and 94% of the total contributions for the years ended February 28, 2025 and February 29, 2024, respectively.

Contributions receivable from two employers were approximately 95% and 85% of the total contributions receivable as of February 28, 2025 and February 29, 2024, respectively.

Note 12. Plan Amendments

There were no significant plan amendments in plan year ended 2025 and 2024.

United Furniture Workers Pension Fund A

Notes to Financial Statements

Years Ended February 28, 2025 and February 29, 2024

Note 13. Participation in Multiemployer Plans

Defined Benefit Pension Plan – The Plan’s office employees are covered under this multiemployer defined pension plan under the terms of a collective-bargaining agreement that covers its union-represented employees. The risks of participating in these multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in this plan, the Plan may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Plan’s participation in this plan for the years ended February 28, 2025 and February 29, 2024, is outlined in the table below. The “EIN/Pension Plan Number” column provides the Employer Identification Number and the three-digit plan number, if applicable. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Plan’s years ended February 28, 2025 and February 29, 2024, respectively. The zone status is based on information that the Plan received from each multiemployer plan and is certified by the plan’s actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The “FIP/RP Status” column indicates plans for which a financial improvement plan (“FIP”) or a rehabilitation plan (“RP”) is either pending or has been implemented. The last column lists the expiration date of the collective-bargaining agreement to which the plans are subject. Finally, the number of employees covered by the Plan’s multiemployer plans decreased.

Pension Fund	EIN/Pension Plan Number	Pension Protection Act Zone Status		FIP/RP Status Pending/Implemented	Contributions of United Furniture Workers Pension Fund A		Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
		2024	2023		2025	2024		
PPE of UFW	13-6112258	Red	Red	RP	\$ 38,874	36,611	Yes	5/31/2025
UFW Plan A	13-5511877	Red	Red	RP	8,562	8,212	Yes	5/31/2025

Note 14. Tax Status

The Plan has been ruled to be a qualified plan under Section 401 of the Internal Revenue Code (IRC). The Plan has been amended since receiving its last determination letter. However, the plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

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

United Furniture Workers Pension Fund A
Notes to Financial Statements
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Note 15. Risks and Uncertainties

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

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

Note 16. Benefit Suspension and Plan Partition

In 2017, the Trustees of the UFW Plan A filed for a joint suspension of benefits and plan partitioning with the U.S. Treasury Department (“Treasury”) and the PBGC, respectively. Both applications were approved on August 31, 2017.

Due to its critical and declining status, the Plan was approved by the PBGC to be partitioned into an UFW Plan A and a Successor Plan, effective September 1, 2017. Financial assistance to the Successor Plan will be paid exclusively from the multiemployer insurance fund (PBGC).

In 2023, UFW Plan A received special financial assistance from PBGC under section 4262(b)(1) of ERISA and 4262.3 of PBGC’s regulations. The total payment by PBGC to the UFW Plan A also included \$50,837,999, which was used to satisfy the PBGC promissory note due by the Successor Plan, see Note 18.

As part of the agreement with the PBGC, this Partition, as described above, separating the Plan and the Successor Plan was rescinded and the net assets of the Successor Plan were transferred to the Plan. After the transfer to the Plan, the Board of Trustees terminated the Successor Plan on December 18, 2023.

Note 17. Retroactive Cost of Benefits

In 2021, certain operational failures were discovered with respect to suspension of benefits notices and late retirement adjustments.

In July 2022, the Plan filed an application to correct these operational failures through the Internal Revenue Service’s (“IRS”) Voluntary Correction Program (“VCP”).

During the year ended February 29, 2024, the Plan paid, to eligible participants, the retroactive adjustments required through the Benefits Suspension date. These payments, with interest, were approximately eleven million dollars. The Plan’s actuary estimated the retroactive cost of the corrections to be approximately \$10,970,000.

In May 2023, the IRS acknowledged receipt of the VCP application. By letter dated October 30, 2024, the IRS sent a signed VCP Compliance Statement advising that the Service agrees with the corrective actions and changes to the administrative procedures undertaken by the Plan through the VCP process.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 18. PBGC Special Financial Assistance Program

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

On December 29, 2022, the Plan submitted an application to the PBGC for SFA. On April 28, 2023, the Plan received a letter from the PBGC approving the SFA with payments to the Plan totaling \$265,382,643, including; \$214,089,775 the amount required as demonstrated in the application for SFA, determined under section 4262.4 of PBGC's regulation as of the measurement date, plus, \$5,902,254, in interest on that amount for the time between SFA measurement date and the SFA payment date minus, \$5,447,835, the amount of financial assistance under section 4261 of ERISA received by the Plan between the measurement date and the payment date, including interest on each payment at the SFA interest rate, plus, \$50,837,999, the amount owed to PBGC under section 4261 of ERISA determined as of the payment date. The Plan received an amount of \$214,544,644, in May 2023.

Note 19. PBGC's SFA Overpayment Review

On March 6, 2024, the PBGC notified the UFW Plan A that they are investigating whether the census data used by the Plan in its SFA application included deceased participants that resulted in an inadvertent overpayment of SFA. After conducting a review of this data and sharing data with the PBGC to run through the Social Security Master Death Index, the plan actuary determined that the PBGC overpaid the UFW Plan A \$4,440,877 in SFA based upon the Plan having incomplete data on participant death counts. The PBGC reviewed that calculation and the Plan returned \$4,440,877 in excess SFA money to the PBGC in February 2025.

Note 20. Department of Labor's SFA Audit

In February 2024, the U.S. Department of Labor ("DOL") notified the UFW Plan A that since the Plan had previously suspended pension benefits pursuant to the Multiemployer Pension Reform Act of 2014, the DOL will be conducting a review of the Plan's compliance with the various obligations imposed upon such MPRA plans upon receiving SFA. In that initial correspondence and in follow-up correspondence, the DOL requested a substantial number of documents and a great deal of information that relates to the Plan's handling and usage of SFA funds. The UFW Plan A has provided all requested documents and information to the DOL.

This audit by the Department of Labor is on-going. We timely notified the Plan's fiduciary liability carrier of this audit, and the carrier is providing coverage in accordance with the terms of the Plan's fiduciary liability policy.

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 21. Correction of 2023 Disclosure for Fair Value Measurement

For the year ended 2025, management reviewed the fair value hierarchy table presented in Note 5, and identified that, in the prior financial statements disclosures, collective investment trust totaling \$191,132,158, which should have been classified as Level 2, were inadvertently reported as Level 1 in the investments at fair value hierarchy table.

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

Note 22. Reconciliation of Financial Statements to Form 5500

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

	<u>Year ended February 28, 2025</u>
Total additions per the financial statements	\$ 22,169,151
Add: Investment expenses	<u>244,570</u>
Total additions available per the Form 5500	<u><u>\$ 22,413,721</u></u>

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

	<u>Year ended February 28, 2025</u>
Administrative expenses per the financial statements	\$ 1,337,819
Add: Investment expenses	<u>244,570</u>
Total expenses available per the Form 5500	<u><u>\$ 1,582,389</u></u>

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

	<u>Year ended February 28, 2025</u>
Total deductions per the financial statements	\$ 16,000,867
Add: Investment expenses	<u>244,570</u>
Total expenses available per the Form 5500	<u><u>\$ 16,245,437</u></u>

United Furniture Workers Pension Fund A
Notes to Financial Statements
Years Ended February 28, 2025 and February 29, 2024

Note 22. Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of net appreciation in fair value of investments per the financial statements to the net appreciation (depreciation) of assets per Form 5500:

	<u>Year ended February 28, 2025</u>
Total net appreciation (depreciation) in fair value of investments per the financial statements	<u>\$ 17,295,942</u>
Unrealized (depreciation) of assets Form 5500	854,593
Net gain (loss) on sale of assets Form 5500	204,165
Net investment gain (loss) from common collective trust Form 5500	14,277,439
Net investment gain (loss) from registered investment companies Form 5500	<u>2,123,486</u>
Total net appreciation in fair value of investments available per the 5500	<u>\$ 17,459,683</u>

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

	<u>Year ended February 28, 2025</u>
Total interest per the financial statements	\$ 793,970
Less reported in common collective trusts and registered investment companies	<u>(612,835)</u>
Total interest per the Form 5500	<u>\$ 181,136</u>

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

	<u>Year ended February 28, 2025</u>
Total dividends per the financial statements	\$ 486,734
Less reported in common collective trusts	(163,741)
Add registered investment companies	<u>612,835</u>
Total dividends per the Form 5500	<u>\$ 935,828</u>

Supplementary information

United Furniture Workers Pension Fund A

EIN – 13-5511877

Schedules H, Line 4i – Schedule of Assets (Held at Year End)

As of February 28, 2025

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
<i><u>Mutual funds/ Registered investment companies</u></i>			
PIMCO	PIMCO Total Return Inst, 1,714,013.217 Shares	\$ 15,874,517	\$ 14,929,055
US Bancorp Fund Services, LLC	Boston Partners All-Cap Value Fund Institutional Class, 104,593.135 Shares	2,667,803	3,335,475
Blackrock Investments LLC	Strategic Income Opportunities-CLK Fund, 531,773.906 Shares	5,212,344	5,105,029
Vanguard	Vanguard Growth Index Fund Admiral, 39,876,939 Shares	2,642,318	8,327,102
		<u>26,396,982</u>	<u>31,696,661</u>
<i><u>Collective investment trust</u></i>			
PIMCO	PIMCO Multiemployer Plan ARPA/SFA CIT, 16,271,213.529 Units	162,712,145	181,642,065
SEI Trust Company	COOKE & BIELER Large Cap Value CIT Founders Class, 373,105.737 Units	3,731,057	4,204,901
<i><u>Common trust funds Commingled funds</u></i>			
J.P. Morgan Asset Management	JPMCB Strategic Property Fund, 380,431.662 Units	3,696,635	4,232,454
State Street Global Advisors	MSCI ACWI Ex USA NL Fund, 137,897.028 Units	2,722,926	4,159,112
State Street Global Advisors	Daily MSCI USA Index NL Fund, 87,773.861 Units	2,907,297	8,004,362
		<u>9,326,858</u>	<u>16,395,928</u>
<i><u>Other Investments</u></i>			
<i><u>Limited Partnership/joint venture interests</u></i>			
Citco Fund Services	Investment in BPIF Non Taxable L.P.	1,143,544	2,700,407
Northern Trust Hedge Fund Services	Parametric Defensive Equity Fund, .07% ownership interest	2,066,532	4,229,300
Hamilton Lane	Investment in Hamilton Lane Strategic Opp Offshore Fund IV	643,380	429,281
Blackstone	Blackstone Real Estate Debts Strategies IV (Feeder Fund) LP	535,875	867,983
Neuberger Berman	NB Private Debt Fund V Offshore Feeder (C) LP	799,092	799,092
		<u>5,188,423</u>	<u>9,026,063</u>
* Investment in United Furniture Workers Building Corporation	Land and Building, 100% ownership interest	554,233	2,520,000
	Total	<u>\$ 204,178,641</u>	<u>\$ 245,485,618</u>

See independent auditor's report on supplementary information.

United Furniture Workers Pension Fund A
 EIN – 13-5511877
 Schedules H, Line 4j – Schedule of Reportable Transactions
 For the Year Ended February 28, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single Transactions</u>					<u>NONE</u>			
<u>Series of Transactions</u>								
	PIMCO		10.47			4,297,173	4,500,000	202,827
	Multiemployer		10.58			4,252,866	4,500,000	247,134
	Plan ARPA/SFA		11.02			3,627,055	4,000,000	372,945
	Credit CIT Founders		10.85			3,872,217	4,200,000	327,783
	Class		11.00			4,001,965	4,400,000	398,035

See independent auditor's report on supplementary information.

United Furniture Workers Pension Fund A

EIN – 13-5511877

Schedules H, Line 4j – Schedule of Reportable Transactions

For the Year Ended February 28, 2025

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

Single Transactions

NONE

Series of Transactions

PIMCO			10.47			4,297,173	4,500,000	202,827
Multiemployer Plan ARPA/SFA			10.58			4,252,866	4,500,000	247,134
Credit CIT Founders Class			11.02			3,627,055	4,000,000	372,945
			10.85			3,872,217	4,200,000	327,783
			11.00			4,001,965	4,400,000	398,035

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UNITED FURNITURE WORKERS PENSION PLAN A	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED FURNITURE WORKERS PENSION FUND A	D Employer Identification Number (EIN)	13-5511877

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

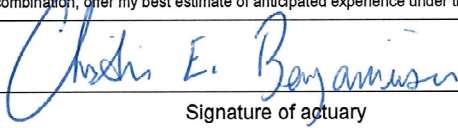
1a Enter the valuation date: Month 3 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	54,191,070
(2) Actuarial value of assets for funding standard account.....	1b(2)	54,007,944
c (1) Accrued liability for plan using immediate gain methods.....	1c(1)	189,594,446
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases.....	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method.....	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	189,594,446
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	265,647,071
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1,966,123
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	18,436,073
(3) Expected plan disbursements for the plan year.....	1d(3)	19,514,556

Statement by Enrolled Actuary

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

SIGN HERE		<u>12/4/2025</u>
	Signature of actuary	Date
	CHRISTIAN E. BENJAMINSON, FSA, EA	23-07015
	Type or print name of actuary	Most recent enrollment number
	CHEIRON, INC.	(703) 893-1456
	Firm name	Telephone number (including area code)
	701 EAST GATE DRIVE, SUITE 330	
	MOUNT LAUREL NJ 08054	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

**Schedule MB (Form 5500) 2024
v. 240311**

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	54,191,070
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,702	161,087,520
(2) For terminated vested participants	2,288	66,963,140
(3) For active participants:		
(a) Non-vested benefits		1,262,485
(b) Vested benefits		36,333,926
(c) Total active	755	37,596,411
(4) Total	7,745	265,647,071
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	20.40%

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
09/01/2024	4,028,056				
Totals ▶			3(b)	4,028,056	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					584,334

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	28.5%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2051

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.42 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.2%
i Expense load included in normal cost reported in line 9b	6i	<input checked="" type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	1,400,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-22,854,021	-2,313,604
4	-483,515	-48,948
3	110,780,122	11,214,714

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	89,928,830
b Employer's normal cost for plan year as of valuation date.....	9b	2,474,898

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	153,912,879	18,601,779
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7,492,872
e Total charges. Add lines 9a through 9d.....	9e		118,498,379
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		4,028,056
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	108,255,207	15,568,478
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1,186,819
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	147,380,545	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	174,305,567	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		20,783,353
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		97,715,026
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		97,715,026
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No