

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/07/1963
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) TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND 2010 N.W. 150TH AVENUE SUITE 200 PEMBROKE PINES, FL 33028	2b Employer Identification Number (EIN) 43-6049855 2c Plan Sponsor's telephone number 954-266-6322 2d Business code (see instructions) 311610

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2026	MARTIN A. ROSAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2026	JON T. MCCORMICK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5484
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 468 6a(2) 409 6b 3030 6c 1298 6d 4737 6e 504 6f 5241 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 8

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
--	--

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

a Pension Schedules

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

b General Schedules

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

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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan	B Three-digit plan number (PN)	001
U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND		
43-6049855		

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	433056	0	10/01/2024	09/30/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)..... ▶	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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 10/01/2024 and ending 09/30/2025

- ▶ 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.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	D Employer Identification Number (EIN) 43-6049855

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

1a Enter the valuation date: Month 10 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 46487028
(2) Actuarial value of assets for funding standard account	1b(2) 46047961
c (1) Accrued liability for plan using immediate gain methods	1c(1) 151230183
(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) 149326580
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) 213690238
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1100105
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 14856870
(3) Expected plan disbursements for the plan year	1d(3) 15862870

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	07/09/2026
Signature of actuary TIMOTHY J. HERMAN	Date 26-05628
Type or print name of actuary MILLIMAN, INC.	Most recent enrollment number 262-796-3318
Firm name 17335 GOLF PARKWAY, SUITE 100 BROOKFIELD, WI 53045	Telephone number (including area code)
Address of the firm	

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

a Current value of assets (see instructions)		2a	46487028
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		3697	143764212
(2) For terminated vested participants		1349	51887856
(3) For active participants:			
(a) Non-vested benefits.....			1023208
(b) Vested benefits.....			17014962
(c) Total active.....		468	18038170
(4) Total		5514	213690238
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	21.75 %

(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	
04/01/2025	989905					
			Totals ►	3(b)	989905	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	23673

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	30.8 %
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	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ 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)? ☐ Yes ☒ 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..... ☒ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2027

a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.30 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9	9
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ 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		4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		18.0 %
i Expense load included in normal cost reported in line 9b	6i		☐ 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)		1039963
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	858156	88057

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	104879206
b Employer's normal cost for plan year as of valuation date	9b	1306867

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	26158825	7695433
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 7971705**e** Total charges. Add lines 9a through 9d.....**9e** 121853211**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f****g** Employer contributions. Total from column (b) of line 3.....**9g** 989905**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 468177**j** Full funding limitation (FFL) and credits:

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

	Outstanding balance	
9h	25855809	6200302
9j(1)	113943326	
9j(2)	153310074	
9j(3)		

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 7658384**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** 114194827**o** Current year's accumulated reconciliation account:

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

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 114194827**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	D Employer Identification Number (EIN) 43-6049855

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

PRINCIPAL FINANCIAL GROUP 711 HIGH STREET
DES MOINES, IA 50392

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

HARDING LOEVNER 400 CROSSING BLVD, 4TH FLOOR
BRIDGEWATER, NJ 08807

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

CAPITAL RESEARCH & MGMT COMPANY 333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

T. ROWE PRICE 100 EAST PRATT STREET
BALTIMORE, MD 21202

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

THE VANGUARD GROUP, INC.

23-1945930

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

MASSACHUSETTS FINANCIAL SERVICES CO

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

FIDELITY MGMT & RESEARCH COMPANY

245 SUMMER STREET
BOSTON, MA 02210

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

ROBERT W. BAIRD & CO. INCORPORATED

777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

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

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

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

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

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)

NAT'L EMPLOYEE BENEFITS ADMIN, INC.

65-0498809

(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?
13 36 49	NONE	443622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	264400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC CAPITAL INVESTMENT ADVISO

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	102625	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15 49	NONE	87328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES, LLC

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	67506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SLEVIN & HART PC

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	58049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

COMMERCE BANK

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 28	NONE	23456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPENCER FANE, LLP

44-0561981

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	23121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VALLEY PRINT LOGISTICS

48-1047630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 49	NONE	10843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	8501	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND		D Employer Identification Number (EIN) 43-6049855
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 20-0005644-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45212686
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS INTERMEDIATE FIXED INCOME FUND		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 20-0065449-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD FUND, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 39-2021943-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN FUND, LLC		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 45-4783986-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SEPARATE ACCO		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND	D Employer Identification Number (EIN) 43-6049855

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2044907	2103896
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	74187	62555
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	356830	248438
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	90327	4923316
(2) U.S. Government securities	1c(2)	3310380	3154
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4836659	0
(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)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13451424	45212686
(10) Value of interest in pooled separate accounts	1c(10)	2826752	0
(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)	19201380	139410143
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	555687	

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		
f Total assets (add all amounts in lines 1a through 1e)	1f	46748533	191964188
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	48528	48526
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	48528	48526
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46700005	191915662

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)	966232	
(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)		966232
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	35149	
(B) U.S. Government securities	2b(1)(B)	57132	
(C) Corporate debt instruments	2b(1)(C)	95688	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7784	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		195753
(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)	1541746	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1541746
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	138667053	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	138887524	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-220471
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	30	
(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)		2149829
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		31165
(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)		19742308
c Other income	2c		136366820
d Total income. Add all income amounts in column (b) and enter total	2d		160773412

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14209134	
(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)		14209134
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)	427553	
(3) Recordkeeping fees	2i(3)	54740	
(4) IQPA audit fees	2i(4)	31000	
(5) Investment advisory and investment management fees	2i(5)	184074	
(6) Bank or trust company trustee/custodial fees	2i(6)	13738	
(7) Actuarial fees	2i(7)	264400	
(8) Legal fees	2i(8)	81170	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1507	
(11) Other expenses	2i(11)	290439	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1348621
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15557755

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		145215657
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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 577342.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND				D Employer Identification Number (EIN) 43-6049855	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 65-0498809					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 COSENTINOS, INC.		
b	EIN 43-1177887	c	Dollar amount contributed by employer 293196
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): MONTHLY & HOURLY		
a	Name of contributing employer BALLS SUPER FOODS		
b	EIN 48-0894902	c	Dollar amount contributed by employer 233885
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 03 Day 27 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): MONTHLY & HOURLY		
a	Name of contributing employer DILLIONS		
b	EIN 31-0345740	c	Dollar amount contributed by employer 355879
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): MONTHLY & HOURLY		
a	Name of contributing employer UFCW DISTRICT UNION LOCAL TWO		
b	EIN 43-1766529	c	Dollar amount contributed by employer 21009
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) 0.74		
(2)	Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		
a	Name of contributing employer L & C MEAT, INC		
b	EIN 43-0815053	c	Dollar amount contributed by employer 17135
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): MONTHLY		
a	Name of contributing employer SCHULTE'S FRESH FOODS		
b	EIN 43-0835161	c	Dollar amount contributed by employer 7811
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 06 Day 14 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) 0.74		
(2)	Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____		

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 AD VENTURES OF KANSAS

b EIN 26-3741369

c Dollar amount contributed by employer 3102

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 01 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) 0.74

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

a Name of contributing employer SCHNUCK MARKETS, INC.

b EIN 43-0726776

c Dollar amount contributed by employer 34215

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 08 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) 332.18

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

12

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

95.96

b The corresponding number for the second preceding plan year.....

15b

93.68

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: 48.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.0 %

High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

**U.F.C.W. District Union Local Two
and Employers Pension Fund**

Financial Statements

September 30, 2025

**U.F.C.W. District Union Local Two
and Employers Pension Fund**

Financial Statements with Supplementary Information

September 30, 2025 and 2024

Contents

	Page
Report of Independent Auditors	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
	Schedule
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	1
Schedule H, Line 4j - Schedule of Reportable Transactions	2

Report of Independent Auditors

To the Participants and Trustees of
U.F.C.W. District Union Local Two
and Employers Pension Fund

Opinion

We have audited the financial statements of U.F.C.W. District Union Local Two and Employers Pension Fund (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 September 30, 2025 and 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, the net assets available for benefits of U.F.C.W. District Union Local Two and Employers Pension Fund as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of September 30, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 13, the Plan's application for the Special Financial Assistance (SFA) from the Pension Benefit Guaranty Corporation, available under the American Rescue Plan Act of 2021 for certain multiemployer pension plans was approved in March 2025. The Plan received \$136,334,676 in funding assistance in April 2025. This funding is not a loan and there is no requirement to pay back any financial assistance received. However, the investment of SFA funds is restricted to certain permissible allocations and must be excluded for ERISA minimum funding purposes. Plans receiving SFA are also subject to certain terms, conditions and reporting requirements. Our opinion is not modified with respect to this matter.

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.

Responsibilities of Management for the Financial Statements (continued)

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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.

Legacy Professionals LLP

Westchester, Illinois

July 15, 2026

**U.F.C.W. District Union Local Two
and Employers Pension Fund**

Statements of Net Assets Available for Benefits

September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 139,410,143	\$ 19,201,380
Collective investment funds	45,212,686	13,451,424
Corporate bonds and notes	-	4,836,659
U.S. Government and Government Agency obligations	3,154	3,310,380
Pooled separate account	-	2,826,752
State and municipal bonds	-	555,687
Short-term investment funds	4,923,316	90,327
Total investments	<u>189,549,299</u>	<u>44,272,609</u>
Receivables		
Employer contributions	62,555	74,187
Withdrawal liability assessments	204,064	212,977
Accrued interest and dividends	-	66,167
Other	-	30,357
Total receivables	<u>266,619</u>	<u>383,688</u>
Prepaid expenses	<u>44,374</u>	<u>47,329</u>
Cash	<u>2,103,896</u>	<u>2,044,907</u>
Total assets	<u>191,964,188</u>	<u>46,748,533</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	<u>48,526</u>	<u>48,528</u>
Net assets available for benefits	<u>\$ 191,915,662</u>	<u>\$ 46,700,005</u>

See accompanying notes to financial statements.

**U.F.C.W. District Union Local Two
and Employers Pension Fund**

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 21,702,861	\$ 7,626,254
Interest and dividends	<u>1,737,499</u>	<u>766,040</u>
	23,440,360	8,392,294
Less investment expenses	<u>(184,074)</u>	<u>(180,784)</u>
Investment income - net	23,256,286	8,211,510
Employer contributions, interest and liquidated damages	966,232	998,085
Special Financial Assistance proceeds	136,334,676	-
Withdrawal liability interest	14,760	15,368
Miscellaneous	<u>17,384</u>	<u>-</u>
Total additions	<u>160,589,338</u>	<u>9,224,963</u>
Deductions		
Pension benefits	14,209,134	14,636,833
Administrative expenses	<u>1,164,547</u>	<u>1,005,370</u>
Total deductions	<u>15,373,681</u>	<u>15,642,203</u>
Net increase (decrease)	145,215,657	(6,417,240)
Net assets available for benefits		
Beginning of year	<u>46,700,005</u>	<u>53,117,245</u>
End of year	<u><u>\$ 191,915,662</u></u>	<u><u>\$ 46,700,005</u></u>

See accompanying notes to financial statements.

U.F.C.W. District Union Local Two and Employers Pension Fund

Notes to Financial Statements

September 30, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of U.F.C.W. District Union Local Two and Employers Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due but not received at year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible amounts is considered unnecessary and has not been provided.

Withdrawal Liability Assessments - The Plan is subject to the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employer contributions during the same period. Amounts due as a result of withdrawal liability are recognized when entitlement has been determined. An allowance for uncollectible amounts is considered unnecessary and is not provided.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which 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.

Note 1. Summary of Significant Accounting Policies (continued)

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of participants covered or the number of hours worked in covered employment, and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose in the meat cutter and retail clerk industries as described in Note 2 within a jurisdiction located throughout the states of Kansas and Missouri.

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

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through July 15, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established on October 7, 1963, pursuant to collective bargaining agreements between the local union and various employers to provide retirement and disability benefits for eligible participants. The Plan offers separate plans of benefits to its meat cutter and retail clerk participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA, as amended.

Participants accrue service credits as soon as contributions are made on their behalf. However, vesting credits for years of service in calendar years begin to accrue upon attaining age 18. The amount of the accrued benefit is based on credited service and various multipliers. One year of vesting service is credited upon completing 1,850 hours of service in one Plan year for meat cutter participants, and 1,820 hours for retail clerk participants.

The types of available benefits will vary based on age and vesting service. Generally, retail clerk participants are eligible for a regular pension at age 63, and meat cutter participants at age 65, with at least five years of vesting service.

Participants should refer to the summary plan descriptions for more complete information.

Note 3. Priorities upon 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 to the Trustees. Termination shall not permit any part of the Plan assets to 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 to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, 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. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

Note 4. Tax Status

The Plan's latest determination letter is dated June 5, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and was, therefore, exempt from federal income taxes. The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that, to the best of their knowledge, the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Funding Policy

Participating employers contribute such amounts as specified in their collective bargaining agreements, which vary depending on the location and type of work performed. A meat cutter participant has to work a minimum of 99.6 hours per month to receive contributions on their behalf. Meat cutter contribution rates are paid at a fixed monthly amount, which ranged from \$232.21 to \$332.18 for the years ended September 30, 2025 and 2024. Retail clerk contribution rates are based on an hourly amount, which ranged from \$.45 to \$.74 for the years ended September 30, 2025 and 2024. Additionally, contribution rates are subject to the Rehabilitation Plan described in Note 7 and any amendments thereto adopted by the Plan's Trustees, in accordance with ERISA.

Note 6. Major Employers

Contributions from three employers accounted for approximately 91% and 90% of employer contributions during the years ended September 30, 2025 and 2024, respectively. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 7. Actuarial Information

An actuarial valuation of the Plan was made by Milliman, Inc. as of September 30, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 114,376,853
---	----------------

Other vested benefits	<u>41,558,863</u>
-----------------------	-------------------

Total vested benefits	155,935,716
-----------------------	-------------

Nonvested benefits	<u>1,321,168</u>
--------------------	------------------

Total actuarial present value of accumulated plan benefits	<u><u>\$ 157,256,884</u></u>
---	------------------------------

Note 7. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits for the year ended September 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 161,459,929
Increase (decrease) during the year attributable to:		
Benefits accumulated, net experience gain or loss, and changes in data	\$ 675,181	
Reduction in discount period	10,763,977	
Benefits paid	(14,636,833)	
Administrative expenses paid	<u>(1,005,370)</u>	
Net (decrease)		<u>(4,203,045)</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 157,256,884</u>

The actuarial valuation was prepared using the projected unit credit method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rates:
 - Active and terminated vested participants pre-retirement:
Pri-2012 Blue Collar Employee Mortality Tables with generational mortality improvement using Scale MP-2021 from 2012
 - Current and future retirees post-retirement:
Pri-2012 Blue Collar Retiree Mortality Tables with generational mortality improvement using Scale MP-2021 from 2012
 - Current and future beneficiaries:
Pri-2012 Blue Collar Contingent Survivor Mortality Tables with generational mortality improvement using Scale MP-2021 from 2012
 - Disabled participants:
Pri-2012 Disabled Mortality Table with generational mortality improvement using Scale MP-2021 from 2012
- Retirement rates:
Varies between ages 55 and 70
- Net investment return:
7.00%

Note 7. Actuarial Information (continued)

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at September 30, 2025 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2025. The complete financial status is presented as of September 30, 2024.

For the Plan year beginning October 1, 2025, the Plan's actuary certified that the Plan was in critical status ("red zone"), within the meaning of the Pension Protection Act of 2006 (PPA), as amended. Under PPA, if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan's funding status. The Trustees adopted a rehabilitation plan and have since made updates as required on an annual basis. The rehabilitation plan generally includes contribution rate increases and benefit reductions.

Based on a solvency projection prepared by the Plan's actuary as of September 30, 2024, the current value of assets plus future investment earnings and contribution income were not projected to cover benefit payments and administrative expenses beyond the Plan year beginning October 1, 2028, assuming experience emerges as projected and there were no changes in the Plan provisions, contribution rates, actuarial assumptions, laws or regulations. Although the Plan received funding under the Special Financial Assistance (SFA) program as described in Note 13, under PBGC regulations, this Plan is still deemed to be in critical status.

Note 8. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described on the following page.

Note 8. Fair Value Measurements (continued)

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of September 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		<u>Fair Value Measurements at 9/30/25 Using</u>		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
Mutual funds	\$ 139,410,143	\$ 139,410,143	\$ -	\$ -
U.S. Government and Government Agency obligations	3,154	-	3,154	-
Short-term investment fund	4,923,316	-	4,923,316	-
	144,336,613	<u>\$ 139,410,143</u>	<u>\$ 4,926,470</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	45,212,686			
Total	<u>\$ 189,549,299</u>			

Note 8. Fair Value Measurements (continued)

		Fair Value Measurements at 9/30/24 Using		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
	Total			
Mutual funds	\$ 19,201,380	\$ 19,201,380	\$ -	\$ -
Corporate bonds and notes	4,836,659	-	4,836,659	-
U.S. Government and Government				
Agency obligations	3,310,380	1,175,179	2,135,201	-
State and municipal bonds	555,687	-	555,687	-
Short-term investment fund	90,327	-	90,327	-
	<u>27,994,433</u>	<u>\$ 20,376,559</u>	<u>\$ 7,617,874</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	13,451,424			
Pooled separate account	<u>2,826,752</u>			
Total	<u>\$ 44,272,609</u>			

Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable fixed income and equity securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations, state and municipal bonds, and corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

The short-term investment fund is valued at cost, which approximates its fair value.

Note 8. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values 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 net asset value.

The Plan's investments valued at net asset value per share are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies for investments that are DFEs. The redemption frequency of these investments range from daily to monthly, with notice periods from one day to three days.

Note 9. Risks and Uncertainties

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

In addition, the Plan invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The actuarial present value of accumulated plan benefits is 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 10. Related Organizations

The Plan is related to a local union and a welfare plan, both of which are tax-exempt.

Note 11. Withdrawal Liability Assessments

Withdrawal liability assessments receivable are comprised of amounts owed from two employers. Withdrawal liability is usually paid in installments as determined by a statutory formula over a maximum of 20 years. Monthly assessments are being paid through June 2039. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan. Because the remaining amounts are scheduled to be received over an extended period of time, the withdrawal liability assessments receivable as of September 30, 2025 and 2024 are shown net of present value discounts, which were estimated using an interest rate assumption of 7.0% or 7.5%. Future principal payments to be received by the Plan as of September 30, 2025 are as follows:

Year ending September 30,	
2026	\$ 9,565
2027	10,264
2028	11,015
2029	11,821
2030	12,685
Thereafter	<u>148,714</u>
Total	<u>\$ 204,064</u>

The Plan received principal and interest of \$23,673 and \$23,709 during the years ended September 30, 2025 and 2024, respectively. The principal portions of the assessments were recognized when entitlement was determined.

Note 12. Concentration of Plan Investments

The Plan held units in the Vanguard Total Stock Market Fund with a fair value of \$86,023,880 (approximately 45% of net assets) and \$16,784,447 (approximately 36% of net assets) as of September 30, 2025 and 2024, respectively. This mutual fund has an objective to provide investors with exposure to the entire U.S. equity market, including small-, mid-, and large-cap growth and value stocks.

As of September 30, 2025, the Plan held units in the Baird Aggregate Bond Fund with a fair value of \$48,836,198 (approximately 25% of net assets). This mutual fund has an objective to outperform the Bloomberg U.S. Aggregate Bond Index.

The Plan also held units in the NIS Core Fixed Income Fund LLC with a fair value of \$45,212,686 (approximately 24% of net assets) as of September 30, 2025, and in the NIS Intermediate Fixed Income Fund LLC with a fair value of \$11,477,650 (approximately 25% of net assets) as of September 30, 2024. These collective investment funds have an objective to outperform the Bloomberg Barclays Aggregate Bond Index over a full market cycle.

Note 13. Special Financial Assistance Program

The Plan applied for Special Financial Assistance (SFA) from the Pension Benefit Guaranty Corporation (PBGC), which is available for certain multiemployer pension plans under the American Rescue Plan Act of 2021 (ARPA). The purpose of the SFA was to forestall projected insolvency for eligible multiemployer pension plans and to allow the continuation of pension benefits that would otherwise have been reduced upon insolvency. The Plan's application was approved in March 2025, and the Plan received \$136,334,676 in funding assistance in April 2025, which included \$125,516,858 of requested funding and interest of \$10,817,818. The amount of SFA funding is the amount estimated to pay benefits through September 30, 2051. This funding is not a loan and there is no requirement to pay back any financial assistance received. However, the investment of SFA funds is restricted to certain permissible allocations. Plans receiving SFA are also subject to certain terms, conditions and reporting requirements. For the year ended September 30, 2025, a reconciliation of the balance of SFA assets was as follows:

Balance at September 1, 2024	\$ -
Special Financial Assistance proceeds	136,334,676
Investment income, gains and losses	15,299,396
Benefits paid	(5,969,916)
Administrative expenses paid	<u>(627,973)</u>
Balance at September 30, 2025	<u>\$ 145,036,183</u>

Special Financial Assistance (SFA) assets are at all times kept separate from legacy assets (assets in the Plan prior to the infusion of SFA assets). SFA assets are managed in accordance with the requirements of the American Rescue Plan Act of 2021, and regulations promulgated by the PBGC.

Note 14. Party-in-Interest Transactions

The Plan incurs expenses under several arrangements with service providers and affiliated entities, and receives contributions from employers under the terms of collective bargaining agreements. These transactions are considered exempt party-in-interest transactions under ERISA.



Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
U.F.C.W. District Union Local Two
and Employers Pension Fund

We have audited the financial statements of U.F.C.W. District Union Local Two and Employers Pension Fund (the Plan) as of and for the years ended September 30, 2025 and 2024, and our report thereon dated July 15, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

July 15, 2026

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Summary of Principal Plan Provisions

Meat Cutters

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

Definitions

Accrued Benefit: The monthly accrued benefit is based upon credited service times the following multipliers:

- **For service earned prior to October 1, 1986:**
 - \$20.50 multiplied by credited service before October 1, 1985, plus
 - \$38.25 multiplied by credited service between October 1, 1985 and October 1, 1986.
- **For service earned on or after October 1, 1986:** The multiplier for each month of credited service shall be based on the monthly contribution rate for the participant:

Monthly Contribution Rate	Multiplier
\$109.90	\$16.50
127.90	18.50
140.90	20.50
201.57	38.25

- **Benefit Multiplier Changes:**
 - The multipliers defined above shall be increased by \$5.00 for employees who begin to receive pension payments from the Plan on or after October 1, 1995; provided, however, that for any employee with respect to whom at least three months of contributions were not made to the Fund for the plan year that ended September 30, 1995, the \$5.00 increase will only apply to credited service earned after September 30, 1995.
 - The multipliers defined above in (ii) and adjusted in (iii) shall be further increased by \$5.00 for credited service accrued after December 31, 1998.
 - Effective January 1, 2011 all future benefit accruals were reduced by 25%.
- **Applicable Benefit Rates:** For those participants who have met the necessary requirements, the following table summarizes the applicable benefit rates:

Monthly Contribution Rate	Service prior to 10/1/85	Service from 10/1/85 to 10/1/86	Service from 10/1/86 to 1/1/99	Service from 1/1/99 to 1/1/11	Service after 1/1/2011
\$154.96	\$25.50	\$43.25	\$21.50	\$26.50	\$19.88
180.34	25.50	43.25	23.50	28.50	21.38
198.67	25.50	43.25	25.50	30.50	22.88
284.21	25.50	43.25	43.25	48.25	36.19

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment equals the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on the 1971 Group Annuity Mortality Table for males with a one-year set-back and an interest rate of 7.0%. For purposes of determining lump sum amounts, Actuarially Equivalent factors are based on the applicable mortality table as determined under IRC Section 417(e)(3) for the Plan Year of distribution and the statutory interest rates in effect for the month of August prior to the Plan Year of distribution.

Credited Service: A calendar year with an employer in which an employee has continuously met the requirements of covered employment. Employees receive one-twelfth of a year credit for each month worked for periods before and after October 1, 1964 (effective date for future credited service).

Employer Contributions: Participating employers contribute for each month of covered employment for each included employee.

Employers Included: Employers in Kansas and Missouri which (a) employ persons represented by District Union Local Two and such other participating local unions as may be approved by the Trustees, (b) are parties to collective bargaining agreements with a participating union requiring contributions to be made to the Pension Fund on behalf of covered employees, and (c) have adopted and are parties to the trust agreement. Also included, with respect to its own employees, are the Pension Fund and U.F.C.W. and Employers Kansas and Missouri Health & Welfare Fund.

Employees Included: Any employee (or participating fund or union employee) on whose behalf payments are required to be made to the Pension Fund by a participating employer pursuant to a collective bargaining agreement with a participating union (or under a joinder agreement with the Trustees).

Expenses: Paid by the trust.

Plan Effective Date: October 7, 1963 was the effective date for the initial employers. For subsequent employers, the date determined by the Trustees. The plan was amended and restated effective October 1, 2009. The plan was last amended at the November 3, 2014 Board of Trustees' meeting.

Plan Year: The 12-month period beginning October 1 and ending September 30.

Reciprocity Agreements: The trustees are authorized to enter into reciprocity agreements with pension boards of other qualified pension funds with respect to (a) contributions made for participants temporarily working in a jurisdiction, or (b) recognition of vesting service between funds for the purpose of determining eligibility for, but not the amount of a participant's benefit.

Type of Plan and Administration: Plan and trust, administered by a joint Board of Trustees.

Vesting Service: A calendar year prior to October 1, 1964 (effective date for future credited service) with an employer in which an employee has continuously met the requirements of covered employment. A calendar year subsequent to October 1, 1964 (effective date for future credited service) in which the employee is in military service or has at least 1,000 hours of service. After December 31, 1975, years of service for vesting ending before the calendar year in which an employee attains age 18 shall not be taken into account.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the later of age 65 and the 5th anniversary of participation, if later.

Normal Retirement Benefit: Equal to the monthly Accrued Benefit payable for life. If participant dies prior to receipt of 60 monthly payments, beneficiary receives payments for balance of 60 months. If a pension commences after Normal Retirement Date, the pension payable will be the actuarial equivalent of the pension payable on Normal Retirement Date.

Alternate Pension

Alternate Pension Eligibility: Payable upon employee's retirement after attainment of age 57 and completion of 15 years of credited service (including at least 5 years of future credited service).

Alternate Pension Benefit: Equal to \$435 payable for 60 months and \$145 payable for life thereafter. If the participant dies prior to receiving 60 monthly payments, the balance of the 60 monthly payments shall continue to be paid to the participant's beneficiary. If a participant retires prior to eligibility for the Alternate Pension but after ten years of vesting service, he shall be eligible to receive this pension benefit at age 65, but reduced by a fraction equal to the actual years of credited service earned by the participant divided by the greater of 15 or the number of years of credited service he would have earned to normal retirement date.

Additional Pension

Additional Pension: Payable to an employee receiving a pension under the Plan due to normal, early, late, disability, or vested retirement.

Additional Pension Amount: Monthly amount shall be \$25.00 for married participants and \$12.50 for single participants, reduced for early retirement based on the marital status of the participant at the time the pension commences. However, if the marital status changes from married to single, the amount of the Additional Pension is reduced by one-half of the amount payable. Effective January 1, 1999, the amount of the Additional Pension will remain unchanged if the marital status changes after the original pension commencement date. The 5-year certain and life Normal Form does not apply to this additional pension.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 5 years of future credited service.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Early Retirement Benefit: The Accrued Benefit payable the same as Normal Retirement, actuarially reduced for each full month between initial payment date and normal retirement date of age 65 as seen below:

Age	Factor	Age	Factor
55	46.31%	61	71.67%
56	49.61	62	77.61
57	53.22	63	84.24
58	57.18	64	91.66
59	61.54	65+	100.00
60	66.33		

Termination

Termination Date: The date of termination of service other than for reasons of retirement or death.

Termination Benefit: The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date. The trustees may approve an employee's request for payments to commence earlier but not before age 55, in which case the monthly vested pension is reduced as for early retirement.

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100

Preretirement Spouse's Pension

Preretirement Spouse's Pension Eligibility: Vested participant who dies before commencement of payments.

Preretirement Spouse's Pension: Monthly preretirement spouse's pension is equal to 50% of employee's accrued normal pension, actuarially reduced. Monthly spouse's pension is equal to the amount the spouse would have received had the employee retired under qualified joint and survivor pension at the earliest eligible retirement age and died the day after. The pension is payable immediately in the case of an employee who dies after the date on which he attained age 55. In the case of an employee who dies on or before the date on which he would have attained age 55, the pension commences the first day of the month in which the employee would have attained that age.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Death Benefits

Preretirement Death Benefit: In the event of the death of an active employee after completing three months of covered employment, a death benefit of \$1,500 shall be paid to the participant's spouse or designated beneficiary or estate.

Postretirement Death Benefit: Upon the retirement of an employee on a pension or the termination of employment of an employee with a vested right to a deferred pension, a death benefit of \$1,500 shall be paid to the participant's spouse, designated beneficiary or estate. However, such pension shall be reduced by any other payments received by the participant, but, in no event, reduced less than \$1,000.

Disability Benefits

Effective January 1, 2011, disability benefits are no longer offered. If a participant becomes disabled, they are considered a terminated vested participant under the terms of the Plan.

Forms of Payment

Normal Forms: Life annuity with 60 monthly payments guaranteed if single, and Actuarially Equivalent joint and 50% survivor annuity if married. In conjunction with the 5-year certain and life "Normal Form," the survivorship pension is reduced by 50% only after 60 months of payments have been received.

Optional Forms: Actuarially Equivalent life annuity with 120 monthly payments guaranteed; Actuarially Equivalent joint and 50%, 75% or 100% survivor annuity with or without pop-up.

Small Lump Sum: Payable if the Actuarially Equivalent present value of the vested Accrued Benefit is \$7,000 or less.

Changes in Plan Provisions since Prior Valuation

None.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Retail Clerks

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

Definitions

Accrued Benefit: Subject to a minimum contribution requirement of 320 hours, the monthly regular pension is a function of the classification of the employee's last employer.

▪ **Benefit rates effective as of December 31, 1991:**

Class	Service prior to 1987	Service during 1987	Service after 1987
V	\$20.00	\$25.00	\$31.00
IV	17.00	21.00	25.75
III	14.00	17.00	20.50
II	10.25	12.25	14.75
I	6.50	7.50	10.00

▪ **Benefit Multiplier Changes:**

- Effective January 1, 1992, the above rates were increased by 10% for any participant who accrued at least 1/4 year of credited service after 1991.
- Effective April 1, 1996, the above rates (with the January 1, 1992 increase) were increased by \$8.00 for service prior to 1987, \$2.50 for service during 1987, and \$5.90 for service after 1987 for participants accruing at least 1/4 year of credited service during or after 1995.
- Effective January 1, 1999, the above rates (with the January 1, 1992 and April 1, 1996 increases) were increased by \$3.00 across the board for participants accruing at least one-quarter year of credited service during 1998. If this requirement isn't met, the increase will apply only to credited service accrued in 1999 or later.
- Effective March 1, 2000, the above rates (with the January 1, 1992, April 1, 1996, and January 1, 1999 increases) were increased by \$5.75 across the board for participants accruing at least 3/4 year of credited service during 1999. If this requirement isn't met, the increase will apply only to credited service accrued in 2000 or later.
- Effective January 1, 2011, the benefit rates were decreased by 25%.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

- **Applicable Benefit Rates:** For those participants who have met the necessary requirements, the following table summarizes the applicable benefit rates:

Class	Service prior to 1987	Service during 1987	Service from 1987 to 2010	Service after 2010
V	\$38.75	\$38.75	\$48.75	\$36.56
IV	35.45	34.35	42.98	32.24
III	32.15	29.95	37.20	27.90
II	28.03	24.73	30.88	23.16
I	23.90	19.50	25.65	19.24

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on the UP 1984 Table with no set-back and an interest rate of 6.5%. For purposes of determining lump sum amounts, Actuarially Equivalent factors are based on the applicable mortality table as determined under IRC Section 417(e)(3) for the Plan Year of distribution and the statutory interest rates in effect for the month of August prior to the Plan Year of distribution.

Credited Service: Future service is credited for pension purposes, credited service, in accordance with the following schedule:

For each current calendar year in which contributions were made for	Employee is entitled to credited service of
At least 1,820 hours	1 year
1,300 – 1,819 hours	$\frac{3}{4}$ year
780 – 1,299 hours	$\frac{1}{2}$ year
500* - 779 hours	$\frac{1}{4}$ year
Less than 500* hours	0 year

* 520 hours for calendar years before 1976.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Employer Contributions: Participating employers contribute for each hour of covered employment for each included employee. The employer's hourly contribution rate during a month determines the employer's classification during such month, in accordance with the following:

Class	Cents per hour
V	At least 52¢
IV	At least 42¢, but less than 52¢
III	At least 32¢, but less than 42¢
II	At least 17¢ for not more than 12 months, and at least 22¢ for duration of collective bargaining agreement
I	Less than 17¢

In addition certain employers contribute an additional 10¢ per hour as an additional credit against future withdrawal liabilities.

Employers Included: Retail food employers in Kansas City, Springfield, Joplin and surrounding areas which (a) employ persons represented by Union Locals No. 576 and 322 and such other participating local unions as may be approved by the Trustees, (b) are parties to collective bargaining agreements with a participating union requiring contributions to be made to the Pension Fund on behalf of covered employees, and (c) have adopted and are parties to the trust agreement. Also included, with respect to its own employees, are the Pension Fund and Retail Clerks Union Health & Welfare Fund.

Employees Included: Any retail food employee (or participating fund or union employee) on whose behalf payments are required to be made to the pension fund by a participating employer pursuant to a collective bargaining agreement with a participating union (or under a joinder agreement with the Trustees).

Expenses: Paid by the trust.

Participation: Commences upon employment as an Employee with an eligible Employer.

Plan Effective Date: March 16, 1964 for the initial employers; for subsequent employers, the date determined by the Trustees. August 1, 1964 for the initial employers under the former Independent Plan. The plan was amended and restated effective October 1, 2009. The plan was last amended at the November 3, 2014 Board of Trustees' meeting.

Plan Year: The 12-month period beginning October 1 and ending September 30.

Reciprocity Agreements: The trustees are authorized to enter into reciprocity agreements with pension boards of other qualified pension funds with respect to (a) contributions made for participants temporarily working in a jurisdiction, or (b) recognition of vesting service between funds for the purpose of determining eligibility for, but not the amount of a participant's benefit.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

Service Considered: Service is credited only for periods of work during which an employee was employed by the employer in a position involving retail food operations (or on behalf of a participating fund or union).

“Future service” is credited only for periods of covered employment during which employer contributions were made on behalf of the employee. “Past service” is credited with respect to the period prior to the date on which employer contributions were first made on the employee’s behalf (and, except for employees covered under the former Independent Plan prior to the May 31, 1971 merger date, only for covered employment with the specific employer employing the employee on such employer’s effective participation date).

Type of Plan and Administration: Plan and trust, administered by a joint Board of Trustees.

Vesting Service: One full year of vesting service is credited for any calendar year for which employee receives any credited service for pension purposes, or works in non-covered employment for same employer for minimum number of qualifying hours.

Normal/Regular Retirement

Normal Retirement Date: The first day of the month coincident with or next following the later of age 65 and the 5th anniversary of participation, if later.

Regular Retirement Date: The first day of the month coincident with or next following the attainment of age 63. Regular retirement benefit eligibility generally occurs upon termination after attainment of age 63 (age 60, prior to January 1, 2011) and completion of at least (i) ten years of vesting service or (ii) one year of vesting service in or after the calendar year immediately preceding the calendar year in which his Regular Retirement Date occurs.

Normal/Regular Retirement Benefit: Equal to the monthly Accrued Benefit payable for life commencing on either the Normal or Regular Retirement Date. If a pension commences after Normal Retirement Date, the pension payable will be the actuarial equivalent of the pension payable on Normal Retirement Date.

Minimum Benefit Amount: The monthly benefit amount for a single life annuity for a participant who has met the requirements for a Regular Retirement benefit and has completed 10 or more years of service, shall be no less than \$125.00 (computed as a single life annuity).

Early Retirement

Early Retirement Date: Early retirement eligibility occurs upon termination after attainment of age 55 and completion of at least five years of vesting service.

Early Retirement Benefit: The monthly early retirement benefit is determined in the same manner as the Normal Retirement Benefit, reduced by 6/10 of 1% for each full month between the early retirement date and age 63 (age 60, prior to January 1, 2011).

Termination

Termination Date: The date of termination of service other than for reasons of retirement or death.

Termination Benefit: The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date. The trustees may approve an employee’s request for payments to commence earlier but not

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Summary of Plan Provisions
EIN/PN: 43-6049855/001

before age 55, in which case the monthly vested pension is reduced by 6/10 of 1% for each full month between the early retirement date and age 65.

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100

Preretirement Spouse's Pension

Preretirement Spouse's Pension Eligibility: Vested participant who dies before commencement of payments.

Employee dies while in active employment: The monthly preretirement spouse's pension is equal to 50% of the employee's accrued regular pension, actuarially reduced if the spouse is more than five years younger than the employee. The monthly preretirement spouse's pension shall commence on the first day of the month following the date of the employee's death.

Employee dies while not in active employment after attainment of age 55: The monthly vested spouse's pension is equal to 50% of the employee's accrued regular pension, actuarially reduced if the spouse is more than five years younger than the employee. The monthly vested spouse's pension is equal to the amount the spouse would have received had the employee retired under qualified joint pension. The monthly vested spouse's pension shall commence on the first day of the month following the date of the employee's death.

Employee dies while not in active employment before attainment of age 55: The monthly vested spouse's pension is equal to 50% of the employee's accrued regular pension, actuarially reduced if the spouse is more than five years younger than the employee, further reduced by an early retirement factor corresponding to the age of the employee at the date of death. The monthly vested spouse's pension is equal to the amount the spouse would have received had the employee retired under qualified joint pension. The monthly vested spouse's pension shall commence on the first day of the month in which the employee would have attained age 55.

Disability Benefits

Effective January 1, 2011, disability benefits are no longer offered. If a participant becomes disabled, they are considered a terminated vested participant under the terms of the Plan.

Forms of Payment

Normal Forms: Life annuity if single, and Actuarially Equivalent joint and 50% survivor annuity if married.

Optional Forms: Actuarially Equivalent joint and 50%, 75% or 100% survivor annuity with or without pop-up.

Small Lump Sum: Payable if the Actuarially Equivalent present value of the vested Accrued Benefit is \$7,000 or less.

Changes in Plan Provisions since Prior Valuation

None.

U.F.C.W. DISTRICT UNION LOCAL TWO AND EMPLOYERS PENSION FUND

Investment Summary

Y/E 9/30/2025

EIN: 43-6049855 / Plan #: 001

	Per Audit Market Value	Cost Value
Interest-Bearing Cash		
GS Financial Square Government	4,923,316	4,922,990
U.S. Government Securities		
FHLM POOL #781530, Variable Rate, Due 5/1/2034	1,083	1,049
FHLM POOL #847512, Variable Rate, Due 1/1/2036	1,112	1,100
FNMA POOL #813174, Variable Rate, Due 2/1/2035	236	231
FNMA POOL #816308, Variable Rate, Due 2/1/2035	723.00	700.00
	3,154	3,080
Common/Collective Trusts:		
NIS Core Fixed Income Fund	45,212,686	43,180,080
Registered Investment Companies:		
American Funds Europacific Growth	1,014,874	805,842
Fidelity Intl Capital Appreciation	1,000,075	770,988
Harding Loevner International Equity	1,041,126	847,306
MFS International Equity R6	831,002	682,595
T Rowe Price Intl Discovery Instl	662,988	534,789
Vanguard Total Stock Market Index	86,023,880	66,947,969
Baird Aggregate Bond Fund	48,836,198	47,787,891
	139,410,143	118,377,380
Total	189,549,299	166,483,530

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 8b(2) - Schedule of Active Participant Data
EIN/PN: 43-6049855/001

Active Participants by Age and Service

Active participants count, summarized by attained age and years of credited service as of October 1, 2024, is shown below.

Age	Years of Credited Service										Total
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
0-24	-	39	-	-	-	-	-	-	-	-	39
25-29	-	21	10	-	-	-	-	-	-	-	31
30-34	-	25	11	3	1	-	-	-	-	-	40
35-39	-	12	15	3	4	-	-	-	-	-	34
40-44	-	52	9	5	8	9	1	-	-	-	84
45-49	-	14	4	7	4	7	4	-	-	-	40
50-54	-	18	5	4	8	7	3	1	-	-	46
55-59	-	16	7	7	6	9	1	4	3	-	53
60-64	-	12	12	4	8	12	3	4	5	2	62
65-69	-	6	7	5	2	1	-	2	1	2	26
70+	-	9	2	1	-	1	-	-	-	-	13
Total	-	224	82	39	41	46	12	11	9	4	468

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 3(d) - Withdrawal Liability Amounts
EIN/PN: 43-6049855/001

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
October 2024	1,972.79	0	1,972.79
November 2024	1,972.79	0	1,972.79
December 2024	1,972.79	0	1,972.79
January 2025	1,972.79	0	1,972.79
February 2025	1,972.79	0	1,972.79
March 2025	1,972.79	0	1,972.79
April 2025	1,972.79	0	1,972.79
May 2025	1,972.79	0	1,972.79
June 2025	1,972.79	0	1,972.79
July 2025	1,972.79	0	1,972.79
August 2025	1,972.79	0	1,972.79
September 2025	1,972.79	0	1,972.79

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases
EIN/PN: 43-6049855/001

Charges and Credits for Funding Standard Account

The amortization charges and credits for the Funding Standard Account for the plan year beginning October 1, 2024 are determined below.

1. Charges as of October 1, 2024

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	October 1, 1995	Plan amendment 1995	\$554,816	1	\$554,816
b.	April 1, 1996	Plan amendment 1996 #1	276,052	1.50	407,232
c.	October 1, 1996	Plan amendment 1996 #2	25,675	2	49,670
d.	April 1, 1997	Plan amendment 1997 #1	41,357	2.50	98,372
e.	October 1, 1997	Plan amendment 1997 #2	27,175	3	76,308
f.	April 1, 1998	Plan amendment 1998	89,695	3.50	289,092
g.	January 1, 1999	Plan amendment 1999	361,856	4.25	1,382,258
h.	October 1, 1999	Change in assumption 1999	128,150	5	562,227
i.	December 1, 1999	Plan amendment 1999 #2	73,895	5.17	333,225
j.	March 1, 2000	Plan amendment 2000	78,845	5.42	369,803
k.	April 1, 2000	Change in assumption 2000	177,821	5.50	844,605
l.	October 1, 2010	Actuarial loss 2010	378,807	1	378,807
m.	October 1, 2011	Actuarial loss 2011	2,266,775	2	4,385,255
n.	October 1, 2012	Actuarial loss 2012	559,181	3	1,570,185
o.	October 1, 2012	Change in assumption 2012	635,499	3	1,784,494
p.	October 1, 2016	Change in assumption 2016	1,466,236	7	8,455,114
q.	October 1, 2019	Actuarial loss 2019	283,009	10	2,126,881
r.	October 1, 2022	Actuarial loss 2022	182,532	13	1,632,325
s.	October 1, 2024	Baseline Gain or Loss	<u>88,057</u>	15	<u>858,156</u>
t.	Total		7,695,433		26,158,825

2. Credits as of October 1, 2024

	Date <u>Established</u>	Description	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	October 1, 2010	Plan amendment 2010	\$2,240,566	1	\$2,240,566
b.	October 1, 2013	Actuarial gain 2013	481,647	4	1,745,635
c.	October 1, 2014	Actuarial gain 2014	655,209	5	2,874,545
d.	October 1, 2015	Actuarial gain 2015	696,358	6	3,551,562
e.	October 1, 2016	Actuarial gain 2016	153,375	7	884,447
f.	October 1, 2017	Actuarial gain 2017	544,942	8	3,481,787
g.	October 1, 2018	Actuarial gain 2018	615,151	9	4,288,403

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases
EIN/PN: 43-6049855/001

	Date <u>Established</u>	Description <u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
h.	October 1, 2020	Actuarial gain 2020	312,204	11	2,505,000
i.	October 1, 2021	Change in assumptions 2021	265,548	12	2,256,802
j.	October 1, 2021	Actuarial Gain 2021	203,511	12	1,729,570
k.	October 1, 2023	Baseline Gain or Loss	<u>31,791</u>	14	<u>297,492</u>
l.	Total		6,200,302		25,855,809
3.	Net outstanding balance [(1t) - (2l)]				303,016
4.	Credit Balance as of October 1, 2024				(104,879,206)
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				105,182,222
7.	Unfunded Actuarial Accrued Liability as of October 1, 2024, minimum \$0				105,182,222

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 6 - Statement of Actuarial Assumptions/Methods
EIN/PN: 43-6049855/001

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded and accounted for. There are several commonly-used cost methods which differ in how much of the ultimate cost is assigned to each prior and future year. Therefore, the pattern of annual contributions and accounting expense varies with the choice of cost method. Annual contributions and accounting expense vary with the choice of cost method. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements is the entry age normal actuarial cost method. Normal cost is determined based on projected benefits for current active participants using each individual participant's date of hire to determine entry age.

The actuarial cost method used for determining the plan sponsor's FASB ASC Topic 960 accounting requirements and for current liability purposes (RPA '94) is the unit credit method. Under this method, an accrued benefit is determined to be paid at each active participant's assumed retirement age. The plan's normal cost is the sum of the present value of the portion of each active participant's benefit attributable to the current year of service. The plan's accrued liability is the sum of (a) the present value of the portion of each active participant's accrued benefit attributable to all prior years of service plus (b) the present value of each inactive participant's future benefits plus (c) for FASB ASC Topic 960 plan accounting, the present value of the administrative expenses. The present value of the administrative expenses for FASB ASC Topic 960 plan accounting was calculated by projecting the payment of expected administrative expenses for the duration of the Plan's liabilities. The duration of the Plan's liabilities was calculated to be 9 years at October 1, 2023 and 9 years at October 1, 2024.

Asset Valuation Method

Four-year smoothing method. The actuarial value of assets is equal to the market value of assets adjusted to recognize differences between the expected value of assets and the actual market value of assets over 4 years at a rate of 25% per year. The expected value of assets for the year is the market value of assets at the valuation date for the prior year brought forward with interest at the valuation rate to the current year plus contributions minus benefit payments, all adjusted with interest at the valuation rate to the valuation date for the current year. The actuarial value of assets cannot be less than 80% or more than 120% of the market value of assets.

Changes in Actuarial Methods Since Prior Valuation

None.

Summary of Actuarial Assumptions

Investment Return

For minimum funding, FASB ASC Topic 960 and withdrawal liability purposes: 7.00% per year (net of investment-related administrative expenses).

For current liability purposes (RPA '94): 3.30% per year.

Mortality

For minimum funding and FASB ASC Topic 960 purposes:

- **Active and Terminated Vested Participants Pre-Retirement:** Pri-2012 Blue Collar Employee Mortality Tables with generational mortality improvement using Scale MP-2021 from 2012.
- **Current and Future Retirees Post Retirement:** Pri-2012 Blue Collar Retiree Mortality Tables with generational mortality improvement using Scale MP-2021 from 2012.
- **Current and Future Beneficiaries:** Pri-2012 Blue Collar Contingent Survivor Mortality Tables with generational mortality improvement using Scale MP-2021 from 2012.
- **Disabled Participants:** Pri-2012 Disabled Mortality Table with generational mortality improvement using Scale MP-2021 from 2012.

For withdrawal liability purposes:

- **For Active and Terminated Vested Participants Pre-Retirement:** RP-2014 Blue Collar Non-Annuitant Mortality Table with generational mortality improvement using scale MP-2016 from 2006, separate tables for males and females.
- **For Current and Future Retirees and Beneficiaries Post Retirement:** RP-2014 Blue Collar Annuitant Mortality Table with generational mortality improvement using scale MP-2016 from 2006, separate tables for males and females.
- **For Disabled Participants:** RP-2014 Disabled Mortality Table with generational mortality improvement using scale MP-2016 from 2006, separate tables for males and females.

For current liability purposes (RPA '94): IRS 2024 mortality table.

Turnover

Sample annual rates shown below:

Meat Cutters

Age	Select Period		Ultimate Period
	Years of Service: 0-2	Years of Service: 2-3	Years of Service: 3+
25	35.0%	25.0%	19.5%
30	30.0	22.5	15.0
35	25.0	20.0	15.0
40	20.0	17.5	10.0
45	15.0	15.0	10.0
50	12.5	12.5	8.0
55	10.0	10.0	7.5
60	7.5	7.5	5.0

Retail Clerks

Age	Select Period		Ultimate Period
	Years of Service: 1-2	Years of Service: 2-3	Years of Service: 3+
25	50.0%	40.0%	25.0%
30	45.0	35.0	25.0
35	40.0	30.0	20.0
40	35.0	25.0	20.0
45	30.0	20.0	15.0
50	25.0	15.0	15.0
55	0.0	0.0	0.0

Retirement

Annual rates shown below for participants who are eligible to retire:

Age	Rate
55-56	2.5%
57-58	1.5
59	4.3
60	2.0
61	10.0
62-65	30.0
66-69	20.0
70 & over	100.0

The weighted average retirement age developed from the above rates is 65.3.

Disability

None. Disability benefits are no longer offered to active participants.

Form of Payment

Life annuity for Retail Clerks and five-year certain and life annuity for Meat Cutters.

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married, with males 3 years older than females.

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

Future Hours Worked

Assumed to be equal to the prior plan year.

Future Contribution Rate

The future contribution rate is assumed to be equal to each participant's prior year's contribution rate.

Administrative Expenses

Administrative expenses are assumed to equal the prior year's administrative expenses, increased to reflect half a year of accrued interest. For purposes of FASB ASC Topic 960 plan accounting, the present value of the administrative expenses was calculated by projecting the expected payment of administrative expenses over the duration of the Plan's liabilities. Projected administrative expenses are assumed to increase at an annual rate of 2.5%. The duration of the Plan's liabilities was calculated to be 9 years at October 1, 2023 and 9 years at October 1, 2024.

Benefits Not Valued

All benefits are valued.

Exclusion of Older Terminated Vested Participants

For minimum funding and FASB ASC Topic 960 purposes: Terminated vested participants aged 85 and over as of the valuation date are assumed to never commence benefits and are excluded from the valuation.

For withdrawal liability purposes: All terminated vested participants are valued.

Terminated Vested Participants Beyond Required Beginning Date

For minimum funding and FASB ASC Topic 960 purposes: Terminated vested participants beyond Required Beginning Date are assumed to receive a retroactive lump sum payment at the valuation date.

For withdrawal liability purposes: Retroactive lump sums are not valued.

Special Data Adjustments

None.

Changes in Actuarial Assumptions since Prior Valuation

The following assumptions were changed:

- For Current Liability purposes, the interest rate was changed from 2.63% to 3.30% in accordance with IRS guidance. (The statutory mortality tables also have been updated as required by law).

Rehabilitation Plan

U.F.C.W. District Union Local Two and Employers Pension Fund (the “Plan”)

Adopted August 26, 2010 and Revised Effective September 30, 2025

Introduction

The Pension Protection Act of 2006 (“PPA”) requires pension plans in “critical status” to adopt a rehabilitation plan aimed at restoring the financial health of the plan. This Rehabilitation Plan sets forth the actions to be taken by the bargaining parties and the Board of Trustees of the Plan (the “Trustees”), based on reasonably anticipated experience and reasonable actuarial assumptions, to enable the plan (i) to emerge from critical status by the end of the rehabilitation period, or (ii) if the Trustees determine that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Plan cannot reasonably be expected to emerge from critical status by the end of the rehabilitation period, reasonable measures to emerge from critical status at a later time or to forestall possible insolvency.

Due to the receipt of special financial assistance, the Plan is deemed under the law to remain in critical status through September 30, 2051, even if it would otherwise have emerged prior to that date.

The purpose of special financial assistance is to provide the Plan with the additional funding it needs so that the Plan is projected to be able to pay benefits and administrative expenses through September 30, 2051. Accordingly, the objective of the Rehabilitation Plan is for the Plan to be able to pay benefits and administrative expenses through September 30, 2051. The Plan’s future actual experience will drive its future funded status. If the Plan’s actual experience outperforms the assumptions that the Plan was required to use in determining the amount of its special financial assistance, it may remain solvent long beyond that date. Market conditions, investment returns, and future contributions to the Plan are a few of the many factors that will have an impact on the Plan’s financial health in the long term.

Notice of Critical Status and Employer Surcharge

On December 29, 2009, the Plan actuary certified to the U.S. Department of the Treasury, and also to the plan sponsor, that the Plan is in critical status (as defined by the PPA) for the plan year beginning October 1, 2009 (the “2009 Plan Year”). The Plan is considered to be in critical status because the Plan’s actuary determined that the Plan is projected to have an accumulated funding deficiency for the Plan year ending September 30, 2013.

In January, 2010, the Board of Trustees sent a Notice of Critical Status to interested parties informing them, in part, that (1) the Plan is in Critical Status for the 2009 Plan Year; (2) that certain adjustable benefits might be reduced or removed; (3) that employers participating in the Plan would be required to pay a 5% surcharge to the Plan during the 2009 Plan Year, and (4) that the 5% surcharge would increase to 10% in subsequent years.

The surcharge applies to an employer's contributions for work performed on and after March 1, 2010. It will continue to apply to an employer until the earliest of (1) the date the Plan emerges from Critical Status; or (2) the date the employer enters into a new collective bargaining agreement with the Union that adopts one of the schedules described in this Rehabilitation Plan.

Original Rehabilitation Period

Pursuant to an election made by the Trustees under the Worker, Retiree, and Employer Recovery Act of 2008, the Plan's rehabilitation period is the thirteen (13) year period beginning on October 1, 2012 and ending on September 30, 2025. The Trustees have determined, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, and upon consideration of various alternatives, that the Plan is not reasonably expected to emerge from critical status by the end of the rehabilitation period. Thus, this Rehabilitation Plan includes reasonable measures that are designed to allow the Plan to emerge from critical status at a later time or forestall possible insolvency.

The Trustees considered numerous alternatives (including combinations of contribution rate increases and benefit reductions) that were projected to enable the Plan to emerge from critical status by the end of its rehabilitation period. The Plan's actuary projected that, even if all "adjustable benefits" were immediately eliminated, and future benefit accruals were reduced to the lowest level permitted by law, the necessary contribution rate increases would equal 40% over four years (compounded annually), or a one-time contribution increase of 250%. The Trustees determined that adopting a rehabilitation plan which would require employers to increase their contribution rates at such levels and reduce benefits to such an extent would likely result in a significant number of employer withdrawals from the Plan, a possible mass withdrawal, or impact the ongoing operations of some of the contributing employers thereby further jeopardizing the funding status of the Plan or resulting in the Plan's insolvency. In that regard, a number of contributing employers are small privately owned businesses operating in the retail food industry where competition from other employers in the jurisdiction of the Fund is significant. Additionally, benefit reductions beyond those contemplated by this Rehabilitation Plan would require older workers to continue working in the industry beyond normal retirement age and would discourage younger workers from entering the industry or agreeing to a CBA in which coverage is provided under the Plan. This would in turn result in the increased likelihood of withdrawals from the Fund.

Preferred Schedule

The Plan must provide to the bargaining parties 1 or more schedules showing revised benefit structures, revised contribution structures, or both, which, if adopted, may reasonably be expected to enable the Plan to emerge from critical status in accordance with its Rehabilitation Plan. The Preferred Schedule eliminates or modifies certain "adjustable benefits" permitted under law and contains annual increases in the employer contribution rate for the next four years.

The following contribution rate increases will apply to Employers that adopt the Preferred Schedule, beginning immediately upon adoption of the Preferred Schedule and continuing annually thereafter¹:

	Retail Clerks	Increase From Current Maximum Contribution Rate (RC)	Meat Cutters	Increase From Current Maximum Contribution Rate (MC)
October 1, 2010 to September 30, 2011	\$0.59 per hour	13.31%	\$306.61 per month	7.88%
October 1, 2011 to September 30, 2012	\$0.64 per hour	22.13%	\$314.90 per month	10.8%
October 1, 2012 to September 30, 2013	\$0.68 per hour	31.65%	\$323.43 per month	13.8%
October 1, 2013, and later	\$0.74 per hour	41.91%	\$332.18 per month	16.88%

The Preferred Schedule, if adopted by an Employer, would result in the following benefit changes for participants and beneficiaries:

1. Disability Retirement Benefit. The disability retirement benefit is no longer available to participants who become disabled after December 31, 2010.
2. Temporary Supplemental Benefit. The temporary supplemental benefit is no longer available to participants whose pension starting date is on or after January 1, 2011.
3. Subsidized Early Retirement Benefits. Payment of an unreduced early retirement benefit at age 60 for participants in the Retail Clerks Plan is no longer available to participants whose pension starting date is on or after January 1, 2011. Instead, payment of an unreduced early retirement benefit for active, vested participants in the Retail Clerks Plan will be available upon attainment of age 63. Payment of an unreduced retirement benefit for an inactive, vested participant in the Retail Clerks Plan will be available upon attainment of age 65. Payment of an unreduced early retirement benefit at age 62 for participants in the Meat Cutters Plan is no longer available to participants whose pension starting date is on or after January 1, 2011. Instead, payment of an unreduced retirement benefit for participants in the Meat Cutters Plan will be available upon attainment of age 65.

¹The contribution rates reflected in this Preferred Schedule are based on the current maximum contribution rate of \$0.52 per hour under the Retail Clerks Plan and \$284.21 per month under the Meat Cutters Plan. Similar percentage rate increases will apply to employers that currently contribute at less than the maximum rate.

4. Benefit Accrual Rate. The rate of benefit accruals for each contribution schedule set forth in the Plans is reduced by twenty-five percent (25%), effective for accruals earned on and after January 1, 2011.

These benefit changes will generally apply to all pension benefit payments with a pension starting date on or after January 1, 2011, including terminated vested participants previously employed by an Employer no longer subject to the adoption of a Schedule under this Rehabilitation Plan. All benefits that become payable to participants whose initial application for benefits is postmarked on or after December 1, 2010 will have a pension starting date no earlier than January 1, 2011 and will be paid in accordance with the changes described above.

The Trustees have determined, upon consultation with the Plan's actuary, that the reasonable measures contemplated under this Rehabilitation Plan, which include substantial, yet more attainable, contribution increases and less onerous benefit reductions, are less likely to result in employer withdrawals and are reasonably designed to allow the Plan to forestall possible insolvency.

Default Schedule

The Default Schedule is triggered if the Union and an employer cannot reach an agreement regarding the contribution rate increases detailed in the Preferred Schedule above or if they agree to the Default Schedule in a collective bargaining agreement. The Default Schedule becomes effective automatically 180 days after the expiration of the collective bargaining agreement unless the bargaining parties enter into a new collective bargaining agreement that incorporates the Preferred Schedule.

Based upon the actuary's assumption that contributing employers who become subject to the Default Schedule are less likely to remain as contributing employers in the Plan for an extended period of time, and consistent with the PPA, the Trustees have determined that the contribution increases required from such contributing employers should be based upon enabling the Plan to emerge from critical status within its rehabilitation period, i.e., by September 30, 2025. Thus, under the Default Schedule, contribution rates for an Employer will increase one time by 250%, to \$2.58 per hour under the Retail Clerks Plan and \$685.03 per month for the Meat Cutters Plan.²

The Default Schedule, if adopted or imposed upon an Employer, would result in the following changes for participants and beneficiaries:

²The contribution rates reflected in this Default Schedule are based on the current maximum contribution rate of \$0.52 per hour under the Retail Clerks Plan and \$284.21 per month under the Meat Cutters Plan. A similar 250% percent rate increase will apply to employers that currently contribute at less than the maximum rate.

1. Disability Retirement Benefit. The disability retirement benefit is no longer available to participants who become disabled after December 31, 2010.
2. Temporary Supplemental Benefit. The temporary supplemental benefit is no longer available to participants whose pension starting date is on or after January 1, 2011.
3. Subsidized Early Retirement Benefits. Payment of an unreduced early retirement benefit at age 60 for participants in the Retail Clerks Plan, and age 62 for participants in the Meat Cutters Plan, is no longer available to participants whose pension starting date is on or after January 1, 2011. Instead, payment of an unreduced retirement benefit for participants in both Plans will be available upon attainment of age 65.
4. Benefit Accrual Rate. The rate of benefit accruals for each contribution schedule set forth in the Plans is reduced to one percent (1%) of the contributions required to be made to the Plan on such participant's behalf, effective for accruals earned on and after January 1, 2011.

These benefit changes will generally apply to all pension benefit payments with a pension starting date on or after January 1, 2011. All benefits that become payable to participants whose initial application for benefits is postmarked on or after December 1, 2010 will have a pension starting date no earlier than January 1, 2011 and will be paid in accordance with the changes described above.

Annual Standards

The Rehabilitation Plan is based upon the Plan's reasonably anticipated experience and actuarial assumptions. Each year, the Plan will make adequate progress, to the extent reasonable based on financial markets activity and other relevant factors, toward enabling the Plan to emerge from critical status and/or forestall possible insolvency in accordance with this Rehabilitation Plan.

Updates to Rehabilitation Plan

Each year the Plan's actuary will review and certify the status of the Plan under the PPA funding rules and whether the Plan is making adequate progress toward the requirements of the Rehabilitation Plan. If the Trustees determine that it is necessary in light of updated information, they will revise the Rehabilitation Plan and the schedules recommended under it. However, any schedule of contribution rates provided by the Board of Trustees and relied upon by bargaining parties in negotiating a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement.

Updated Effective September 13, 2011, based on Certification as of October 1, 2010

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan

during the 2009/10 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective July 24, 2012, based on Certification as of October 1, 2011

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2010/11 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective August 28, 2013, based on Certification as of October 1, 2012

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2011/12 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective August 19, 2014, based on Certification as of October 1, 2013

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2012/13 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective September 23, 2015, based on Certification as of October 1, 2014

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2013/14 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective June 28, 2016, based on Certification as of October 1, 2015

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2014/15 Plan Year and the benefit and contribution rate changes that the Trustees

originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective September 27, 2017, based on Certification as of October 1, 2016

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2015/16 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective September 30, 2018, based on Certification as of October 1, 2017

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2016/17 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective September 24, 2019, based on Certification as of October 1, 2018

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2017/2018 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan.

Updated Effective September 17, 2020, based on Certification as of October 1, 2019

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2019/2019 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan. The Trustees will apply the modified benefits contained under the Preferred Schedule to all participants who became terminated vested participants on or before September 30, 2020.

Updated Effective September 15, 2021 based on Certification as of October 1, 2020

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan

during the 2020/2021 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan. The Trustees will apply the modified benefits contained under the Preferred Schedule to all participants who became terminated vested participants on or before September 30, 2021.

Updated Effective September 26, 2022 based on Certification as of October 1, 2021

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2021/2022 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan. The Trustees will apply the modified benefits contained under the Preferred Schedule to all participants who became terminated vested participants on or before September 30, 2022.

Updated Effective September 30, 2023, based on Certification as of October 1, 2022

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2022/2023 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan. The Trustees will apply the modified benefits contained under the Preferred Schedule to all participants who became terminated vested participants on or before September 30, 2023.

Updated Effective September 30, 2024, based on Certification as of October 1, 2023

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2023/2024 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan. The Trustees will apply the modified benefits contained under the Preferred Schedule to all participants who became terminated vested participants on or before September 30, 2024.

Updated Effective September 30, 2025, based on Certification as of October 1, 2024

The Trustees continue to offer the same options to the bargaining parties included in the Rehabilitation Plan adopted on August 26, 2010. These options reflect the experience of the Plan during the 2024/2025 Plan Year and the benefit and contribution rate changes that the Trustees originally presented to the bargaining parties. Based on anticipated experience and reasonable

actuarial assumptions, these options continue to result in the Plan meeting the requirements of the Internal Revenue Code, as set forth in the original Rehabilitation Plan. The Trustees will apply the modified benefits contained under the Preferred Schedule to all participants who became terminated vested participants on or before September 30, 2025.

The Plan is deemed to be in critical status through September 30, 2051 as a condition of its receipt of Special Financial Assistance (SFA). The SFA is intended to be sufficient to enable the Plan to pay all projected benefit payments and administrative expenses through that year. Accordingly, the objective of the Rehabilitation Plan is to ensure that the Plan remains able to meet these obligations over that period.

U.F.C.W District Union Local Two and Employers Pension Fund
Schedule MB, line 4b - Illustration Supporting Actuarial Certification of Status
EIN/PN: 43-6049855/001



71 South Wacker Drive
31st Floor
Chicago, IL 60606
USA

Tel +1 312 726 0677
Fax +1 312 499 5695

milliman.com

December 30, 2024

Department of the Treasury
Internal Revenue Service
Employee Plans
CHI-7602 - 25th Floor
230 S. Dearborn St.
Chicago, IL 60604

**Re: Pension Protection Act (PPA) Actuarial Certification for Plan Year Beginning
October 1, 2024 – U.F.C.W. District Union Local Two and Employers Pension Fund**

In accordance with IRC Section 432(b)(3)(A), we have prepared and attached an actuarial certification for the fiscal year beginning October 1, 2024 for the U.F.C.W. District Union Local Two and Employers Pension Fund.

In our opinion, the assumptions used for the actuarial certification are individually reasonable based on the experience of the plan and on reasonable expectations of anticipated experience under the plan. The projections in this report are dependent on the assumptions used. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in these projections. Actual results will differ from projected amounts to the extent that actual experience is better or worse than expected.

On the basis of the foregoing and as a member of the American Academy of Actuaries (AAA) who meets the Qualification Standards of the AAA to render the actuarial opinion contained herein, I hereby certify that, to the best of my knowledge and belief, this letter is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.


Kevin M. Campe

KMC:db

cc: Board of Trustees
Ms. Nicole Firestone
Mr. Jeffrey S. Endick
Ms. Mayoung Nham
Ms. Julia M. Vander Weele

U.F.C.W District Union Local Two and Employers Pension Fund
Schedule MB, line 4b - Illustration Supporting Actuarial Certification of Status
EIN/PN: 43-6049855/001

U.F.C.W. District Union Local Two and Employers Pension Fund
PPA Actuarial Certification for Fiscal Year Beginning October 1, 2024

Funding Status Projection Results

<u>Fiscal Year Beginning</u>	<u>Funded Percentage</u>	<u>Contributions</u>	<u>Credit Balance at End of Year</u>
10/1/2023	38.0%	\$ 1,036,000	\$ (104,726,000)
10/1/2024	31.3%	1,022,000	(113,968,000)
10/1/2025	23.2%	994,000	(125,279,000)
10/1/2026	13.4%	965,000	(135,014,000)
10/1/2027	4.8%	938,000	(143,946,000)
10/1/2028	0.0%	912,000	(153,768,000)

An accumulated funding deficiency is projected to occur for the plan year ending September 30, 2023.

The funded percentage as of October 1, 2024 is projected to be 31.3%.

The Plan fails all four Critical Tests (refer to the Appendix for details), as described under IRC Section 432(b)(2).

The Plan is projected to become insolvent in the plan year beginning October 1, 2027.

PPA Actuarial Certification

Based on the actuarial assumptions and methods, financial and participant data, and Plan provisions, as described in the actuarial report for the fiscal year ended September 30, 2024, I hereby certify that the U.F.C.W. District Union Local Two and Employers Pension Fund is “critical and declining” for the fiscal year beginning October 1, 2024 as defined in the Pension Protection Act of 2006 (PPA) as amended by the Multiemployer Pension Reform Act of 2014 (MPRA).

Further, I hereby certify that to the best of my knowledge and belief, the actuarial assumptions employed in preparing this certification are individually reasonable and represent my best estimate of future experience. Additionally, the “projected industry activity” assumption, as required under IRC Section 432(b)(3)(B)(iii), has been provided by the Board of Trustees.

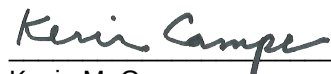
The valuation results were developed using models intended for valuations that use standard actuarial techniques. The certification is based on a projection model. Projection models reflect possible outcomes based on projected inputs. Actual results will differ from those projected to the extent actual plan provisions, assumptions, and emerging experience differs from the projection inputs. Appendix C of the forthcoming October 1, 2023 actuarial valuation report includes a risk assessment, disclosure, and key plan maturity metrics applicable to these calculations.

U.F.C.W. District Union Local Two and Employers Pension Fund
PPA Actuarial Certification for Fiscal Year Beginning October 1, 2024

Scheduled Progress

The Pension Protection Act (PPA) requires the actuary to certify whether the plan is making scheduled progress in meeting the requirements of its Rehabilitation Plan. The Rehabilitation Plan for the U.F.C.W. District Union Local Two and Employers Pension Fund which was adopted in August 2010 reduced certain benefits and increased the Plan's contribution rates. The Trustees determined using reasonable actuarial assumptions and methods that they were unable to adopt a Rehabilitation Plan that would enable the Plan to emerge from critical status by the end of the 13-year Rehabilitation Period on September 30, 2025 which began on October 1, 2012 (as extended three additional years under the Worker, Retiree, and Employer Recovery Act of 2008).

As a result, the Trustees adopted a Rehabilitation Plan that, in their judgment, consisted of all reasonable measures to either emerge from critical status by a later date than the 13-year period mentioned above or forestall insolvency. As required under the PPA, the Trustees have been and will continue to review the Rehabilitation Plan annually. Based on implementation of the Rehabilitation Plan, assumed future contracts adopted by the bargaining parties and reflecting the Plan's experience through September 30, 2024, I hereby certify that the Plan is making scheduled progress as of October 1, 2024 as required under IRC Section 432(b)(3)(A)(ii).



Kevin M. Campe
Enrolled Actuary #23-5356

December 30, 2024

Date

U.F.C.W. District Union Local Two and Employers Pension Fund
PPA Actuarial Certification for Fiscal Year Beginning October 1, 2024

Summary of Assumptions/Methods

1. Our forecast of future minimum funding requirements is based on:
 - October 1, 2023 participant data and October 1, 2023 actuarial valuation results.
 - September 30, 2024 unaudited assets provided by the Fund's administrator. The results reflect an estimated rate of return on market assets of 18.2% (net of investment-related administrative expenses) for the plan year ended September 30, 2024 and an assumed 7% thereafter.
 - No future asset gains or losses other than the gains or losses related to the asset smoothing method are reflected.
 - The assumption for CBUs for each plan year after October 1, 2023 as follows:
 - CBUs will decrease by 2.84% per year for Meat Cutters and 3.00% per year for Retail Clerks from October 1, 2023 levels through September 30, 2032.
 - CBUs will decrease by 1% starting October 1, 2032
 - Plan provisions identical to those used in the October 1, 2023 valuation.
 - All other actuarial assumptions and methods being the same as those used to determine October 1, 2023 actuarial valuation results except administrative expenses are assumed to increase by 2.5% for each plan year after September 30, 2024.
2. This actuarial certification is based on 1) the proposed Multiemployer Plan Funding Guidance provided by the IRS on March 18, 2008, 2) the December 2007 Practice Note issued by the Multiemployer Plans Subcommittee of the Pension Committee of the American Academy of Actuaries, and 3) action taken by the Board of Trustees on or before December 10, 2024.

U.F.C.W District Union Local Two and Employers Pension Fund
Schedule MB, line 4b - Illustration Supporting Actuarial Certification of Status
EIN/PN: 43-6049855/001

U.F.C.W. District Union Local Two and Employers Pension Fund
PPA Actuarial Certification for Fiscal Year Beginning October 1, 2024

Plan Identification

Name: U.F.C.W. District Union Local Two and Employers Pension Fund
EIN: 43-6049855
Plan Number: 001
Address: 2010 N.W. 150th Avenue
Suite 100
Pembroke Pines, FL 33028
Telephone Number: (800) 842-5899

Enrolled Actuary Identification

Name: Mr. Kevin M. Campe
Enrollment Number: 23-05356
Address: Milliman, Inc.
71 S. Wacker Drive
31st Floor
Chicago, IL 60606
Telephone Number: (312) 726-0677

U.F.C.W. District Union Local Two and Employers Pension Fund
PPA Actuarial Certification for Fiscal Year Beginning October 1, 2024

Summary of Zone Status Definitions under PPA as Amended by MPRA

Critical ("Red Zone") Status - IRC Section 432(b)(2) and 432(b)(4)

Any one of four tests under IRC Section 432(b)(2):

- Test 1 Less than 65% funded and market value of assets plus contributions for current year plus next following 6 fiscal years is less than present value of projected benefit payments and administrative costs over that 7-year period or
- Test 2 Projected funding deficiency in current year or next following 3 fiscal years (4 fiscal years if 65% funded or less)¹ or
- Test 3 Present value of vested benefits (actives) is less than present value of vested benefits (inactives), and present value of expected contributions for the fiscal year is less than the unit credit normal cost plus interest on the unfunded present value of accrued benefits and projected funding deficiency in current or next 4 fiscal years¹ or
- Test 4 Market assets plus projected contributions over current year plus next 4 fiscal years is less than the present value of benefit payments plus administrative costs over same 5 year period.

Within 30 days after the date of this certification, a plan that is not in critical status but is projected to be in critical status in any of the succeeding 5 fiscal years *October* elect under IRC Section 432(b)(4) to be in critical status effective for the current fiscal year.

Critical and Declining ("Deep Red Zone") Status – IRC Section 432(b)(6)

In critical status and either:

- Projected insolvency in current year or any of the 14 following fiscal years or
- Projected insolvency in current year or any of the 19 following fiscal years if:
 - Ratio of ratio of inactive participants to active participants exceeds 2 to 1 or
 - Less than 80% funded

Endangered ("Yellow Zone") Status – IRC Section 432(b)(1)

Not in critical status and either:

- Less than 80% funded or
- Projected funding deficiency in current fiscal year or next following 6 fiscal years²

Seriously Endangered ("Orange Zone") Status - IRC Section 432(b)(1)

Not in critical status and both:

- Less than 80% funded and
- Projected funding deficiency in current fiscal year or next following 6 fiscal years²

¹ Not taking into account an extension of amortization periods under IRC Section 431(d), if any

² Taking into account an extension of amortization periods under IRC Section 431(d), if any

U.F.C.W District Union Local Two and Employers Pension Fund
Schedule MB, line 4b - Illustration Supporting Actuarial Certification of Status
EIN/PN: 43-6049855/001

U.F.C.W. District Union Local Two and Employers Pension Fund

Solvency Projection Supporting October 1, 2024 Critical and Declining PPA Status Certification

Plan Year Beginning	2024	2025	2026	2027
Market value of assets (BOY)	46,383,683	34,321,447	21,369,364	7,570,297
Employer contributions	998,762	969,851	941,777	914,517
Withdrawal liability payments	23,673	23,673	23,673	23,673
Benefit payments	14,743,417	14,731,511	14,618,114	14,472,346
Administrative expenses	1,078,878	1,105,850	1,133,496	1,161,833
Investment returns	2,737,624	1,891,754	987,093	24,261
Market value of assets (EOY)	34,321,447	21,369,364	7,570,297	Insolvent
Assumed rate of return	7.0%	7.0%	7.0%	7.0%

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST & DIVIDENDS	66,167.	0.
PREPAID EXPENSES	47,329.	44,374.
WITHDRAWAL LIABILITY ASSESSMENTS	212,977.	204,064.
OTHER RECEIVABLES	30,357.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	356,830.	248,438.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
STATE AND MUNICIPAL OBLIGATIONS	555,687.	0.
TOTAL TO SCHEDULE H, LINE 1C(15)	555,687.	0.

SCHEDULE H	OTHER INCOME	STATEMENT 3
DESCRIPTION		AMOUNT
WITHDRAWAL LIABILITY INTEREST		14,760.
MISCELLANEOUS		17,384.
SPECIAL FINANCIAL ASSISTANCE PROCEEDS		136,334,676.
TOTAL TO SCHEDULE H, LINE 2C		136,366,820.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
INSURANCE		52,941.
OFFICE		237.
PLAN TERMINATION INSURANCE		206,830.
MEETING & TRAVEL		3,808.
PRINTING AND POSTAGE		26,623.
TOTAL TO SCHEDULE H, LINE 2I(11)		290,439.

Schedule R, line 13d - Collective Bargaining Agreement Expiration Date

U.F.C.W. DISTRICT UNION LOCAL TWO
AND EMPLOYERS PENSION FUND

EIN: 43-6049855

Plan Number: 001

Year Ended 9/30/2025

<u>Name of Employer</u>	<u>Date Collective Bargaining Agreement Expires</u>
Cosentinos, Inc.	Retail Clearks - 3/5/2026 Meat Cutters - 3/24/2027 Smithville - 3/26/2028
Dillons	Wichita & El Dorado, KS - 8/6/26 Pittsburg, KS - 8/26/29 Jefferson City, MO - 10/3/26 Columbia, MO - 10/3/26
UFCW District Union Local Two	Paricipation Agreement - no expiration date
L & C Meat, Inc.	Expired

Schedule R, line 13e - Information on Contribution Rates and Base Units

U.F.C.W. DISTRICT UNION LOCAL TWO
AND EMPLOYERS PENSION FUND

EIN: 43-6049855

Plan Number: 001

Year Ended 9/30/2025

<u>Name of Employer</u>	<u>Contribution Rates</u>	<u>Base Unit measure</u>
Cosentino Enterprises:		
Meat Cutters	\$332.18	per month
Retail Clerks	\$0.74	per hour
Balls Super Foods:		
Meat Cutters	\$332.18	per month
Retail Clerks	\$0.74	per hour
Dillon:		
Meat Cutters	\$332.18	per month
Retail Clerks	\$0.45	per hour
Retail Clerks	\$0.60	per hour
L & C Meat, Inc		
Meat Cutters	\$284.21	per month
Meat Cutters	\$332.18	per month

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 4f - Cash Flow Projections
EIN/PN: 43-6049855/001

Plan Year Beginning	2024	2025	2026	2027
Market value of assets (BOY)	46,383,683	34,321,447	21,369,364	7,570,297
Employer contributions	998,762	969,851	941,777	914,517
Withdrawal liability payments	23,673	23,673	23,673	23,673
Benefit payments	14,743,417	14,731,511	14,618,114	14,472,346
Administrative expenses	1,078,878	1,105,850	1,133,496	1,161,833
Investment returns	2,737,624	1,891,754	987,093	24,261
Market value of assets (EOY)	34,321,447	21,369,364	7,570,297	Insolvent
Assumed rate of return	7.0%	7.0%	7.0%	7.0%

Summary of Assumptions/Methods

Our forecast of cash flows is based on:

- October 1, 2023 participant data and October 1, 2023 actuarial valuation results..
- September 30, 2024 unaudited assets provided by the Fund's administrator. The results reflect an estimated rate of return on market assets of 18.2% (net of investment-related administrative expenses) for the plan year ended September 30, 2024 and an assumed 7% thereafter.
- No future asset gains or losses other than the gains or losses related to the asset smoothing method are reflected.
- The assumption for CBUs for each plan year after October 1, 2023 as follows:
 - CBUs will decrease by 2.84% per year for Meat Cutters and 3.00% per year for Retail Clerks from October 1, 2023 levels through September 30, 2032.
 - CBUs will decrease by 1% starting October 1, 2032.
- Plan provisions identical to those used in the October 1, 2023 valuation.
- All other actuarial assumptions and methods are the same as those used to determine October 1, 2023 actuarial valuation results except administrative expenses are assumed to increase by 2.5% for each plan year after September 30, 2024.

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments
EIN/PN: 43-6049855/001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	87,889	860,812	13,890,382	14,839,083
2025	225,912	978,541	13,315,049	14,519,502
2026	373,977	1,350,254	12,726,416	14,450,646
2027	466,959	1,728,364	12,126,336	14,321,659
2028	560,770	2,009,984	11,519,261	14,090,016
2029	625,785	2,243,260	10,911,497	13,780,542
2030	705,450	2,432,247	10,303,187	13,440,884
2031	760,523	2,573,567	9,695,923	13,030,014
2032	811,376	2,693,096	9,092,199	12,596,672
2033	847,818	2,786,883	8,492,369	12,127,069
2034	876,174	2,872,638	7,898,686	11,647,498
2035	898,324	2,921,971	7,318,365	11,138,660
2036	913,670	2,953,870	6,750,068	10,617,608
2037	940,161	2,974,161	6,195,908	10,110,229
2038	948,838	2,982,476	5,657,956	9,589,270
2039	961,212	2,981,687	5,138,206	9,081,105
2040	962,634	2,968,850	4,638,662	8,570,146
2041	977,308	2,945,803	4,161,306	8,084,417
2042	974,137	2,909,063	3,708,055	7,591,255
2043	983,701	2,859,090	3,280,718	7,123,510
2044	1,000,766	2,799,214	2,880,898	6,680,878
2045	1,030,125	2,725,768	2,509,908	6,265,801
2046	1,038,549	2,648,243	2,168,731	5,855,523
2047	1,003,010	2,560,147	1,857,953	5,421,109
2048	988,981	2,462,635	1,577,712	5,029,328
2049	954,402	2,361,745	1,327,664	4,643,811
2050	921,825	2,255,026	1,106,984	4,283,834
2051	905,718	2,144,012	914,389	3,964,118
2052	870,614	2,031,504	748,212	3,650,330
2053	838,433	1,912,007	606,478	3,356,918
2054	810,655	1,792,953	486,987	3,090,595
2055	773,127	1,675,633	387,413	2,836,174
2056	741,390	1,559,464	305,392	2,606,246
2057	701,955	1,447,257	238,603	2,387,814
2058	659,858	1,340,726	184,832	2,185,416
2059	632,140	1,237,904	142,021	2,012,066
2060	595,627	1,137,037	108,305	1,840,970
2061	561,461	1,041,057	82,026	1,684,544
2062	526,794	951,384	61,745	1,539,923
2063	492,969	867,512	46,236	1,406,718
2064	459,970	789,469	34,478	1,283,916
2065	429,446	715,774	25,630	1,170,850
2066	398,018	648,070	19,015	1,065,102
2067	367,584	584,454	14,093	966,131
2068	338,297	525,617	10,445	874,358
2069	310,730	471,209	7,744	789,683
2070	284,061	421,030	5,745	710,836
2071	258,739	374,777	4,265	637,781
2072	234,798	332,220	3,167	570,185
2073	212,285	293,171	2,350	507,806

U.F.C.W. District Union Local Two and Employers Pension Fund
Schedule MB, line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability
Payments
EIN/PN: 43-6049855/001

Plan Year Beginning	Employer Contributions	Withdrawal Liability Payments	Total
2024	998,762	23,673	1,022,435
2025	969,851	23,673	993,524
2026	941,777	23,673	965,450
2027	914,517	23,673	938,190
2028	888,046	23,673	911,719
2029	862,342	23,673	886,015
2030	837,382	23,673	861,055
2031	813,146	23,673	836,819
2032	805,014	23,673	828,687
2033	796,964	23,673	820,637

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan U.F.C.W. DISTRICT UNION LOCAL TWO & EMPLOYERS PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/07/1963
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) TRUSTEES OF U.F.C.W. DISTRICT UNION LOCAL TWO & EMP
2b	Employer Identification Number (EIN) 43-6049855
2c	Plan Sponsor's telephone number 954-266-6322
2d	Business code (see instructions) 311610
	2010 N.W. 150TH AVENUE SUITE 200 PEMBROKE PINES FL 33028

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

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

SIGN HERE	Martin A. Rosas Signature of plan administrator	7/13/2026	MARTIN A. ROSAS
SIGN HERE	Jon T. McCormick Signature of employer/plan sponsor	7/13/2026	JON T. MCCORMICK
SIGN HERE	Signature of DFE		

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	5,484
---	----------	-------

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a (1) Total number of active participants at the beginning of the plan year	6a(1) 468
a (2) Total number of active participants at the end of the plan year	6a(2) 409
b Retired or separated participants receiving benefits	6b 3,030
c Other retired or separated participants entitled to future benefits	6c 1,298
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 4,737
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 504
f Total. Add lines 6d and 6e	6f 5,241
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	8
--	----------	---

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

1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Plan Name UFCW District Union Local Two & Employers Plan No. 001
Plan Sponsor Trustees of UFCW District Union Local Two & Employers EIN: 43-6049855
Y/E 09/30/25

Plan assets at

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
	NIS INTERMEDIATE FIXED INCOME FUND		10,868,270			10,793,040	10,868,270	75,230
	NIS CORE FIXED INCOME FUND	44,400,000				44,400,000	44,400,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	20,309,998				20,309,998	20,309,998	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	89,390,000				89,390,000	89,390,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND	10,000,000				10,000,000	10,000,000	0
	GS FINANCIAL SQUARE GOVERNMENT FUND		20,849,274			20,849,274	20,849,274	0
	GS FINANCIAL SQUARE GOVERNMENT FUND		89,390,000			89,390,000	89,390,000	0
	VANGUARD TOTAL STOCK MARKET INDEX FUND	20,000,000				20,000,000	20,000,000	0
	VANGUARD TOTAL STOCK MARKET INDEX FUND	44,990,000				44,990,000	44,990,000	0
	VANGUARD TOTAL STOCK MARKET INDEX FUND		10,000,000			8,067,497	10,000,000	1,932,503
	BAIRD AGGREGATE BOND FUND INDEX	44,400,000				44,400,000	44,400,000	0

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
NIS INTERMEDIATE FIXED INCOME FUND	1	5	\$ 11,613,270.00	\$ 65,000.00	\$ 70,621.00
NIS CORE FIXED INCOME FUND	1	2	\$ 44,400,000.00	\$ 1,240,000.00	\$ 20,081.00
GS FINANCIAL SQUARE GOVERNMENT FUND	150	26	\$ 139,649,329.00	\$ 129,849,775.00	\$ -
VANGUARD TOTAL STOCK MARKET INDEX FUND	8	6	\$ 65,619,223.00	\$ 14,550,000.00	\$ 2,299,958.00
BAIRD AGGREGATE BOND FUND INDEX	8	3	\$ 50,280,254.00	\$ 2,520,000.00	\$ 27,636.00

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 10/01/2024 and ending 09/30/2025

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.F.C.W. District Union Local Two and Employers Pension Fund	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of U.F.C.W. District Union Local Two and Employers Pension Fund	D Employer Identification Number (EIN) 43-6049855

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

1a Enter the valuation date: Month 10 Day 1 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 46,487,028
(2) Actuarial value of assets for funding standard account	1b(2) 46,047,961
c (1) Accrued liability for plan using immediate gain methods	1c(1) 151,230,183
(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) 149,326,580
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) 213,690,238
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,100,105
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 14,856,870
(3) Expected plan disbursements for the plan year	1d(3) 15,862,870

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	7/9/2026 Date
Timothy J. Herman Type or print name of actuary	26-05628 Most recent enrollment number
Milliman, Inc. Firm name	(262) 796-3318 Telephone number (including area code)
17335 Golf Parkway Suite 100 Brookfield WI 53045 Address of the firm	

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	46,487,028
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,697	143,764,212
(2) For terminated vested participants	1,349	51,887,856
(3) For active participants:		
(a) Non-vested benefits		1,023,208
(b) Vested benefits		17,014,962
(c) Total active	468	18,038,170
(4) Total	5,514	213,690,238
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	21.75 %

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
04/01/2025	989,905				
Totals ▶			3(b)	989,905	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 23,673

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	30.8 %
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	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ 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)?		☐ Yes ☒ 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:	4f	
• 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. ☒		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		2027

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.30 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ 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	4.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	18.0 %
i Expense load included in normal cost reported in line 9b	6i	☐ 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)	1,039,963
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	858,156	88,057

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	104,879,206
b Employer's normal cost for plan year as of valuation date.....	9b	1,306,867

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	26,158,825	7,695,433
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 7,971,705**e** Total charges. Add lines 9a through 9d.....**9e** 121,853,211**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f****g** Employer contributions. Total from column (b) of line 3.....**9g** 989,905**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	25,855,809	6,200,302

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 468,177**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	113,943,326	
9j(2)	153,310,074	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 7,658,384**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** 114,194,827**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....**(3)** Total as of valuation date**9o(2)(a)****9o(2)(b)** 0**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 114,194,827**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No