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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1963

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)
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

300 WEIDMAN ROAD
BALLWIN, MO 63011-4433

2b Employer Identification Number (EIN)
43-6058365

2c Plan Sponsor's telephone number
636-394-6500

2d Business code (see instructions)
445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	SUSAN PERNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	LAURA KELLEY
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	18936
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)**	6048
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5864
b	Retired or separated participants receiving benefits	**6b**	6639
c	Other retired or separated participants entitled to future benefits	**6c**	5473
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	17976
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	755
f	Total. Add lines **6d** and **6e**.	**6f**	18731
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	19

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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	307436		01/01/2025	12/31/2025

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	3972513
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.	6d	

Specify nature of costs ▶

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	3809724
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	138202		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	37083		
	▶ RET ALLOCATED, MKT VALUE				
	(6)Total additions			7c(6)	175285
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3985009
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1485		
	(2) Administration charge made by carrier	7e(2)	11011		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	12496
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3972513

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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	**1b(1)**	779195768
(2)	Actuarial value of assets for funding standard account	**1b(2)**	809730372
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	774356579
(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)**	774356579
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)**	1122430235
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	5745615
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	60915330
(3)	Expected plan disbursements for the plan year	**1d(3)**	62665330

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 — Date: 10/05/2026

WILLIAM GITTERMAN, FSA, MAAA — Type or print name of actuary

23-08743 — Most recent enrollment number

SEGAL — Firm name

312-984-8500 — Telephone number (including area code)

101 N. WACKER DR. STE 1800
CHICAGO, IL 60606-1722

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	779195768
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		7277	656399718
(2) For terminated vested participants		5618	282865349
(3) For active participants:			
(a) Non-vested benefits			3495630
(b) Vested benefits			179669538
(c) Total active		3484	183165168
(4) Total		16379	1122430235
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	69.42 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	7165036	0			
07/01/2025	162627	0			
			Totals ► **3(b)**	7327663	**3(c)** 0
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)** 162627

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	104.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ 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**	

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**	4.01 %	
		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)**	A	A
(2) Females	**6c(2)**	A	A
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**	6.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.7 %	
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)**	1687346	
(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	6215890	637824

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**	
b Employer's normal cost for plan year as of valuation date	**9b**	4581829

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	180943800		25562017
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	2110069
e Total charges. Add lines 9a through 9d			**9e**	32253915
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	138635582
g Employer contributions. Total from column (b) of line 3			**9g**	7327663
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	77682360		15821826
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	11068487
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	148064698		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	198678141		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	172853558
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	140599643
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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

INVESCO TRUST COMPANY
11 GREENWAY PLAZA
HOUSTON, TX 77046

46-3793325

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

INVESCO ADVISERS, INC.
1555 PEACHTREE ST NE STE 1800
ATLANTA, GA 30309

58-1707262

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

NEW TOWER TRUST COMPANY
7315 WISCONSIN AVENUE, SUITE 350W
BETHESDA, MD 20814

30-0872552

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

BAIRD ADVISORS
777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202

39-6037917

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

MELLON INVESTMENTS CORPORATION

201 WASHINGTON STREET, 14TH FLOOR
BOSTON, MA 02108

25-6078093

(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

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

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

MARCO CONSULTING GROUP

550 WEST WASHINGTON STREET, SUITE 9
CHICAGO, IL 60661

36-3555078

(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	218585	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVENUE, SUITE 1300W
BETHESDA, MD 20814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	202358	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

(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	184638	Yes [ ] No [X]	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)

THE SEGAL COMPANY

101 N WACKER DRIVE, SUITE 500
CHICAGO, IL 60606

13-1975125

(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	173361	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSAN PERNEY

43-6058365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	160734	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOSTON TRUST WALDEN COMPANY

ONE BEACON STREET
BOSTON, MA 02108

04-2273811

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 24 25 50 51	NONE	151191	Yes [ ] No [X]	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

333 WEST 34TH STREET
NEW YORK, NY 10001-2402

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	129698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIERRA INVESTMENT PARTNERS INC.

68-0370688

(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	111953	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL BRYANT HAMILL

10 SOUTH WACKER DRIVE, SUITE 3500
CHICAGO, IL 60606

41-1788385

(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	91252	Yes [ ] No [X]	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)

REINHART LAW OFFICE

1000 NORTH WATER STREET, SUITE 1700
MILWAUKEE, WI 53202

(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	80565	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UFCW LOCAL 655

300 WEIDMAN RD
BALLWIN, MO 63011

43-0477135

(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?
15	LOCAL	73796	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TONIA WOLFF

43-6058365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72858	Yes [ ] No [X]	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)

COMERICA BANK

411 WEST LAFAYETTE BOULEVARD
DETROIT, MI 48226

42-1741646

(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 19 49 62 72	NONE	56873	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAITLYN M MCCRARY

43-6058365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDERS MINKLER HUBER HELM LLP

43-0831507

(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	NONE	45175	Yes [ ] No [X]	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)

STATE STREET GLOBAL ADVISORS TRUST

ONE LINCOLN ST 33RD FLOOR
BOSTON, MA 02111

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	43231	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MCI PRINTING

10017 OFFICE CENTER AVENUE
ST. LOUIS, MO 63128

43-1606509

(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	NONE	42787	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HAMMOND & SHINNERS PC

7730 CARONDELET AVE, SUITE 200
ST. LOUIS, MO 63105

43-1429257

(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	18099	Yes [ ] No [X]	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)

WESTERHEIDE & COMPANY

11430 GRAVOIS ROAD
SAPPINGTON, MO 63126

43-1176609

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	9578	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 ☐

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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: INVESCO INTERNATIONAL GROWTH TRUST

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

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)
20-2583973-114	C	43784246

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY

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)
52-6218800-001	C	18162763

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

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)
04-0025081-004	C	83776656

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

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)
45-6135859-109	C	78908725

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON DB SL LARGE CAP VALUE

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

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)
25-6078093-005	C	82174214

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)

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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	200793	183328
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	552079	547568
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1131381	1718991
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11379477	21853173
(2) U.S. Government securities	1c(2)	34592309	172653903
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	22062465	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	44493989	39843350
(5) Partnership/joint venture interests	1c(5)	185819085	182063510
(6) Real estate (other than employer real property)	1c(6)	1482297	1258063
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	271380765	306806604
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	177077462	83334349
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3809724	3972513
(15) Other	1c(15)	25763962	3276817

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	173333	160000
1f Total assets (add all amounts in lines 1a through 1e)	1f	779919121	817672169
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	19466	15322
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	703887	202471
1k Total liabilities (add all amounts in lines 1g through1j)	1k	723353	217793
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	779195768	817454376

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)	7165036	
(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)		7165036
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	344087	
(B) U.S. Government securities	2b(1)(B)	2806678	
(C) Corporate debt instruments	2b(1)(C)	704485	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	561335	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4416585
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	393238	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3601958	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3995196
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	814244792	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	783957356	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		30287436
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4553349	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-4553349

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		19288248
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10515486
c Other income	2c		29307960
d Total income. Add all **income** amounts in column (b) and enter total	2d		100422598
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58286298	
(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)		58286298
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)	311547	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	54753	
(5) Investment advisory and investment management fees	2i(5)	2094335	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	173361	
(8) Legal fees	2i(8)	98664	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1145032	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3877692
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		62163990
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		38258608
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) [X] 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)** [X] 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: ANDERS MINKLER HUBER HELM LLP **(2)** EIN: 43-0831507

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588483.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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): _____ _____

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**

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 SCHNUCK MARKETS INC

b EIN 43-0726776 **c** Dollar amount contributed by employer 6513992

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify):

a Name of contributing employer STRAUBS MARKETS

b EIN 43-0619411 **c** Dollar amount contributed by employer 154415

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [ ] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 23 Year 2028

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) 0.97
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer THE KROGER COMPANY

b EIN 31-0345740 **c** Dollar amount contributed by employer 149537

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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) 0.97
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer ROZIER'S COUNTRY MART

b EIN 43-1854684 **c** Dollar amount contributed by employer 99847

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [ ] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 07 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* [ ] *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 0.97
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer ROZIER'S FOOD CENTRE

b EIN 43-0488600 **c** Dollar amount contributed by employer 71042

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [ ] *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 04 Year 2028

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) 0.97
(2) Base unit measure: [X] Hourly [ ] Weekly [ ] Unit of production [ ] Other (specify): ____

a Name of contributing employer UFCW LOCAL 655 WELFARE FUND

b EIN 23-7401847 **c** Dollar amount contributed by employer 24390

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 31 Year 2028

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) 0.97
(2) Base unit measure: [X] 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 TNT FOODS LLC

b EIN 83-0499644 **c** Dollar amount contributed by employer 17695

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 09 Day 27 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1.07
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer HIGHLAND TRU BUY

b EIN 83-0499644 **c** Dollar amount contributed by employer 17007

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 07 Day 04 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) 1.07
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BILL'S IGA

b EIN 37-1104695 **c** Dollar amount contributed by employer 35794

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 06 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) 2.73
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer UFCW UNINO LOCAL 655

b EIN 43-0477135 **c** Dollar amount contributed by employer 29766

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 31 Year 2028

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) 0.97
(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**	5618
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**	5798
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**	5834

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**	68.06
b The corresponding number for the second preceding plan year	**15b**	66.44

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 15.0 % Private Equity: 60.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.2 %
High-Yield Debt: 0.0 % Real Assets: 0.2 % Cash or Cash Equivalents: 2.7 % Other: 0.5 %

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_____.

UNITED FOOD AND COMMERCIAL WORKERS UNION LOCAL 655 FOOD EMPLOYERS JOINT PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL SCHEDULES AND ADDITIONAL INFORMATION AND INDEPENDENT AUDITORS' REPORT YEARS ENDED DECEMBER 31, 2025 AND 2024

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Independent Auditors' Report

Board of Trustees
United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
St. Louis, Missouri

Opinion

We have audited the accompanying financial statements of United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2024, and changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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.

Responsibilities of Management for the Financial Statements

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

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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.

Report on Additional Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The additional Schedules of Administrative Expenses for the years ended December 31, 2025 and 2024 are presented for purposes of additional analysis and are not a required part of the financial statements. 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 our opinion, the additional information is fairly stated in all material respects in relation to the financial statements as a whole.

Anders Minkler Huber & Helms LLP

October 7, 2026
Chesterfield, Missouri

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

Assets

	2025	2024
Investments, at Fair Value	$ 815,062,282	$ 777,861,535
Receivables		
Employer contributions	547,568	552,079
Other receivables	2,511	2,511
Due from investment brokers	-	274,197
Accrued interest and dividends	1,585,711	708,237
Total Receivables	2,135,790	1,537,024
Operating Right-Of-Use Asset	130,769	146,436
Property, Plant, and Equipment, Net	160,000	173,333
Cash - Noninterest Bearing	183,328	200,793
Total Assets	817,672,169	779,919,121

Liabilities

Current Liabilities		
Accrued expenses	15,322	19,466
Due to related party	3,992	4,360
Due to investment brokers	67,710	553,091
Current maturity of operating lease liability	15,240	19,908
Total Current Liabilities	102,264	596,825
Long-Term Operating Lease Liability	115,529	126,528
Total Liabilities	217,793	723,353
Net Assets Available for Benefits	$ 817,454,376	$ 779,195,768

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Additions To Net Assets:		
Investment Income		
Net appreciation in fair value of investments	$ 55,537,821	$ 56,842,758
Partnership income	29,102,311	693,760
Interest, dividends and other investment income	8,411,781	8,782,146
	93,051,913	66,318,664
Less: Investment expense	(2,094,335)	(2,011,658)
Net Investment Income	90,957,578	64,307,006
Employer Contributions	7,165,036	7,805,577
Employer Withdrawal Contributions	162,627	345,300
Other Income	43,022	31,834
Total Additions	98,328,263	72,489,717
Deductions From Net Assets:		
Benefits Paid to Participants	58,286,298	56,590,606
Administrative Expenses	1,783,357	1,637,393
Total Deductions	60,069,655	58,227,999
Net Increase	38,258,608	14,261,718
Net Assets Available for Benefits, Beginning of Year	779,195,768	764,934,050
Net Assets Available for Benefits, End of Year	$ 817,454,376	$ 779,195,768

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Statement of Accumulated Plan Benefits
December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits:

Vested Benefits	
Participants currently receiving payments	$ 499,765,926
Other participants	272,611,901
Total Vested Benefits	772,377,827
Nonvested Benefits	1,978,752
Total Actuarial Present Value of Accumulated Plan Benefits	$ 774,356,579

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2024

Actuarial Present Value of Accumulated Plan Benefits at December 31, 2023	$ 773,669,527
Increase (decrease) during the year attributed to:	
Interest credited	52,011,140
Benefits paid, net	(56,590,606)
Benefits accumulated and other	5,266,518
Net Increase	687,052
Total Actuarial Present Value of Accumulated Plan Benefits at December 31, 2024	$ 774,356,579

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Notes to Financial Statements
December 31, 2025 and 2024

1. Plan Description

The following description of the United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan (the "Plan") provides only general information. Participants of the Plan should refer to the plan document and summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan. The Plan was established effective January 1, 1963, pursuant to a collective bargaining agreement ("CBA") between United Food and Commercial Workers Union Local 655 (the "Union") and the participating employers (the "Employers") involved in the food and retail industries to provide retirement benefits to eligible participants and beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

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

Eligibility

To become eligible for the Plan, an employee must be working for an Employer who is subject to the CBA or for an Employer subject to a Trustee approved participation agreement. Participation begins on the earlier of the date their Employer first makes or is required to make contributions on their behalf to the Plan or January 1 or July 1 following the completion of one year of service.

Funding Policy

The Employers are required to make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA or such other agreements and are subject to minimum funding requirements of ERISA and maximum deductibility of contributions by Employers under the Internal Revenue Code ("IRC"). Contributions by participants are not permitted under the Plan. The Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2025 and 2024.

The Plan is signatory to an International Reciprocal Agreement which permits Employer contributions to be returned to the employee’s home fund when those contributions pertain to work performed under a CBA or other participation agreement requiring contributions be paid to a fund other than the employee’s local home fund.

Pension Protection Act Funding Status

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

The Plan was certified as neither endangered nor critical (that is, in the Green Zone). The Plan's funding status at December 31, 2025 and 2024 was 104.5% and 104.6%, respectively. The certification has projected the funding to be larger than 80% for ten years and there was no projected deficiency in the Plan for at least seven years.

Vesting

Participants earn one year of vesting service for each Plan year in which 1,000 hours or more is worked in covered employment.

Participants are fully vested in their accrued benefits upon the earlier one of the following: a) normal retirement age; b) upon the completion of five years of vesting service with one or more hours of service on or after January 1, 1999; or c) upon completion of 10 years of vesting service.

Pension Benefits

The Plan provides the following types of monthly pension benefits for qualified employees who retire from covered employment: 1) normal retirement, 2) early retirement, and 3) disability retirement. The monthly pension benefit amount is related to the number of pension credits earned by an employee. Once an employee retires, a pension benefit will be paid for life as long as the former employee remains retired. At death, survivor benefits may be paid to the deceased employee’s spouse. In certain instances, a death benefit is also payable if an employee dies before retirement.

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared in accordance with the provisions of the Financial Accounting Standards Board ("FASB"), Accounting Standards Codification (the "FASB ASC"), which is the source of authoritative, non-governmental accounting principles generally accepted in the United States of America ("GAAP"). All references to authoritative accounting guidance contained in our disclosures are based on the general accounting topics within the FASB ASC.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Partnership income is the Plan's proportionate share of the income attributable to the partnerships as a whole.

Fair Value Measurements

The Plan follows guidance issued by the FASB on fair value measurements, which establishes a framework for measuring fair value, clarifies the definition of fair value within that framework, and expands disclosures about the use of fair value measurements. This guidance applies whenever fair value is the applicable measurement. The three general valuation techniques used to measure fair value are the market approach, cost approach, and income approach.

Employer Contributions Receivable

Employer contributions receivable represents Employer contributions due to the Plan for hours worked prior to the end of the Plan year, but not yet received by year-end. Employer contributions receivable are reported at their outstanding balances, net of an estimate made for credit losses. Management estimates the allowance for credit losses by regularly evaluating individual Employer receivables and considers an Employer's financial condition, payment history, current economic conditions, and management's expectations of conditions in the future. Employer contributions receivable are written off when deemed uncollectible and collection enforcement efforts have failed to produce payments and additional efforts are not warranted. Management is of the opinion that no allowance for credit loss is necessary as of December 31, 2025 and 2024.

Assessed Withdrawal Liability Receivable

The Plan is a multiemployer collectively bargained plan subject to the provisions of the Act. Under the Act, an Employer that withdraws from the Plan after April 28, 1980, in either a complete or partial withdrawal, shall owe and pay a withdrawal liability to the Plan, determined by a formula adopted by the Trustees in accordance with the Act. The actuary has determined there may be a withdrawal liability assessed against any Employer that would terminate its participation in the Plan after December 31, 2025 and 2024. The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability, once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Leases

The Plan leases a building. The Plan assesses whether an arrangement qualifies as a lease (conveys the right to control the use of an identified asset for a period of time in exchange for consideration) at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. The Plan has recognized a liability representing the future lease payments and a right-of-use asset ("ROU") representing its right to use the underlying asset for the lease term. As most of the leases do not provide an implicit rate, the Plan elected to use the practical expedient to use the risk-free rate of return at the commencement date in determining the present value of lease payments. The Plan has elected to treat leases with a lease term of 12 months or less as short term leases and are not recorded on the statements of net assets available for benefits. Lease expense is recognized on a straight-line basis over the lease term for short term leases, and variable lease expenses are recognized in the period in which they are incurred. The Plan has elected not to separate lease components from nonlease components when allocating consideration under the terms of the lease.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan permits the payment of Plan expenses from Plan assets. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Reclassifications

Certain amounts in the 2024 financial statements have been reclassified to conform to the current year presentation.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2026, the date the financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value into Levels 1, 2, and 3. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical instruments in active markets.
Level 2	Inputs to the valuation methodology include quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in inactive markets, inputs other than quoted prices that are observable for the instrument, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for instruments measured at fair value.

Level 1 investments consist of money market funds, common stocks, U.S. government and agency securities, real estate investment trusts, and mutual funds. Money market funds are derived from quoted prices in active markets for identical assets. Common stocks, U.S. government and agency securities, and real estate investment trusts are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds are recorded at the closing price reported by the funds. These are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 investments consist of corporate bonds, municipal bonds, and U.S. government and agency securities. Corporate bonds, municipal bonds and U.S. government and agency securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 investments consist of limited partnerships, hedge funds, and an investment contract. The limited partnerships and hedge funds are valued at estimated fair value as determined by the limited partnerships' and hedge funds' management based on estimates of the underlying investments held. The investment contract is valued using a cash-out factor based on an associated pool of general account assets.

Investments also include common collective trust funds. The common collective trust funds are valued at the NAV of shares of the bank collective trusts held by the Plan at year-end. The NAV is based on the fair value of underlying investments held by the trusts. The NAV is used as the practical expedient to estimate fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value of investments is measured as of December 31, as follows:

	2025			
		Fair Value Measurements		
	Total	Level 1	Level 2	Level 3
Money market funds	$ 21,853,173	$ 21,853,173	$ -	$ -
Common stocks	39,843,350	39,843,350	-	-
U.S. government and agency securities	172,653,903	172,653,903	-	-
Real estate investment trusts	1,258,063	1,258,063	-	-
Mutual fund	83,334,349	83,334,349	-	-
Investment contract	3,972,513	-	-	3,972,513
Hedge funds	3,276,817	-	-	3,276,817
Limited partnerships	182,063,510	-	-	182,063,510
Total assets in fair value hierarchy	508,255,678	$318,942,838	$ -	$ 189,312,840
Investments measured at NAV	306,806,604			
	$ 815,062,282			

	2024			
		Fair Value Measurements		
	Total	Level 1	Level 2	Level 3
Money market funds	$ 11,379,477	$ 11,379,477	$ -	$ -
Common stocks	44,493,989	44,493,989	-	-
Corporate bonds	22,062,465	-	22,062,465	-
U.S. government and agency securities	34,592,309	12,259,155	22,333,154	-
Real estate investment trusts	1,482,297	1,482,297	-	-
Municipal bonds	2,040,844	-	2,040,844	-
Mutual funds	177,077,462	177,077,462	-	-
Investment contract	3,809,724	-	-	3,809,724
Hedge funds	23,723,118	-	-	23,723,118
Limited partnerships	185,819,085	-	-	185,819,085
Total assets in fair value hierarchy	506,480,770	$ 246,692,380	$ 46,436,463	$ 213,351,927
Investments measured at NAV	271,380,765			
	$ 777,861,535			

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

Investments measured at fair value based on NAV per share as a practical expedient as of December 31, are as follows:

2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Trust Funds:				
Invesco EQV International Equity Trust CL 1	$ 43,784,246	N/A	Daily	N/A
Multi-Employer Property Trust	18,162,763	N/A	Quarterly	45 Days
Russell 1000 Growth Indx NL Fund	78,908,725	N/A	Daily	N/A
S&P 500 Flagship Securities NL Fund	83,776,656	N/A	Daily	N/A
BNY Mellon DB SL Large Cap Value Stock Index Fund	82,174,214	N/A	Daily	N/A

2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective Trust Funds:				
Barings International Small Cap	$ 19,363,967	N/A	Monthly	N/A
Invesco International Equity Trust CL 1	33,619,206	N/A	Daily	N/A
Multi-Employer Property Trust	17,752,468	N/A	Quarterly	45 Days
Russell 1000 Growth Indx NL Fund	65,662,608	N/A	Daily	N/A
S&P 500 Flagship Securities NL Fund	68,495,105	N/A	Daily	N/A
BNY Mellon DB SL Large Cap Value Stock Index Fund	66,487,411	N/A	Daily	N/A

The following table provides a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2025 and 2024, as follows:

	Limited Partnerships	Hedge Funds	Investment Contract	Total
Balance, December 31, 2023	$ 192,446,814	$ 24,009,475	$ 3,688,116	$ 220,144,405
Unrealized gain	693,760	2,963,577	121,608	3,778,945
Purchases, sales, issuances, and settlements, (net)	(7,321,489)	(3,249,934)	-	(10,571,423)
Balance, December 31, 2024	185,819,085	23,723,118	3,809,724	213,351,927
Unrealized gain (loss)	28,952,490	(287,932)	162,789	28,827,347
Purchases, sales, issuance and settlements, (net)	(32,708,065)	(20,158,369)	-	(52,866,434)
Balance, December 31, 2025	$ 182,063,510	$ 3,276,817	$ 3,972,513	$ 189,312,840

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

December 31, 2025

Instrument	Fair Value	Valuation Technique	Unobservable Inputs
Limited partnerships	$ 182,063,510	Market Approach	Value of underlying assets of the partnerships
Hedge funds	$ 3,276,817	Market Approach	Value of the underlying assets of the hedge funds
Investment contract	$ 3,972,513	Market Approach	Cash-out factor based on associated pool of general assets

December 31, 2024

Instrument		Fair Value	Valuation Technique	Unobservable Inputs
Limited partnerships	$	185,819,085	Market Approach	Value of underlying assets of the partnerships
Hedge funds	$	23,723,118	Market Approach	Value of the underlying assets of the hedge funds
Investment contract	$	3,809,724	Market Approach	Cash-out factor based on associated pool of general assets

4. Leases – Related Party

The Plan has an operating lease of a building with the Union. The following summarizes the weighted average remaining lease term and discount rate as of December 31,:

	2025	2024
Weighted Average Remaining Lease Term		
Operating leases	7.42 years	8.42 years
Weighted Average Discount Rate		
Operating leases	3.79 %	3.79 %

The maturities of lease liabilities as of December 31, are as follows:

Years Ending December 31:		
2026	$	15,240
2027		19,908
2028		20,107
2029		20,308
2030		20,511
Thereafter		54,033
Total Lease Payments		150,107
Less: Interest		19,338
Present Value of Lease Liabilities	$	130,769

The components of operating lease expense for the years ended December 31, are as follows:

	2025	2024
Operating lease expense	$ 20,239	$ 20,239
Total net lease expense	$ 20,239	$ 20,239

Operating lease expense was $20,239 for each of the years ended December 31, 2025 and 2024.

5. Assessed Withdrawal Liability

The Plan complies with the provisions of the Act which requires imposition of a withdrawal liability on a contributing Employer that partially or totally withdraws from the Plan. Under the provisions of the Act, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing Employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Plan entered into various settlement agreements with participating Employers who withdrew from the Plan and were subject to withdrawal liability assessments. There were no assessed employer withdrawal liability receivables as of December 31, 2025 or 2024.

During the years ended December 31, 2025 and 2024, the Plan recognized Employer withdrawal contributions of $162,627 and $345,300, respectively. During the years ended December 31, 2025 and 2024, the Plan received lump sum settlements from one previous Employer.

6. Related Party and Party-in-Interest Transactions

The Union provides services to the Plan, including common occupancy of offices, personnel, utilization of data processing equipment, and common administrative functions. All such costs are borne by the Union and allocated to the Plan. Allocated expenses totaled $73,796 and $59,906 for the years ended December 31, 2025 and 2024, respectively. As of December 31, 2025 and 2024, $3,992 and $4,360, respectively, were due to the Union for administrative expenses.

7. Actuarial Present Value of Accumulated Plan Benefits

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

The present value of accrued benefits is the sum of the present values of payments to pensioners and survivors, vested accrued benefits of inactive employees, vested accrued benefits of active employees, and non-vested accrued benefits of active employees.

These values are determined on the assumption that each active participant will earn one pension credit in each future year. Future service is recognized for purposes of determining eligibility. Non-vested accrued benefits include potential benefits that may become payable whether or not the employee is already vested in a normal retirement benefit.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, as of January 1, 2025, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial computations are:

Estimated rate of return on investments:	On actuarial value of assets (Schedule MB, line 6g): 6.4%, for the Plan Year ending December 31, 2024 On current (market) value of assets (Schedule MB, line 6h): 8.7%, for the Plan Year ending December 31, 2024
Mortality Rates:	Non-Annuitants: 110% of the RP-2006 Blue Collar Employee Mortality Tables, projected generationally using Scale MP-2019. Healthy Annuitants: 110% of the RP-2006 Blue Collar Healthy Annuitant Mortality Tables, projected generationally using Scale MP-2019. Disabled Annuitants: 110% of the RP-2006 Disabled Retiree Mortality Tables, projected generationally using Scale MP-2019.

Termination Rates

Age	Disability	Withdrawal**
20	0.02%	14.76%
25	0.03%	14.76%
30	0.03%	8.17%
35	0.04%	8.47%
40	0.07%	7.00%
45	0.11%	6.29%
50	0.18%	5.89%
55	0.30%	3.00%
60	0.49%	3.00%

* Rates shown above are sample rates in 2025
** Withdrawal rates cut out at early retirement age. Before 5 years of vesting service, withdrawal rates are as follows:

Years of Vesting Service	Withdrawal Rate
Less than 2	30%
2-3	20%
3-4	15%

Retirement
The assumed retirement rates for those eligible are:

Age	From Active Status	From Inactive Status
52-54	1%	-
55-56	2%	2%
57-59	5%	2%
60	15%	10%
61	15%	20%
62	30%	35%
63-64	20%	20%
65	30%	40%
66-70	25%	10%
71	100%	100%

Description of Weighted Average Retirement Age:	Age 64, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.
Future Benefit Accruals:	Based on the average of the participant's hours during the previous two years with a minimum of 0.25 pension credits.

Unknown Data for Participants:	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Participants with at least 250 hours in the most recent plan year and who have accumulated at least one pension eligibility credit, excluding those who have retired as of the valuation date and those who were employed by a withdrawn Employer.
Percent Married:	Males: 80% Females: 65%
Age of Spouse:	Spouses are assumed 4 years younger than the male participants and 2 years older than female participants. If not given, spouses are assumed to be of the opposite sex of the participants.
Benefit Election:	Male Participants: 50% elect the 50% joint and survivor pension with pop-up provision and 50% elect the single life annuity. Female Participants: 30% elect the 50% joint and survivor pension with pop-up provision and 70% elect the single life annuity.
Delayed Retirement Factors:	Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net Investment Return:	7.00% - The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses:	$1,750,000 for the year beginning January 1, 2025 (equivalent to $1,687,346 payable at the beginning of the year).
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 80% to 120% on the market value of assets.
Actuarial Cost Method:	Unit Credit Actuarial Cost Method. Normal cost and actuarial accrued liability are calculated on an individual basis.
Benefits Valued:	Unless otherwise indicated, includes all benefits.
Current Liability Assumptions:	Interest: 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E). Mortality: As prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2021.

Funding Standard Account ("FSA") Contribution Timing (Schedule MB, Line 3):	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

8. Plan Amendments

In February 2024, the Plan was amended to increase the required minimum distribution date for benefits from age 72 to 73.

9. Plan Termination

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

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

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.

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

4. All non-vested benefits.

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

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

10. Tax Status of Plan

The Internal Revenue Service has determined and informed the Trustees by a letter dated June 16, 2011, that the Plan and related trust are designed in accordance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. Management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

In accordance with GAAP, management is required 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 the applicable taxing authorities. Management has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. Management believes the Plan is no longer subject to tax examinations for years prior to 2022. The Plan is also subject to routine audits by the Department of Labor, generally for six years after the statutory due date of the annual information return. There are currently no audits in progress for any tax periods.

11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

The majority of receivables are from Employers in the food and retail industries. The Plan generally does not require collateral, but in some cases can require a performance bond.

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

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	MONEY MARKET FUNDS:		
	COMERICA SHORT TERM FUND- PRINCIPAL SWEEP	$ 7,604,637	$ 7,606,506
	FIRST BANK INTEREST BEARING CHECKING ACCOUNT	5,657,574	5,657,574
	UNITED STATES TREAS BILLS DT DTD 1/23/2025 1/22/2026	4,209,328	4,251,608
	UNITED STATES TREAS BILLS DTD 3/20/2025 3/19/2026	4,293,480	4,337,485
	TOTAL MONEY MARKET FUNDS:	21,765,019	21,853,173
	COMMON STOCKS:		
	A10 NETWORKS INC	309,243	292,009
	ACUITY INC	82,867	219,264
	ACV AUCTIONS INC CL A	101,952	112,128
	AGCO CORP	10,876	10,849
	AKAMAI TECHNOLOGIES	177,563	175,460
	ALASKA AIR GROUP INC	595,031	619,495
	ALLEGIANT TRAVEL CO	168,866	219,997
	AMENTUM HOLDINGS INC	500,019	654,066
	AMPHASTAR PHARMACEUTICALS INC DE	333,118	199,859
	ANTERO MIDSTREAM CORPORATION COM	269,777	289,977
	APOGEE THERAPEUTICS INC COM	163,483	259,349
	APPLIED INDUSTRIAL TECH INC	82,000	408,008
	APTARGROUP INC	395,374	373,442
	ASHLAND INC.	313,916	353,897
	ASTERA LABS INC COM	609,427	632,334
	ATI INC	307,397	386,053
	ATMUS FILTRATION TECHNOLOGIES COM	474,611	538,618
	AVANTOR INC	61,284	52,659
	AXCELIS TECHNOLOGIES INC	286,619	230,817
	AXSOME THERAPEUTICS INC.	139,356	206,018
	BADGER METER INC	209,699	365,738
	BETTER HOME & FINANCE HOLDING COM	343,623	174,889
	BILL HOLDINGS INC	177,265	190,072
	BIO RAD LABORATORIES INC CL A	147,926	181,794
	BJS WHSL CLUB HLDGS INC	4,657	3,691
	BLOCK H & R INC	269,033	208,007
	BRIDGEBIO PHARMA INC	217,190	359,044
	BUILDERS FIRSTSOURCE INC	2,782	2,161
	BURLINGTON STORES INC	124,586	132,004
	BWX TECHNOLOGIES INC	11,387	10,543
	CACI INTL INC CL A	2,000	2,131

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	COMMON STOCKS (CONTINUED):		
	CACTUS INC	$ 166,181	$ 220,041
	CARPENTER TECHNOLOGY	72,406	87,840
	CASELLA WASTE SYS INC CL A	200,829	206,555
	CATHAY BANCORP INC	154,107	192,931
	CAVCO INDUSTRIES INC	151,806	379,846
	CHARLES RIVER LABORATORIES	153,573	197,286
	CHEMED CORP	391,942	338,865
	CHESAPEAKE UTILS CORP	287,322	315,892
	CHOICE HOTELS INTL INC	316,946	299,021
	CIRCLE INTERNET GROUP INC COM	546,821	546,456
	COGNEX CORP	66,577	64,836
	COHERENT CORP COM	122,009	244,371
	COLUMBIA SPORTSWEAR CO	268,699	176,178
	COMMERCE BANCSHARES INC	354,233	373,865
	COMMVAULT SYS INC	206,578	208,850
	CORCEPT THERAPEUTICS INC	83,136	122,635
	CORVEL CORP	74,526	222,837
	CREDO TECHNOLOGY GROUP HOLDI	366,279	340,012
	CSG SYSTEMS INTL INC	184,023	317,036
	CULLEN FROST	353,041	409,142
	CUSHMAN AND WAKEFIELD LTD COMMON SHARES	98,644	152,364
	DARLING INTL INC	312,011	308,088
	DIGITALOCEAN HOLDINGS INC COM	252,892	327,793
	DOLBY LABORATORIES INC CL A	367,817	319,751
	DONALDSON INC	197,171	367,584
	DONNELLEY FINANCIAL SOLUTIONS,	197,452	168,831
	DYNE THERAPEUTICS INC COM	149,264	159,316
	EAGLE MATERIALS INC	162,901	145,916
	Enovix Corporation	65,980	42,325
	ENTEGRIS INC	546,749	547,794
	ERO COPPER CORP COM	109,149	173,616
	EXLSERVICE HLDGS INC	178,501	414,172
	FIRST SOURCE CORP	104,255	153,101
	FLOWSERVE CORP	189,681	217,784
	FLUOR CORP	96,405	77,675
	FLYWIRE CORPORATION COM VTG	105,495	111,213
	FRANKLIN ELEC INC	220,424	344,959

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	COMMON STOCKS (CONTINUED):		
	FTAI AVIATION LTD SHS	$ 364,815	$ 519,093
	FTAI INFRASTRUCTURE INC COMMON	197,291	156,754
	GARRETT MOTION INC.-WI	187,059	284,423
	GENIUS SPORTS LTD	311,960	311,051
	GLOBUS MED INC	269,494	407,825
	GRANITE CONSTRUCTION INC	262,348	459,670
	GRAPHIC PACKAGING HOLDING CORP	277,908	151,745
	HAEMONETICS CORP MASS	259,948	314,829
	HALOZYME THERAPEUTICS INC	268,551	352,787
	HANOVER INS GROUP INC	266,437	379,431
	HEXCEL CORP NEW	114,625	142,849
	IDACORP INC	214,052	283,494
	INDIE SEMICONDUCTOR INC. CLASS A COM	488,304	331,894
	INNODATA INC COM	28,958	21,705
	INSTALLED BLDG PRODS INC	241,067	336,429
	INSULET CORP	70,795	64,807
	INTERDIGITAL INC PA	46,112	264,574
	INTERNATIONAL BANCSHARES CORP	265,040	337,582
	INTERNATIONAL SEAWAYS INC	82,657	95,644
	INTUITIVE MACHINES INC CLASS A COM	220,056	309,814
	IONQ INC COM	118,039	97,233
	JAZZ PHARMACEUTICALS PLC	301,938	383,690
	KNIGHT-SWIFT TRANSN HLDGS INC	267,743	284,612
	KYMERA THERAPEUTICS INC COM	302,186	353,880
	KYNDRYL HOLDINGS INC COMMON STOCK	9,723	6,109
	LAKELAND FINL CORP	150,956	132,094
	LANDSTAR SYSTEM INC	222,472	292,430
	LATTICE SEMICONDUCTOR CORP	228,715	259,149
	LCI INDUSTRIES	184,864	216,592
	LIFE TIME GROUP HOLDINGS INC COMMON STOCK	102,177	113,630
	LITHIA MTRS INC - CL A	241,945	246,589
	LITTLEFUSE INC	386,688	407,454
	M/I HOMES INC	56,865	49,133
	MAGNITE INC	67,646	54,241
	MAGNOLIA OIL GAS CORP	362,869	369,722
	MARZETTI COMPANY	282,856	292,668
	MATADOR RES CO	212,697	145,315

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	COMMON STOCKS (CONTINUED):		
	MATTEL INC	$ 235,349	$ 233,041
	MKS INC	160,271	278,212
	MODINE MFG CO	21,668	20,961
	MONGODB INC	329,017	404,581
	MONOLITHIC POWER SYSTEMS INC	56,301	66,164
	MP MATERIALS CORP	30,831	26,119
	MSC INDL DIRECT INC CL A	302,985	310,077
	NATERA INC	337,991	398,388
	NEPTUNE INS HLDGS INC CL A COM	136,471	144,838
	NMI HLDGS INC - COMMON STOCK	1,814	2,284
	NUVALENT INC COM	195,677	194,541
	ODDITY TECH LTD SHS CL A	127,016	97,316
	ONE GAS INC	260,228	314,871
	PAGAYA TECHNOLOGIES LTD CL A NEW COM	135,963	155,580
	PARSONS CORPORATION	59,124	55,805
	PAYLOCITY HLDG CORP	158,886	162,413
	PLANET FITNESS INC - CL A	97,553	108,795
	PLEXUS CORP	219,394	332,955
	POPULAR INC	181,654	222,019
	POWER INTEGRATIONS INC	185,889	147,491
	PRESTIGE BRANDS HLDGS INC	358,868	302,466
	PRICESMART INC	212,776	214,304
	PROCEPT BIOROBOTICS CORPORATION COM	79,511	52,696
	PROCORE TECHNOLOGIES INC COM	129,828	119,512
	PROGRESS SOFTWARE CORP	319,147	314,725
	PURE STORAGE INC CLASS A	199,873	179,788
	QUALYS INC	375,408	423,287
	REGAL BELOIT CORP WISCONSIN	316,584	299,864
	RENASANT CORP	227,899	210,475
	REVOLUTION MEDICINES INC COM	133,817	175,947
	RUSH STREET INTERACTIVE INC COM	60,801	74,572
	RXO INC. COMMON STOCK	131,528	88,973
	RYERSON HLDG CORP	68,353	67,454
	SAIA INC COM	318,023	340,887
	SANMINA CORP	209,937	288,134
	SEACOAST BANKING CORP FLORIDA	158,811	159,268
	SELECTIVE INSURANCE GROUP INC	507,304	527,288

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	COMMON STOCKS (CONTINUED):		
	SENSIENT TECHNOLOGIES CORP	$ 160,938	$ 231,117
	SHOALS TECHNOLOGIES GROUP INC CL	3,403	5,236
	SILGAN HOLDINGS INC	218,634	254,371
	SILICON MOTION TECHNOLOGY CORP ADR	204,583	339,004
	SIMPLY GOOD FOODS CO	443,060	263,229
	SOLENO THERAPEUTICS INC COM	12,444	8,751
	SPROUTS FMRS MKT INC	204,284	202,043
	STRIDE INC COM	94,391	74,605
	SUN COUNTRY AIRLINES HOLDINGS IN COM	289,950	275,899
	SWEETGREEN INC COM	81,652	50,815
	SYMBOTIC INC CLASS A COM	2,369	4,820
	TERADYNE INC	1,231	2,129
	TETRA TECHNOLOGIES INC DEL	50,320	101,224
	THE BALDWIN INSURANCE GROUP INC CLASS A	47,432	44,143
	THE CARLYLE GROUP INC	2,105	2,187
	TIDEWATER INC NEW	120,641	112,082
	TIMKEN CO	56,886	65,285
	TORO CO.	199,172	210,891
	TRANSMEDICS GROUP INC	188,726	186,246
	TREVI THERAPEUTICS INC COM	107,201	99,246
	TRIUMPH FINANCIAL INC.	286,418	290,666
	U S PHYSICAL THERAPY INC	245,927	240,595
	UFP TECHNOLOGIES INC	341,143	330,381
	ULTRA CLEAN HLDGS INC COM	276,499	278,985
	ULTRAGENYX PHARMACEUTICAL INC	299,589	240,971
	UMB FINANCIAL CORP	114,372	180,498
	UNITED THERAPEUTICS CORP DEL	259,762	272,860
	UNITIL CORP	128,620	128,850
	UNITY SOFTWARE INC COM	118,040	146,247
	VALMONT INDS INC	126,999	269,152
	VERA THERAPEUTICS INC COM	113,809	134,399
	VERICEL CORP	53,718	44,832
	VERTICAL AEROSPACE LTD SHS NEW COM	57,077	47,357
	VOYAGER TECHNOLOGIES INC COM	96,212	101,057
	WATTS WATER TECHNOLOGIES INC	183,166	433,075
	WEAVE COMMUNICATIONS INC	189,332	154,821
	WINGSTOP INC	68,274	64,392

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	ZETA GLOBAL HOLDINGS CORP CL A	$ 37,519	$ 42,707
	TOTAL COMMON STOCKS	35,235,056	39,843,350
	U.S. GOVERNMENT AND AGENCY SECURITIES:		
	US TREASURY NOTE 0.00% 04/15/2027 Ser AM-2027	4,550,836	4,550,333
	US TREAS 0% NTS DTD 12/31/2021 1.375% 12/31/2028	4,622,687	4,661,490
	US TREAS 0% NTS DTD 2/28/2022 1.875% 2/28/2029	4,673,959	4,706,110
	US TREAS 0% NTS DTD 3/31/2022 2.375% 3/31/2029	3,501,661	3,521,373
	US TREAS 0% NTS DTD 4/15/2023 3.75% 4/15/2026	4,229,174	4,231,988
	US TREAS 0% NTS DTD 8/31/2021 1.125% 8/31/2028	4,521,029	4,560,836
	US TREAS 05/15/2026 Ser AN-2026 DTD 5/15/2023 3.625%	4,200,237	4,206,135
	US TREAS 1.25% NTS DTD 9/23/2021 1.25% 9/30/2028	4,514,434	4,552,794
	US TREAS 1.5% NTS DTD 11/30/2021 1.50% 11/30/2028	4,649,063	4,686,116
	US TREAS 2.875% 08/15/2028 DTD 08/15/2018 2.875%	4,687,805	4,708,201
	US TREAS 4% NTS DTD 2/15/2023 4.00% 2/15/2026	4,206,807	4,206,219
	US TREAS 4.125% 6/15/2023 Ser AP-2026 DTD 6/15/2023	4,300,557	4,301,926
	US TREAS BDS 2.25% DTD 8/15/2017 2.25% 8/15/2027	4,486,438	4,510,530
	US TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028	4,636,960	4,657,622
	US TREAS BDS 5.25% DTD 11/15/1998 5.25% 11/15/2028	5,028,569	5,017,536
	US TREAS DTD 02/15/2018 2.75% 02/15/2028	4,626,891	4,648,822
	US TREAS DTD 2/15/2019 2.625% 2/15/2029	4,775,384	4,798,498
	US TREAS NOTE DTD 11/15/2023 4.625% 11/15/2026	4,322,298	4,318,263
	US TREAS NOTE 07/15/2026	4,283,963	4,281,854
	US TREAS NTS 4.625%09/15/26 Ser AS-2026	4,396,617	4,391,828
	US TREAS NTS DTD 01/15/2024 4.00% 01/15/2027	4,452,151	4,456,288
	US TREAS NTS Ser AJ-2028 DTD 1/15/2025 0.00% 1/15/20	4,759,189	4,764,157
	US TREAS NTS Ser AL-2028 DTD 3/15/2025 3.875% 3/15/2	4,800,185	4,808,399
	US TREAS NTS Ser AM-2028 DTD 4/15/2025 3.75% 4/15/20	4,769,674	4,779,726
	US TREAS NTS Ser AP-2028 DTD 6/15/2025 3.875% 6/15/2	4,831,313	4,841,232
	US TREAS NTS Ser AQ-2028 DTD 7/15/2025 3.875% 7/15/2	4,821,060	4,830,428
	US TREAS NTS Ser AV-2027 DTD 12/15/2024 4.00% 12/15/	4,754,230	4,760,688
	US TREAS Ser AU-2027 DTD 11/15/2024 4.125% 11/15	4,612,077	4,617,087
	US TREASURY NOTE DTD 02/15/2024 4.125% 02/15/2027	4,536,602	4,539,586
	US TREASURY NOTE DTD 03/15/2024 4.25% 03/15/2024	4,577,065	4,578,499
	US TREASURY NOTE DTD 06/15/2024 4.625% 06/15/2027	4,617,613	4,617,629

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):		
	US TREASURY NOTE DTD 09/15/2024 3.375% 09/15/2027	$ 4,609,020	$ 4,621,481
	US TREASURY NOTE DTD 12/15/2023 4.375% 12/15/2026	4,490,153	4,489,927
	US TREASURY NOTES DTD 05/15/2024 0.00% 05/15/2027	4,523,603	4,524,295
	US TREASURY NOTE 0.00% 08/15/2026 Ser AR-2026	4,352,834	4,350,481
	US TREASURY NOTE 07/15/2027 Ser AQ-2027 DTD 7/15/2024	4,582,446	4,585,092
	US TREASURY NOTE 10/15/2026	4,350,238	4,344,739
	US TREASURY NOTE 3.875% 10/15/2027 Ser AT-2027	4,618,154	4,625,695
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES:	172,272,976	172,653,903
	REAL ESTATE INVESTMENT TRUSTS:		
	AGREE REALTY CORP	40,925	38,752
	COHEN & STEERS INC	226,078	267,254
	ESSENTIAL PPTYS RLTY TR INC	28,009	25,923
	FOUR CORNERS PPTY TR INC	235,114	219,254
	INDEPENDENCE RLTY TR INC	39,739	33,107
	SILA REALTY TRUST INC COMMON STOCK COM	81,552	74,592
	STAG INDL INC COM	413,264	423,696
	TERRENO RLTY CORP	171,150	175,485
	TOTAL REAL ESTATE INVESTMENT TRUSTS	1,235,831	1,258,063
	MUTUAL FUND:		
	FIDELITY MID CAP INDEX FUND-FAI	62,835,384	83,334,349
	INVESTMENT CONTRACT:		
	PRINCIPAL GLOBAL INVESTORS LLC	3,197,655	3,972,513
	HEDGE FUNDS:		
	ENTRUST CAPITAL DIVERSIFIED FUND LTD	419,197	279,402
	ENTRUST SPECIAL OPPORTUNITY FUND III LTD CLASS A9	4,473,396	2,997,415
	TOTAL HEDGE FUNDS	4,892,593	3,276,817
	LIMITED PARTNERSHIPS:		
	AMERICAN STRATEGIC VALUE REALTY FUND	7,015,959	12,354,440
	ASB ALLEGIANCE REAL ESTATE FD LP	16,634,494	22,203,149
	GCM GROSVENOR MULTI-CLASS FUND II LP	24,266,203	45,513,238
	GROSVENOR OPPORTUNISTIC CREDIT FUND V LTD	3,943,735	15,773,251

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	LIMITED PARTNERSHIPS (CONTINUED):		
	HAMILTON LANE PRIVATE EQUITY OFFSHORE VIII LP	$ 2,492,604	$ 3,206,368
	GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD	958,216	238,971
	HAMILTON LANE SECONDARY FUND II LP	26,819	1,648
	LANDMARK EQUITY PARTNERS XIV LP	203,891	24,944
	LSV INTERNATIONAL AC VALUE EQUITY FUND LP	25,207,691	46,650,727
	SIGULER GUFF SMALL BUYOUT OPPORTUNITiES FUND III	4,557,315	11,470,924
	SIGULER GUFF SMALL BUYOUT OPPORTUNITiES FUND V	6,437,654	8,709,775
	U.S. REAL ESTATE INVESTMENT FUND LLC	11,805,109	15,916,075
	TOTAL LIMITED PARTNERSHIPS	103,549,690	182,063,510
	COLLECTIVE TRUST FUNDS:		
	BNY MELLON DB SL LARGE CAP VALUE STOCK INDEX	66,648,640	82,174,214
	INVESCO EQV INTL EQUITY TRUST - CLASS I	25,417,658	43,784,246
	MULTI-EMPLOYER PROPERTY TRUST	9,167,028	18,162,763
	RUSSELL 1000 GROWTH INDEX NL FUND	24,459,407	78,908,725
	S&P 500 FLAGSHIP SECURITIES NL FUND	19,706,298	83,776,656
	TOTAL COLLECTIVE TRUST FUNDS	145,399,031	306,806,604
	TOTAL ASSETS HELD AT END OF YEAR	$ 550,383,235	$ 815,062,282

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
Individual transactions in excess of five percent of plan assets at beginning of year: None.						
Series of transactions with one party in excess of five percent of plan assets at beginning of year: None.						
Series of transactions in excess of five percent of plan assets at beginning of year:						
Comerica	Short Term Fund (286)	$ -	$ 526,235,827	$ 526,235,827	$ 526,235,827	$ -
Comerica	Short Term Fund (511)	528,012,413	-	528,012,413	528,012,413	-
PIMCO	Total Return Fund; Institutional (2)	-	61,452,967	61,452,967	61,452,967	-
Other transactions with a party that was involved in a Category 1 transaction: None						

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
Schedules of Administrative Expenses
Years Ended December 31, 2025 and 2024

	2025	2024
Administrative	$ 173,318	$ 185,116
Computer expenses	69,935	10,256
Depreciation	85,333	34,667
Insurance	779,809	748,920
Meetings and conferences	3,315	3,151
Miscellaneous	501	497
Payroll	311,547	300,748
Payroll compliance audits	9,578	19,800
Printing and postage	12,582	20,435
Professional fees - actuarial	173,361	134,844
Professional fees - audit and tax	45,175	43,078
Professional fees - legal	98,664	115,642
Lease expense	20,239	20,239
Total Administrative Expenses	$ 1,783,357	$ 1,637,393

Exhibit L(1): Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 62
- **Service Requirement:** Five years of vesting service or 6 pension credits
- **Amount:**
  - For participants hired on or before December 31, 2010, future benefit accruals will be determined based on the number of hours worked during a calendar year based on the following Table A:

Hours Worked in a Calendar Year	Benefit Accrual
799 or less	$0.00
800 – 1,099	16.50
1,100 – 1,399	21.00
1,400 – 1,699	25.50
1,700 or more	30.00

– For Participants hired on or after January 1, 2011, future benefit accrual will be determined based on number of hours worked during a calendar year based on the following Table B during their first 10 years of participation:

Hours Worked in a Calendar Year	Benefit Accrual During First Five Years of Participation	Benefit Accrual During Next Five Years of Participation
799 or less	$0.00	$0.00
800 – 1,099	12.50	14.50
1,100 – 1,399	16.00	18.50
1,400 – 1,699	19.50	22.50
1,700 or more	22.50	26.00

After 10 years of participation, benefits will be accrued according to Table A.

- **Delayed Retirement Amount:** Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for the first 60 months and 1.5% for each month thereafter.

Early retirement

- **Age Requirement:** 52
- **Service Requirement:** 10 pension eligibility credits including one earned during the contribution period
- **Amount:** Regular pension accrued, reduced by 5% for each year of age less than 62

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension eligibility credits including one earned during the contribution period
- **Amount:** Regular pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** 10 pension eligibility credits or 5 years of vesting service **OR:**
- **Age and Service Requirement:** Age 62 or, if later, the fifth anniversary of participation (Normal Retirement Age) before incurring a permanent break-in-service
- **Amount:** Benefit accrued at the benefit rate in effect at the end of the two consecutive calendar year period in which the participant failed to earn at least two quarters of a pension eligibility credit, or on the effective date of retirement if earlier. May be paid at regular or early retirement age if requirements are met.
- **Normal Retirement Age:** 62

Pre-retirement death benefit: joint and survivor spousal pension

- **Age Requirement:** None
- **Service Requirement:** 5 pension eligibility credits or 5 years of vesting service.
- **Amount:** 50% of the benefit participant would have received had he or she retired the day before he or she died and elected the 50% joint and survivor option, paid to qualified spouse. If the participant died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date participant would have been eligible for early retirement. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
- **Charge for Coverage:** None

Pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** 10 pension eligibility credits and active employee at death
- **Amount:** 50% of the regular pension accrued (without reduction for early commencement and form of payment) payable immediately to the surviving spouse for life. If no surviving spouse or if the surviving spouse dies, the monthly death benefit is payable to any surviving dependent children until the earlier of the month in which their eighteenth birthday or their death occurs.
- **Charge for Coverage:** None
- Not payable if the pre-retirement death joint and survivor spousal pension is paid.

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (pop-up provision). If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

- Single life annuity (for married participants)
- 50% joint and survivor with pop-up provision (for single participants)
- 75% or 100% joint and survivor with pop-up provision
- 50% or 75% joint and survivor without pop-up provision
- 10 year certain and life annuity
- Social security equalization option

Participation

On the earliest of the first day on which the employer is required to contribute to the fund on behalf of the employee, the first January 1 or July 1 following completion of a 12 consecutive month period during which the employee completed at least 1,000 hours of service, or the first day of the month following the month in which the employee completes at least 250 hours of work for which contributions are made to the fund.

Pension credit

- **Before January 1, 2004:** One pension credit for each calendar year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours
- **After December 31, 2003 but before January 1, 2011:** One pension credit for each calendar year in which the participant works 1,600 or more hours in covered employment; proportionate credit in quarters for less than 1,600 hours

- **After December 31, 2010:** One pension credit for each calendar year in which the participant works 1,700 or more hours in covered employment; proportionate credit in quarters for less than 1,700 hours

Pension eligibility credit

One pension eligibility credit for each calendar year in which the participant works 1,000 or more hours in covered employment; proportionate credit in quarters for less than 1,000 hours; an employee retiring on a regular pension shall receive a full pension eligibility credit for the plan year in which he retires provided he works in covered employment from the beginning of such plan year up to his retirement date.

Vesting credit

One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

Contribution rate

- $1.07 per hour effective January 1, 2025
- $0.97 per hour effective January 1, 2026

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

Exhibit L(2): Summary of plan provisions for benefits accrued under The Employers and Local 534 Meat Employees Pension Fund

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31 (merger effective December 31, 2017)

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal retirement

- **Age Requirement:** 65
- **Service Requirement:** Five years of credited service
- **Amount:**
  - For participants who first retire or terminated participation on or after January 1, 2001, a monthly benefit according to the table below:

Months Worked in a Year	Service After 1/1/1986	Service Before 1/1/1986[1]
1	$3.69	$2.84
2	7.38	5.69
3	11.07	8.53
4	14.75	11.38
5	18.44	14.22
6	22.13	17.07
7	25.82	19.92
8	29.50	22.76
9	33.19	25.61
10	36.88	28.45
11	40.57	31.29
12	44.25	34.14

- **Delayed Retirement Amount:** Regular pension accrued at normal retirement age (NRA), increased by actuarial equivalence from normal retirement age

[1] Benefit accrual rate proportionate reduced to $26.46 for participants not covered by the Alternate Schedule 1, effective 30 days after the Rehabilitation Plan Schedule is ratified.

Early retirement

- **Age Requirement:** 52
- **Service Requirement:** 10 years of credited service
- **Amount:**
  - **For participants covered by the Alternate Schedule 1:** Normal pension accrued, reduced by 3% for each year of age less than 62
  - **For other participants:** Normal pension accrued, reduced by actuarial equivalence from normal retirement age

Disability

- **Age and Service Requirements:**
  - Age 35 and 5 years of credited service; or
  - 10 pension eligibility credits including one earned during the contribution period.
- **Other Requirement:** Permanent and total disabled for six months and not covered by the Default Schedule of the Rehabilitation Plan
- **Amount:** Normal pension accrued, but not less than $50 per month

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued, actuarially reduced to the effective date, if commenced prior to the normal retirement age
- **Normal Retirement Age:** 65

Pre-retirement surviving spouse death benefits

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Amount:** 50% of the benefit participant would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the 50% joint and survivor form, and died the following day.
- **Charge for Coverage:** None

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unreduced unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the participant in an actuarially equivalent amount.

Optional forms of benefits

- Single life annuity (for married participants)
- 50% joint and survivor with or without pop-up provision (for single participants)
- 75% or 100% joint and survivor with pop-up provision
- 75% joint and survivor without pop-up provision
- 10 year certain and life annuity

Participation

Date the first contribution is received by the Fund.

Credited future service

One month of credited service for each month an employee works 92 or more hours of covered employment.

Vesting service

One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

Exhibit L(3): Summary of plan provisions for benefits accrued under The Employers and Local 534 Grocery Employees Pension Fund

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31 (merger effective December 31, 2017)

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal retirement

- **Age Requirement:** 65
- **Service Requirement:** Five years of credited service
- **Amount:**
  - For participants who first retire or terminated participation on or after January 1, 2001, a monthly benefit according to the table below:

Contributory Hours of Service	Years of Service Prior to 5/1/2006	Years of Service on or After 5/1/2006	Years of Service under Rehabilitation Plan[1]
1,750 & Over	$32.25	$30.00	$15.30
1,500 – 1,749	28.22	26.25	13.39
1,250 – 1,499	24.19	22.50	11.48
1,000 – 1,249	20.16	18.75	9.56
750 – 999	16.13	15.00	7.65
501 – 749	12.09	11.25	5.74
Less than 501	0.00	0.00	0.00

- **Delayed Retirement Amount:** Regular pension accrued at normal retirement age (NRA), increased by actuarial equivalence from normal retirement age

[1] These rates are effective on the first day of the month following ratification of a collective bargaining agreement compliant with one of the Rehabilitation Plan schedules and the required participant notice.

Early retirement

- **Age Requirement:** 52
- **Service Requirement:** 10 years of credited service
- **Amount:** Regular pension accrued, reduced by actuarial equivalence from normal retirement age

Disability

- **Age and Service Requirements:**
  - Age 35 and 5 years of credited service; or
  - 10 pension eligibility credits including one earned during the contribution period.
- **Other Requirement:** Permanent and total disabled for six months and not covered by the Default Schedule of the Rehabilitation Plan
- **Amount:** Normal pension accrued, but not less than $50 per month

Vesting

- **Age Requirement:** None
- **Service Requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued, actuarially reduced to the effective date, if commenced prior to the normal retirement age
- **Normal Retirement Age:** 65

Pre-retirement surviving spouse death benefits

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** 50% of the benefit participant would have received had the participant terminated employment on the date of death, survived to the earliest retirement date, retired under the 50% joint and survivor form, and died the following day.
- **Charge for Coverage:** None

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unreduced unless this form is rejected by the participant and spouse. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the participant in an actuarially equivalent amount.

Optional forms of benefits

- Single life annuity (for married participants)
- 50% joint and survivor with or without pop-up provision (for single participants)
- 75% or 100% joint and survivor with pop-up provision
- 75% joint and survivor without pop-up provision
- 10 year certain and life annuity

Participation

Date the first contribution is received by the Fund.

Credited future service

One year of credited service for each year an employee works 1,750 or more hours of contributory hour of service.

Vesting service

One year of vesting service for each calendar year during the contribution period in which the participant completed 1,000 hours or more of service.

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	MONEY MARKET FUNDS:		
	COMERICA SHORT TERM FUND- PRINCIPAL SWEEP	$ 7,604,637	$ 7,606,506
	FIRST BANK INTEREST BEARING CHECKING ACCOUNT	5,657,574	5,657,574
	UNITED STATES TREAS BILLS DT DTD 1/23/2025 1/22/2026	4,209,328	4,251,608
	UNITED STATES TREAS BILLS DTD 3/20/2025 3/19/2026	4,293,480	4,337,485
	TOTAL MONEY MARKET FUNDS:	21,765,019	21,853,173
	COMMON STOCKS:		
	A10 NETWORKS INC	309,243	292,009
	ACUITY INC	82,867	219,264
	ACV AUCTIONS INC CL A	101,952	112,128
	AGCO CORP	10,876	10,849
	AKAMAI TECHNOLOGIES	177,563	175,460
	ALASKA AIR GROUP INC	595,031	619,495
	ALLEGIANT TRAVEL CO	168,866	219,997
	AMENTUM HOLDINGS INC	500,019	654,066
	AMPHASTAR PHARMACEUTICALS INC DE	333,118	199,859
	ANTERO MIDSTREAM CORPORATION COM	269,777	289,977
	APOGEE THERAPEUTICS INC COM	163,483	259,349
	APPLIED INDUSTRIAL TECH INC	82,000	408,008
	APTARGROUP INC	395,374	373,442
	ASHLAND INC.	313,916	353,897
	ASTERA LABS INC COM	609,427	632,334
	ATI INC	307,397	386,053
	ATMUS FILTRATION TECHNOLOGIES COM	474,611	538,618
	AVANTOR INC	61,284	52,659
	AXCELIS TECHNOLOGIES INC	286,619	230,817
	AXSOME THERAPEUTICS INC.	139,356	206,018
	BADGER METER INC	209,699	365,738
	BETTER HOME & FINANCE HOLDING COM	343,623	174,889
	BILL HOLDINGS INC	177,265	190,072
	BIO RAD LABORATORIES INC CL A	147,926	181,794
	BJS WHSL CLUB HLDGS INC	4,657	3,691
	BLOCK H & R INC	269,033	208,007
	BRIDGEBIO PHARMA INC	217,190	359,044
	BUILDERS FIRSTSOURCE INC	2,782	2,161
	BURLINGTON STORES INC	124,586	132,004
	BWX TECHNOLOGIES INC	11,387	10,543
	CACI INTL INC CL A	2,000	2,131

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	CACTUS INC	$ 166,181	$ 220,041
	CARPENTER TECHNOLOGY	72,406	87,840
	CASELLA WASTE SYS INC CL A	200,829	206,555
	CATHAY BANCORP INC	154,107	192,931
	CAVCO INDUSTRIES INC	151,806	379,846
	CHARLES RIVER LABORATORIES	153,573	197,286
	CHEMED CORP	391,942	338,865
	CHESAPEAKE UTILS CORP	287,322	315,892
	CHOICE HOTELS INTL INC	316,946	299,021
	CIRCLE INTERNET GROUP INC COM	546,821	546,456
	COGNEX CORP	66,577	64,836
	COHERENT CORP COM	122,009	244,371
	COLUMBIA SPORTSWEAR CO	268,699	176,178
	COMMERCE BANCSHARES INC	354,233	373,865
	COMMVAULT SYS INC	206,578	208,850
	CORCEPT THERAPEUTICS INC	83,136	122,635
	CORVEL CORP	74,526	222,837
	CREDO TECHNOLOGY GROUP HOLDI	366,279	340,012
	CSG SYSTEMS INTL INC	184,023	317,036
	CULLEN FROST	353,041	409,142
	CUSHMAN AND WAKEFIELD LTD COMMON SHARES	98,644	152,364
	DARLING INTL INC	312,011	308,088
	DIGITALOCEAN HOLDINGS INC COM	252,892	327,793
	DOLBY LABORATORIES INC CL A	367,817	319,751
	DONALDSON INC	197,171	367,584
	DONNELLEY FINANCIAL SOLUTIONS,	197,452	168,831
	DYNE THERAPEUTICS INC COM	149,264	159,316
	EAGLE MATERIALS INC	162,901	145,916
	Enovix Corporation	65,980	42,325
	ENTEGRIS INC	546,749	547,794
	ERO COPPER CORP COM	109,149	173,616
	EXLSERVICE HLDGS INC	178,501	414,172
	FIRST SOURCE CORP	104,255	153,101
	FLOWSERVE CORP	189,681	217,784
	FLUOR CORP	96,405	77,675
	FLYWIRE CORPORATION COM VTG	105,495	111,213
	FRANKLIN ELEC INC	220,424	344,959

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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	FTAI AVIATION LTD SHS	$ 364,815	$ 519,093
	FTAI INFRASTRUCTURE INC COMMON	197,291	156,754
	GARRETT MOTION INC.-WI	187,059	284,423
	GENIUS SPORTS LTD	311,960	311,051
	GLOBUS MED INC	269,494	407,825
	GRANITE CONSTRUCTION INC	262,348	459,670
	GRAPHIC PACKAGING HOLDING CORP	277,908	151,745
	HAEMONETICS CORP MASS	259,948	314,829
	HALOZYME THERAPEUTICS INC	268,551	352,787
	HANOVER INS GROUP INC	266,437	379,431
	HEXCEL CORP NEW	114,625	142,849
	IDACORP INC	214,052	283,494
	INDIE SEMICONDUCTOR INC. CLASS A COM	488,304	331,894
	INNODATA INC COM	28,958	21,705
	INSTALLED BLDG PRODS INC	241,067	336,429
	INSULET CORP	70,795	64,807
	INTERDIGITAL INC PA	46,112	264,574
	INTERNATIONAL BANCSHARES CORP	265,040	337,582
	INTERNATIONAL SEAWAYS INC	82,657	95,644
	INTUITIVE MACHINES INC CLASS A COM	220,056	309,814
	IONQ INC COM	118,039	97,233
	JAZZ PHARMACEUTICALS PLC	301,938	383,690
	KNIGHT-SWIFT TRANSN HLDGS INC	267,743	284,612
	KYMERA THERAPEUTICS INC COM	302,186	353,880
	KYNDRYL HOLDINGS INC COMMON STOCK	9,723	6,109
	LAKELAND FINL CORP	150,956	132,094
	LANDSTAR SYSTEM INC	222,472	292,430
	LATTICE SEMICONDUCTOR CORP	228,715	259,149
	LCI INDUSTRIES	184,864	216,592
	LIFE TIME GROUP HOLDINGS INC COMMON STOCK	102,177	113,630
	LITHIA MTRS INC - CL A	241,945	246,589
	LITTLEFUSE INC	386,688	407,454
	M/I HOMES INC	56,865	49,133
	MAGNITE INC	67,646	54,241
	MAGNOLIA OIL GAS CORP	362,869	369,722
	MARZETTI COMPANY	282,856	292,668
	MATADOR RES CO	212,697	145,315

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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	MATTEL INC	$ 235,349	$ 233,041
	MKS INC	160,271	278,212
	MODINE MFG CO	21,668	20,961
	MONGODB INC	329,017	404,581
	MONOLITHIC POWER SYSTEMS INC	56,301	66,164
	MP MATERIALS CORP	30,831	26,119
	MSC INDL DIRECT INC CL A	302,985	310,077
	NATERA INC	337,991	398,388
	NEPTUNE INS HLDGS INC CL A COM	136,471	144,838
	NMI HLDGS INC - COMMON STOCK	1,814	2,284
	NUVALENT INC COM	195,677	194,541
	ODDITY TECH LTD SHS CL A	127,016	97,316
	ONE GAS INC	260,228	314,871
	PAGAYA TECHNOLOGIES LTD CL A NEW COM	135,963	155,580
	PARSONS CORPORATION	59,124	55,805
	PAYLOCITY HLDG CORP	158,886	162,413
	PLANET FITNESS INC - CL A	97,553	108,795
	PLEXUS CORP	219,394	332,955
	POPULAR INC	181,654	222,019
	POWER INTEGRATIONS INC	185,889	147,491
	PRESTIGE BRANDS HLDGS INC	358,868	302,466
	PRICESMART INC	212,776	214,304
	PROCEPT BIOROBOTICS CORPORATION COM	79,511	52,696
	PROCORE TECHNOLOGIES INC COM	129,828	119,512
	PROGRESS SOFTWARE CORP	319,147	314,725
	PURE STORAGE INC CLASS A	199,873	179,788
	QUALYS INC	375,408	423,287
	REGAL BELOIT CORP WISCONSIN	316,584	299,864
	RENASANT CORP	227,899	210,475
	REVOLUTION MEDICINES INC COM	133,817	175,947
	RUSH STREET INTERACTIVE INC COM	60,801	74,572
	RXO INC. COMMON STOCK	131,528	88,973
	RYERSON HLDG CORP	68,353	67,454
	SAIA INC COM	318,023	340,887
	SANMINA CORP	209,937	288,134
	SEACOAST BANKING CORP FLORIDA	158,811	159,268
	SELECTIVE INSURANCE GROUP INC	507,304	527,288

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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	SENSIENT TECHNOLOGIES CORP	$ 160,938	$ 231,117
	SHOALS TECHNOLOGIES GROUP INC CL	3,403	5,236
	SILGAN HOLDINGS INC	218,634	254,371
	SILICON MOTION TECHNOLOGY CORP ADR	204,583	339,004
	SIMPLY GOOD FOODS CO	443,060	263,229
	SOLENO THERAPEUTICS INC COM	12,444	8,751
	SPROUTS FMRS MKT INC	204,284	202,043
	STRIDE INC COM	94,391	74,605
	SUN COUNTRY AIRLINES HOLDINGS IN COM	289,950	275,899
	SWEETGREEN INC COM	81,652	50,815
	SYMBOTIC INC CLASS A COM	2,369	4,820
	TERADYNE INC	1,231	2,129
	TETRA TECHNOLOGIES INC DEL	50,320	101,224
	THE BALDWIN INSURANCE GROUP INC CLASS A	47,432	44,143
	THE CARLYLE GROUP INC	2,105	2,187
	TIDEWATER INC NEW	120,641	112,082
	TIMKEN CO	56,886	65,285
	TORO CO.	199,172	210,891
	TRANSMEDICS GROUP INC	188,726	186,246
	TREVI THERAPEUTICS INC COM	107,201	99,246
	TRIUMPH FINANCIAL INC.	286,418	290,666
	U S PHYSICAL THERAPY INC	245,927	240,595
	UFP TECHNOLOGIES INC	341,143	330,381
	ULTRA CLEAN HLDGS INC COM	276,499	278,985
	ULTRAGENYX PHARMACEUTICAL INC	299,589	240,971
	UMB FINANCIAL CORP	114,372	180,498
	UNITED THERAPEUTICS CORP DEL	259,762	272,860
	UNITIL CORP	128,620	128,850
	UNITY SOFTWARE INC COM	118,040	146,247
	VALMONT INDS INC	126,999	269,152
	VERA THERAPEUTICS INC COM	113,809	134,399
	VERICEL CORP	53,718	44,832
	VERTICAL AEROSPACE LTD SHS NEW COM	57,077	47,357
	VOYAGER TECHNOLOGIES INC COM	96,212	101,057
	WATTS WATER TECHNOLOGIES INC	183,166	433,075
	WEAVE COMMUNICATIONS INC	189,332	154,821
	WINGSTOP INC	68,274	64,392

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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	COMMON STOCKS (CONTINUED):		
	ZETA GLOBAL HOLDINGS CORP CL A	$ 37,519	$ 42,707
	TOTAL COMMON STOCKS	35,235,056	39,843,350
	U.S. GOVERNMENT AND AGENCY SECURITIES:		
	US TREASURY NOTE 0.00% 04/15/2027 Ser AM-2027	4,550,836	4,550,333
	US TREAS 0% NTS DTD 12/31/2021 1.375% 12/31/2028	4,622,687	4,661,490
	US TREAS 0% NTS DTD 2/28/2022 1.875% 2/28/2029	4,673,959	4,706,110
	US TREAS 0% NTS DTD 3/31/2022 2.375% 3/31/2029	3,501,661	3,521,373
	US TREAS 0% NTS DTD 4/15/2023 3.75% 4/15/2026	4,229,174	4,231,988
	US TREAS 0% NTS DTD 8/31/2021 1.125% 8/31/2028	4,521,029	4,560,836
	US TREAS 05/15/2026 Ser AN-2026 DTD 5/15/2023 3.625%	4,200,237	4,206,135
	US TREAS 1.25% NTS DTD 9/23/2021 1.25% 9/30/2028	4,514,434	4,552,794
	US TREAS 1.5% NTS DTD 11/30/2021 1.50% 11/30/2028	4,649,063	4,686,116
	US TREAS 2.875% 08/15/2028 DTD 08/15/2018 2.875%	4,687,805	4,708,201
	US TREAS 4% NTS DTD 2/15/2023 4.00% 2/15/2026	4,206,807	4,206,219
	US TREAS 4.125% 6/15/2023 Ser AP-2026 DTD 6/15/2023	4,300,557	4,301,926
	US TREAS BDS 2.25% DTD 8/15/2017 2.25% 8/15/2027	4,486,438	4,510,530
	US TREAS BDS 2.875% DTD 5/15/2018 2.875% 5/15/2028	4,636,960	4,657,622
	US TREAS BDS 5.25% DTD 11/15/1998 5.25% 11/15/2028	5,028,569	5,017,536
	US TREAS DTD 02/15/2018 2.75% 02/15/2028	4,626,891	4,648,822
	US TREAS DTD 2/15/2019 2.625% 2/15/2029	4,775,384	4,798,498
	US TREAS NOTE DTD 11/15/2023 4.625% 11/15/2026	4,322,298	4,318,263
	US TREAS NOTE 07/15/2026	4,283,963	4,281,854
	US TREAS NTS 4.625%09/15/26 Ser AS-2026	4,396,617	4,391,828
	US TREAS NTS DTD 01/15/2024 4.00% 01/15/2027	4,452,151	4,456,288
	US TREAS NTS Ser AJ-2028 DTD 1/15/2025 0.00% 1/15/20	4,759,189	4,764,157
	US TREAS NTS Ser AL-2028 DTD 3/15/2025 3.875% 3/15/2	4,800,185	4,808,399
	US TREAS NTS Ser AM-2028 DTD 4/15/2025 3.75% 4/15/20	4,769,674	4,779,726
	US TREAS NTS Ser AP-2028 DTD 6/15/2025 3.875% 6/15/2	4,831,313	4,841,232
	US TREAS NTS Ser AQ-2028 DTD 7/15/2025 3.875% 7/15/2	4,821,060	4,830,428
	US TREAS NTS Ser AV-2027 DTD 12/15/2024 4.00% 12/15/	4,754,230	4,760,688
	US TREAS Ser AU-2027 DTD 11/15/2024 4.125% 11/15	4,612,077	4,617,087
	US TREASURY NOTE DTD 02/15/2024 4.125% 02/15/2027	4,536,602	4,539,586
	US TREASURY NOTE DTD 03/15/2024 4.25% 03/15/2024	4,577,065	4,578,499
	US TREASURY NOTE DTD 06/15/2024 4.625% 06/15/2027	4,617,613	4,617,629

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(a)	Identity of Issuer, Borrower, Lessor, or Similar Party and Description of Assets (b) and (c)	Cost (d)	Current Value (e)
	U.S. GOVERNMENT AND AGENCY SECURITIES (CONTINUED):		
	US TREASURY NOTE DTD 09/15/2024 3.375% 09/15/2027	$ 4,609,020	$ 4,621,481
	US TREASURY NOTE DTD 12/15/2023 4.375% 12/15/2026	4,490,153	4,489,927
	US TREASURY NOTES DTD 05/15/2024 0.00% 05/15/2027	4,523,603	4,524,295
	US TREASURY NOTE 0.00% 08/15/2026 Ser AR-2026	4,352,834	4,350,481
	US TREASURY NOTE 07/15/2027 Ser AQ-2027 DTD 7/15/2024	4,582,446	4,585,092
	US TREASURY NOTE 10/15/2026	4,350,238	4,344,739
	US TREASURY NOTE 3.875% 10/15/2027 Ser AT-2027	4,618,154	4,625,695
	TOTAL U.S. GOVERNMENT AND AGENCY SECURITIES:	172,272,976	172,653,903
	REAL ESTATE INVESTMENT TRUSTS:		
	AGREE REALTY CORP	40,925	38,752
	COHEN & STEERS INC	226,078	267,254
	ESSENTIAL PPTYS RLTY TR INC	28,009	25,923
	FOUR CORNERS PPTY TR INC	235,114	219,254
	INDEPENDENCE RLTY TR INC	39,739	33,107
	SILA REALTY TRUST INC COMMON STOCK COM	81,552	74,592
	STAG INDL INC COM	413,264	423,696
	TERRENO RLTY CORP	171,150	175,485
	TOTAL REAL ESTATE INVESTMENT TRUSTS	1,235,831	1,258,063
	MUTUAL FUND:		
	FIDELITY MID CAP INDEX FUND-FAI	62,835,384	83,334,349
	INVESTMENT CONTRACT:		
	PRINCIPAL GLOBAL INVESTORS LLC	3,197,655	3,972,513
	HEDGE FUNDS:		
	ENTRUST CAPITAL DIVERSIFIED FUND LTD	419,197	279,402
	ENTRUST SPECIAL OPPORTUNITY FUND III LTD CLASS A9	4,473,396	2,997,415
	TOTAL HEDGE FUNDS	4,892,593	3,276,817
	LIMITED PARTNERSHIPS:		
	AMERICAN STRATEGIC VALUE REALTY FUND	7,015,959	12,354,440
	ASB ALLEGIANCE REAL ESTATE FD LP	16,634,494	22,203,149
	GCM GROSVENOR MULTI-CLASS FUND II LP	24,266,203	45,513,238
	GROSVENOR OPPORTUNISTIC CREDIT FUND V LTD	3,943,735	15,773,251

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	LIMITED PARTNERSHIPS (CONTINUED):		
	HAMILTON LANE PRIVATE EQUITY OFFSHORE VIII LP	$ 2,492,604	$ 3,206,368
	GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD	958,216	238,971
	HAMILTON LANE SECONDARY FUND II LP	26,819	1,648
	LANDMARK EQUITY PARTNERS XIV LP	203,891	24,944
	LSV INTERNATIONAL AC VALUE EQUITY FUND LP	25,207,691	46,650,727
	SIGULER GUFF SMALL BUYOUT OPPORTUNITiES FUND III	4,557,315	11,470,924
	SIGULER GUFF SMALL BUYOUT OPPORTUNITiES FUND V	6,437,654	8,709,775
	U.S. REAL ESTATE INVESTMENT FUND LLC	11,805,109	15,916,075
	TOTAL LIMITED PARTNERSHIPS	103,549,690	182,063,510
	COLLECTIVE TRUST FUNDS:		
	BNY MELLON DB SL LARGE CAP VALUE STOCK INDEX	66,648,640	82,174,214
	INVESCO EQV INTL EQUITY TRUST - CLASS I	25,417,658	43,784,246
	MULTI-EMPLOYER PROPERTY TRUST	9,167,028	18,162,763
	RUSSELL 1000 GROWTH INDEX NL FUND	24,459,407	78,908,725
	S&P 500 FLAGSHIP SECURITIES NL FUND	19,706,298	83,776,656
	TOTAL COLLECTIVE TRUST FUNDS	145,399,031	306,806,604
	TOTAL ASSETS HELD AT END OF YEAR	$ 550,383,235	$ 815,062,282

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2024.

Pension Eligibility Credits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & up
Under 25	542	516	26	—	—	—	—	—	—	—
	$37	$33	$117	—	—	—	—	—	—	—
25-29	295	161	127	7	—	—	—	—	—	—
	$97	$48	$150	—	—	—	—	—	—	—
30-34	289	97	111	67	14	—	—	—	—	—
	$172	$45	$173	$300	—	—	—	—	—	—
35-39	281	91	60	45	67	18	—	—	—	—
	$265	$39	$185	$320	$500	—	—	—	—	—
40-44	295	76	54	35	42	73	15	—	—	—
	$396	$40	$247	$332	$521	$736	—	—	—	—
45-49	284	69	49	21	18	45	76	6	—	—
	$508	$42	$276	$313	—	$741	$943	—	—	—
50-54	338	72	43	32	21	32	58	61	19	—
	$632	$50	$306	$334	$543	$728	$958	$1,142	—	—
55-59	420	96	66	23	28	37	42	40	73	15
	$683	$41	$365	$310	$518	$723	$949	$1,106	$1,406	—
60-64	423	79	93	44	31	33	46	18	32	47
	$625	$44	$271	$295	$502	$734	$927	—	$1,364	$1,646
65-69	193	64	44	18	10	11	16	11	9	10
	$446	$33	$160	—	—	—	—	—	—	—
70 & up	124	65	29	16	6	2	4	—	—	2
	$177	$34	$141	—	—	—	—	—	—	—
Total	3,484	1,386	702	308	237	251	257	136	133	74
	$375	**$39**	**$218**	**$310**	**$507**	**$728**	**$940**	**$1,125**	**$1,393**	**$1,643**

Note: Excludes 2,379 participants with less than one pension eligibility credit.

Segal

Schedule MB, line 3(d) – Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/21/2025	$0.00	$1,000.00	$1,000.00
12/5/2025	0.00	161,627.16	161,627.16

Segal

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

Investment Return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

• PBGC Interest Rates as of December 31, 2024:

  – ERISA 4044 interest rates are as specified in the PBGC yield curve published for December 2024

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00%.

The portion of the vested benefits that is matched by readily available assets is determined by comparing the total present value of vested benefits plus expenses – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
  - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
  - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Affected Benefit liabilities are valued at the same interest rate assumption (7.50%) used for plan funding for the plan year for which the pool is established

Segal

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/1996	$369,132	1	$369,132
Plan amendment	01/01/1997	150,527	2	77,809
Plan amendment	01/01/1998	151,385	3	53,912
Plan amendment	01/01/1999	530,941	4	146,494
Plan amendment	01/01/2002	309,119	7	53,606
Plan amendment	01/01/2004	634,667	9	91,040
Change in assumptions	01/01/2005	1,618,387	10	215,348
Plan amendment	01/01/2007	2,477,361	12	291,500
Change in assumptions	01/01/2007	4,194,657	12	493,566
Base due to December 31, 2008 investment loss – Meat Plan	01/01/2009	2,756,355	13	308,224
Base due to December 31, 2008 investment loss	01/01/2009	44,171,355	13	4,939,383
Base due to December 31, 2008 investment loss – Meat Plan	01/01/2010	546,010	13	61,057
Change in assumptions	01/01/2011	1,298,653	1	1,298,653
Base due to December 31, 2008 investment loss – Meat Plan	01/01/2011	1,487,047	13	166,286
Base due to December 31, 2008 investment loss	01/01/2011	33,819,950	13	3,781,856
Base due to 2008 investment loss	01/01/2012	1,590,545	13	177,860
Base due to December 31, 2008 investment loss	01/01/2012	7,435,847	13	831,500
Experience loss	01/01/2013	292,414	3	104,135
Change in assumptions	01/01/2013	386,884	3	137,778

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to December 31, 2008 investment loss	01/01/2013	3,269,430	3	1,164,319
Change in assumptions	01/01/2015	878,717	5	200,291
Experience loss	01/01/2015	990,038	5	225,665
Plan amendment	01/01/2015	1,801,732	5	410,678
Experience loss	01/01/2016	48,737	6	9,556
Experience loss	01/01/2016	7,161,428	6	1,404,147
Plan amendment	01/01/2017	268,170	7	46,504
Experience loss	01/01/2017	6,598,228	7	1,144,227
Plan amendment - Grocery Plan	01/01/2018	1,626,806	8	254,615
Experience loss	01/01/2018	4,483,161	8	701,668
Experience loss	01/01/2019	12,492,354	9	1,791,969
Experience loss	01/01/2020	8,790,954	10	1,169,751
Change in assumptions	01/01/2020	15,159,332	10	2,017,148
Change in assumptions	01/01/2022	376,535	12	44,305
Plan amendment	01/01/2022	1,118,237	12	131,578
Experience loss	01/01/2023	5,442,815	13	608,633
Experience loss	01/01/2025	6,215,890	15	637,824
Total		**$180,943,800**		**$25,562,017**

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in asset method	01/01/2009	$14,509,181	14	$1,550,515
Base due to December 31, 2008 investment loss	01/01/2010	16,834,197	13	1,882,454
Plan amendment	01/01/2011	13,067	1.5	8,858
Experience gain	01/01/2011	77,575	1	77,575
Plan amendment	01/01/2011	354,683	1	354,683
Experience gain	01/01/2011	5,253,903	1	5,253,903
Plan amendment	01/01/2012	48,535	2	25,088
Plan amendment	01/01/2012	128,457	2	66,400
Experience gain	01/01/2012	225,927	2	116,784
Experience gain	01/01/2012	873,344	2	451,439
Change in assumptions	01/01/2012	2,401,828	2	1,241,525
Plan amendment	01/01/2013	3,365	3	1,198
Plan amendment	01/01/2013	15,277	2.4	6,668
Plan amendment	01/01/2014	2,324	3.1	804
Experience gain	01/01/2014	18,522	4	5,110
Experience gain	01/01/2014	717,599	4	197,996
Experience gain	01/01/2015	386,559	5	88,110
Change in assumptions	01/01/2016	2,317,104	6	454,317
Experience gain	01/01/2017	19,811	7	3,436
Experience gain - Meat Plan	01/01/2018	388,350	8	60,781
Change in assumptions - Meat Plan	01/01/2018	673,207	8	105,365
Experience gain	01/01/2021	8,148,243	11	1,015,537
Experience gain	01/01/2022	24,029,402	12	2,827,429

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience gain	01/01/2024	241,900	14	25,851
Total		**$77,682,360**		**$15,821,826**

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Non-Annuitants: 110% of the RP-2006 Blue Collar Employee Mortality Tables, projected generationally using Scale MP-2019

Healthy Annuitants: 110% of the RP-2006 Blue Collar Healthy Annuitant Mortality Tables, projected generationally using Scale MP-2019

Disabled Annuitants: 110% of the RP-2006 Disabled Retiree Mortality Tables, projected generationally using Scale MP-2019

110% of the underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using the MP-2019 scale to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years.

Termination rates

Age	Disability	Withdrawal[1]
20	0.02%	14.76%
25	0.03%	14.76%
30	0.03%	8.17%
35	0.04%	8.47%
40	0.07%	7.00%
45	0.11%	6.29%
50	0.18%	5.89%
55	0.30%	3.00%
60	0.49%	3.00%

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the most recent five years.

Termination rates before 5 years of vesting service

Years of Vesting Service	Withdrawal Rate
Less than 2	30%
2 - 3	20%
3 - 4	15%

[1] Withdrawal rates cut out at early retirement age. Before 5 years of vesting service, withdrawal rates are as shown in the second table.

Retirement rates[1]

Age	Annual Retirement Rates From Active Status	Annual Retirement Rates From Inactive Status
52 – 54	1%	--
55 – 56	2%	2%
57 – 59	5%	2%
60	15%	10%
61	15%	20%
62	30%	35%
63 – 64	20%	20%
65	30%	40%
66 – 70	25%	10%
71	100%	100%

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

[1] Rates are increased by 10% for active participants and 20% for inactive participants in the year that a participant reaches Social Security Normal Retirement Age. (Age 66 for those born in or before 1954 and age 67 for those born in 1955 and after).

Description of weighted average retirement age

Age 64, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

Future benefit accruals

Based on the average of the participant's hours during the previous two years with a minimum of 0.25 pension credits.

The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension eligibility credit, excluding those who have retired as of the valuation date and those who were employed by a withdrawn employer.

Percent married

Males 80%, Females 65%

Age of spouse

If actual age is unknown, spouses are assumed 4 years younger than male participants and 2 years older than female participants. If not given, spouses are assumed to be of the opposite sex of the participants.

Benefit election

- Male participants: 50% elect the 50% joint and survivor pension with pop-up provision and 50% elect the single life annuity.
- Female participants: 30% elect the 50% joint and survivor pension with pop-up provision and 70% elect the single life annuity.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience, and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.

Delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

$1,750,000 for the year beginning January 1, 2025 (equivalent to $1,687,346 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in prior years. Unrecognized return is equal to the difference between the actual market return and the expected return on the market value, and is recognized, 20% per year, over a five-year period. The actuarial value is further adjusted, if necessary, to be within 80% to 120% on the market value of assets.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the MP-2021 scale as described in the final IRS mortality regulations released in April 2022.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$6,854,329	$0	$6,854,329
2026	6,854,329	0	6,854,329
2027	6,854,329	0	6,854,329
2028	6,730,006	0	6,730,006
2029	6,357,037	0	6,357,037
2030	6,351,032	0	6,351,032
2031	6,326,931	0	6,326,931
2032	6,322,844	0	6,322,844
2033	6,322,844	0	6,322,844
2034	6,322,844	0	6,322,844

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of January 1, 2025, dated March 12, 2025.

Segal

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
UFCW UNION LOCAL NO. 655, FOOD EMPLOYER'S JOINT PE

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1963

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)
BOARD OF TRUSTEES OF UFCW LOCAL 655, FOOD EMPLOYERS

300 WEIDMAN ROAD

BALLWIN MO 63011-4433

2b Employer Identification Number (EIN) 43-6058365

2c Plan Sponsor's telephone number 636-394-6500

2d Business code (see instructions) 445110

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

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

SIGN HERE	Susan Perney	10/7/2026	SUSAN PERNEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Laura Kelley	10/7/2026	LAURA KELLEY
	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

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

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] 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 18,936
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) 6,048
a (2)	Total number of active participants at the end of the plan year	6a(2) 5,864
b	Retired or separated participants receiving benefits	6b 6,639
c	Other retired or separated participants entitled to future benefits	6c 5,473
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	6d 17,976
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 755
f	Total. Add lines **6d** and **6e**	6f 18,731
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 19

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

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [X] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] 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) [X] **R** (Retirement Plan Information)
(2) [X] **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) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information - Small Plan)
(3) [X] **A** (Insurance Information) - Number Attached 1
(4) [X] **C** (Service Provider Information)
(5) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

United Food and Commercial Workers Union Local 655 Food Employers Joint Pension Plan
EIN: 43-6058365 Plan Number: 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain (Loss) (i)
Individual transactions in excess of five percent of plan assets at beginning of year: None.						
Series of transactions with one party in excess of five percent of plan assets at beginning of year: None.						
Series of transactions in excess of five percent of plan assets at beginning of year:						
Comerica	Short Term Fund (286)	$ -	$ 526,235,827	$ 526,235,827	$ 526,235,827	$ -
Comerica	Short Term Fund (511)	528,012,413	-	528,012,413	528,012,413	-
PIMCO	Total Return Fund; Institutional (2)	-	61,452,967	61,452,967	61,452,967	-
Other transactions with a party that was involved in a Category 1 transaction: None						

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
UFCW UNION LOCAL NO. 655, FOOD EMPLOYERS' JOINT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES UFCW LOCAL NO. 655 FOOD EMPLOYERS JOINT PENSION PLAN

D Employer Identification Number (EIN)
43-6058365

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

1a Enter the valuation date: Month 01 Day 01 Year 2025

b	Assets		
(1)	Current value of assets	1b(1)	779,195,768
(2)	Actuarial value of assets for funding standard account	1b(2)	809,730,721
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	774,356,579
(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)	774,356,579
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)	1,122,430,235
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5,745,615
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	60,915,330
(3)	Expected plan disbursements for the plan year	1d(3)	62,665,330

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 William Gitterman WJG — 10/05/2026

Signature of actuary — Date

William Gitterman, FSA, MAAA — 2608743

Type or print name of actuary — Most recent enrollment number

SEGAL — 312-984-8500

Firm name — Telephone number (including area code)

101 N. WACKER DR., SUITE 1800
CHICAGO IL 60606-1722

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	779,195,768
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		7,277	656,399,718
(2) For terminated vested participants		5,618	282,865,349
(3) For active participants:			
(a) Non-vested benefits			3,495,630
(b) Vested benefits			179,669,538
(c) Total active		3,484	183,165,168
(4) Total		16,379	1,122,430,235
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	69.42 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	7,165,036	0			
07/01/2025	162,627	0			

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** 4.01 %

		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)**	A	A
(2) Females	**6c(2)**	A	A
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**	6.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.7 %	
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)**	1,687,346	
(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	6,215,890	637,824

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**	0
b Employer's normal cost for plan year as of valuation date		**9b**	4,581,829
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	180,943,800	25,562,017
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	2,110,069
e Total charges. Add lines 9a through 9d		**9e**	32,253,915
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	138,635,582
g Employer contributions. Total from column (b) of line 3		**9g**	7,327,663
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	77,682,360	15,821,826
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	11,068,487
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	148,064,698	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	198,678,141	
(3) FFL credit		**9j(3)**	
k (1) Waived funding deficiency		**9k(1)**	
(2) Other credits		**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	172,853,558
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	140,599,643
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☐ Yes ☒ No