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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

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)
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION FUND

6 HYDE ROAD, 2ND FLOOR
FARMINGTON, CT 06032-2830

2b Employer Identification Number (EIN)
06-1065206

2c Plan Sponsor's telephone number
860-677-8118

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.	10/02/2026	MARK ESPINOSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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**	12913
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)**	4271
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4295
b	Retired or separated participants receiving benefits	**6b**	3138
c	Other retired or separated participants entitled to future benefits	**6c**	5226
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	12659
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	398
f	Total. Add lines **6d** and **6e**.	**6f**	13057
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**	3

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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION

D Employer Identification Number (EIN)
06-1065206

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030090	13057	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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	10472878

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION

D Employer Identification Number (EIN)
06-1065206

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)**	469830688
(2)	Actuarial value of assets for funding standard account	**1b(2)**	480059569
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	451336725
(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)**	429443465
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)**	586841912
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	7934323
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	24655223
(3)	Expected plan disbursements for the plan year	**1d(3)**	26180223

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	10/06/2026 Date
KATHLEEN A. RILEY, FSA, MAAA	26-04134
Type or print name of actuary	Most recent enrollment number
SEGAL CONSULTING	617-424-7300
Firm name	Telephone number (including area code)
116 HUNTINGTON AVENUE, 9TH FLOOR BOSTON, MA 02116-5744	
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**	469830688
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3437	222619996
(2) For terminated vested participants		5239	140655843
(3) For active participants:			
(a) Non-vested benefits			6659785
(b) Vested benefits			216906288
(c) Total active		4271	223566073
(4) Total		12947	586841912
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

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
07/15/2025	8065691				
			Totals ► **3(b)**	8065691	**3(c)**

(d) Total withdrawal liability amounts included in line 3(b) total — **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	111.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	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)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	6.25 %	0.63 %
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)**	6.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.4 %	
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)**	1525000	
(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

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**	4749638

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)**	61634679		9395615
(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**	884078
e Total charges. Add lines 9a through 9d			**9e**	15029331
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	62383909
g Employer contributions. Total from column (b) of line 3			**9g**	8065691
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	13691313		1981126
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	4253863
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	51679558		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	51112201		
(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**	76684589
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	61655258
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 ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION

D Employer Identification Number (EIN)
06-1065206

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).. . . . . [X] 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

MESIROW FINANCIAL

36-3429602

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

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

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

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

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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)

CONSTITUTION CAPITAL PARTNERS, LLC

82-0831325

(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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	534737	Yes [ ] No [X]

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

SEGAL COMPANY

13-1835864

(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 17 50	NONE	314169	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

SIGULER GUFF ADVISERS, LLC

13-3855629

(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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	280606	Yes [ ] No [X]

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)

PANAGORA ASSET MANAGEMENT

04-3063840

(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 51 68	NONE	251798	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

LSV ASSET MANAGEMENT INTRNATIONAL

23-2772200

(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 51	NONE	206492	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STERLING ORGANIZATION LLC

20-5095365

(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 51	NONE	194396	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)

WEDGE CAPITAL MANAGEMENT

56-1557450

(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 51	NONE	172417	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ROCK CREEK GROUP

04-3648062

(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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	160632	Yes [ ] No [X]

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

SEGAL MARCO ADVISORS

13-2626110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	160000	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)

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	136509	Yes [ ] No [X]

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

NEW TOWER TRUST COMPANY

30-0872552

(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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	135723	Yes [ ] No [X]

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

LOOMIS SAYLES & COMPANY, L.P.

04-3200030

(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 51	NONE	131395	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)

BNY MELLON

13-5160382

(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 50	NONE	119465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL INSURANCE COMPANY

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	102616	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INTERCONTINENTAL RE CORP.

11-3786306

(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 51	NONE	94432	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)

MERGANSER CAPITAL MANAGEMENT

46-3651540

(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 51	NONE	86758	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 4

06-0844353

(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 50	EMPLOYEE	82037	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEMO LAW GROUP

47-0959287

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	72180	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)

WESTERN ASSET MANAGEMENT

95-2705767

(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 52	NONE	66935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 3

06-0844353

(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 50	EMPLOYEE	40801	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 6

06-0844353

(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 50	EMPLOYEE	40039	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)

EMPLOYEE 5

06-0844353

(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 50	EMPLOYEE	40039	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYEE 1

06-0844353

(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 50	EMPLOYEE	39814	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	32000	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)

EMPLOYEE 2

06-0844353

(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 50	EMPLOYEE	28168	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PREMIER TECHNOLOGY SOLUTIONS, INC

260 MADISON AVE, 8TH FLR
NEW YORK, NY 10016

13-3933805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	21643	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAGNANI GRAPHICS

531 W. MAIN ST
MERIDEN, CT 06451

06-0845590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	18032	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)

BRIDGEWAY BENEFIT TECHNOLOGIES LLC

52-1796473

(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 50	NONE	17753	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATED DATA PROCESSING INC

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEBSTER BANK

06-1187536

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10972	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL SELECT INSURANCE SERVICES

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?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	10874	Yes [ ] No [X]

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

AMALGAMATED BANK

13-4920330

(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 51	NONE	7926	Yes [ ] No [X]	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
ROCK CREEK GROUP	28 52	135723

(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.
GEORGETOWN FUND (E) LTD 27 HOSPITAL RD GOERGETOWN KY1-9008 KY	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	0

(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.
HAMILTON LANE STRAT OPP 2018 98-1382125	INVESTMENT MANAGER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	44549

(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.
HAMILTON LANE STRAT OPP 2020 98-1508459	INVESTMENT MANAGER FEES

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
HAMILTON LANE ADVISORS, LLC	28 52	43195

(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.
HAMILTON LANE PRIV EQ VIII 110 WASHINGTON ST, STE 1300 CONSHOHOCKEN, PA 19428	INVESTMENT MANAGER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	48765

(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.
HL STRAT OPP OFFSHORE VII LP 98-1588386	INVESTMENT MANAGER FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW TOWER TRUST COMPANY	28 52	135723

(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.
MEPT 52-6218800	MANAGEMENT FEES

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
SEGAL SELECT INSURANCE SERVICES	22 53	1727

(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.
TRAVELERS 13-2988846	INSURANCE COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	22 53	9147

(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.
CHUBB 13-1963496	INSURANCE COMMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CONSTITUTION CAPITAL PARTNERS, LLC	28 52	534737

(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.
IRONSIDES OPPORTUNITIES FUND 86-1449418	INVESTMENT MANAGER FEES

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
SIGULER GUFF ADVISERS, LLC	28 52	81704

(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.
SIGULER GUFF SMALL BUYOUT V 87-2258157	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SIGULER GUFF ADVISERS, LLC	28 52	63200

(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.
SIGULER GUFF SMALL BUYOUT IV 83-2907315	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SIGULER GUFF ADVISERS, LLC	28 52	16714

(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.
SIGULER GUFF SMALL BUYOUTIII 81-1138441	INVESTMENT MANAGEMENT

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
SIGULER GUFF ADVISERS, LLC	28 52	118988
(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.	
SIGULER GUFF SMALL BUYOUT VI 99-4218525	INVESTMENT MANAGEMENT	

(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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION

D Employer Identification Number (EIN)
06-1065206

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: PRISA ACCOUNT

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE 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)
22-1211670-038	P	10472878

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 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	14955710

a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT GLOBAL FIXED INCOME FUND

b Name of sponsor of entity listed in (a): LOOMIS SAYLES 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)
04-3200030-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE 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)
52-2037618-010	C	68563587

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400 INDEX FD

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

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)
13-4920330-011	C	27955523

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

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK

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)
25-6078093-023	C	3807132

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR INT'L LEADERS COLLECT

b Name of sponsor of entity listed in (a): GLOBAL 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)
27-6331814-012	C	22428165

a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FULL DISCRETION TRUS

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

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)
20-8080381-022	C	55619755

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

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b Name of plan sponsor | **c** EIN-PN

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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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION

D Employer Identification Number (EIN)
06-1065206

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	1838448	1909220
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	668166	658306
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	445647	715067
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	438098	530934
(2) U.S. Government securities	1c(2)	20335042	33862677
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	14250440	23977987
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	63234487	73840681
(5) Partnership/joint venture interests	1c(5)	172937143	130241103
(6) Real estate (other than employer real property)	1c(6)	10630616	10883562
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	145987725	193329872
(10) Value of interest in pooled separate accounts	1c(10)	10006555	10472878
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	29529666	31513086

		(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	17571	46008
1f Total assets (add all amounts in lines 1a through 1e)	1f	470319604	511981381
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	270672	588114
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	218244	418417
1k Total liabilities (add all amounts in lines 1g through1j)	1k	488916	1006531
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	469830688	510974850

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)	8065691	
(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)		8065691
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	124152	
(B) U.S. Government securities	2b(1)(B)	1193562	
(C) Corporate debt instruments	2b(1)(C)	974135	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	24970	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2316819
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	889398	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		889398
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	231109531	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	201976072	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		29133459
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7919440	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7919440

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		19024327
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		597847
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		67946981
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22026510	
(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)		22026510
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)	306373	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32000	
(5) Investment advisory and investment management fees	2i(5)	3002172	
(6) Bank or trust company trustee/custodial fees	2i(6)	119465	
(7) Actuarial fees	2i(7)	314169	
(8) Legal fees	2i(8)	72180	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	35988	
(11) Other expenses	2i(11)	893962	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4776309
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		26802819
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		41144162
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: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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		172637751
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**			
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**			

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 586757.

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 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION

D Employer Identification Number (EIN)
06-1065206

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): 06-1065206

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 THE STOP & SHOP SUPERMARKET CO

b EIN 04-3008884 **c** Dollar amount contributed by employer 8036373

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) 1.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer UFCW UNION LOCAL 919 PENSION FUND

b EIN 06-1065206 **c** Dollar amount contributed by employer 11078

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) 1.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer UFCW UNION LOCAL 919

b EIN 06-0721822 **c** Dollar amount contributed by employer 18240

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 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) 1.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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: 44.9 % Private Equity: 8.6 % Investment-Grade Debt and Interest Rate Hedging Assets: 16.7 %
High-Yield Debt: 0.0 % Real Assets: 21.9 % Cash or Cash Equivalents: 0.1 % Other: 7.8 %

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 919 AND CONTRIBUTING EMPLOYERS' FOOD PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

UNITED FOOD AND COMMERCIAL WORKERS' UNION LOCAL 919 AND CONTRIBUTING EMPLOYERS' FOOD PENSION PLAN

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
United Food and Commercial Workers' Union
Local 919 and Contributing Employers' Food
Pension Plan

Opinion

We have audited the financial statements of the United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food 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, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses, Schedule of Assets Held at End of Year and Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Killingworth, Connecticut
September 30, 2026

United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Money market deposit accounts	$ 4,338,066	$ 3,919,964
United States Government and Agency securities	33,862,677	20,335,042
Corporate notes and bonds	23,977,987	14,250,440
Corporate common stocks	73,840,681	63,234,487
Limited liability company	60,528	51,650,159
Common collective trusts	189,522,740	142,505,859
Pooled separate account	10,472,878	10,006,555
Real estate investment trust	10,883,562	10,630,616
Private equity	22,235,597	19,984,412
Hedge funds	9,277,489	9,545,254
Limited partnerships	130,180,575	121,286,984
Total investments	508,652,780	467,349,772
Receivables		
Employer contributions	658,306	668,166
Accrued interest	523,472	319,071
Total receivables	1,181,778	987,237
Other assets		
Cash	1,909,220	1,838,448
Property and equipment - net	46,008	17,571
Due from affiliated funds	45,438	43,795
Prepaid expenses	146,157	82,781
Total other assets	2,146,823	1,982,595
Total assets	511,981,381	470,319,604
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	588,114	270,672
Due to broker for securities purchased	418,417	218,244
Total liabilities	1,006,531	488,916
Net assets available for benefits	$ 510,974,850	$ 469,830,688

See accompanying notes to financial statements.

United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 56,675,073	$ 34,874,209
Interest and dividends	3,206,217	2,798,779
	59,881,290	37,672,988
Less: investment expenses	(3,121,637)	(2,766,040)
Investment income - net	56,759,653	34,906,948
Employer contributions	8,065,691	8,245,275
Total additions	64,825,344	43,152,223
Deductions		
Benefits paid	22,026,510	20,926,292
Administrative expenses	1,654,672	1,618,578
Total deductions	23,681,182	22,544,870
Net increase	41,144,162	20,607,353
Net assets available for benefits		
Beginning of year	469,830,688	449,223,335
End of year	$ 510,974,850	$ 469,830,688

See accompanying notes to financial statements.

UNITED FOOD AND COMMERCIAL WORKERS' UNION LOCAL 919 AND CONTRIBUTING EMPLOYERS' FOOD PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

General - The Plan was created on January 1, 1983, pursuant to an Agreement and Declaration of Trust adopted by the Trustees of the United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan (the Plan). The Plan is maintained pursuant to collective bargaining agreements which provide for the rate of employer contributions, the type of work and areas of work for which contributions are payable and certain other terms governing contributions. Its purpose is to provide for retirement, permanent and total disability and survivor benefits to eligible participants and beneficiaries of the United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan. The Plan is administered by the Board of Trustees (Trustees) consisting of an equal number of employer and union representatives.

The Plan is a non-contributory, defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Trustees have engaged an actuary to determine the required contribution based on the current benefit level.

Contributions to the Plan are made by contributing employers at the rates established by the collective bargaining agreements.

Pension Benefits - The Plan provides pension benefits as defined in the Plan. Benefits will vary depending on several factors including age of the pensioner at time of application for benefits, pension credits, benefit rates and type of pension and payment form elected upon request for payment of the benefit.

Participants with five years of vested service (prior to 1991, ten years of vested service) are entitled to monthly pension benefits beginning at normal retirement age (age 65). The Plan permits early retirement for vested employees with 10 years of service between the ages of 55 to 61. Early retirement benefits are paid at an amount less than those paid to participants who reach normal retirement age. Participants may elect to receive their pension benefits in a form of joint survivor annuity (if married), life-only (if unmarried) or ten-year certain, after 5 years of participation service.

If an active, vested participant dies, a death benefit equals to one-half of the value of the participant's accumulated pension benefits is paid to the participant's surviving spouse, if any, beginning at the participant's early retirement date.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Amendments - On April 1, 2025, the Board of Trustees approved the second Plan amendment which allows participants to be employed up to 75 hours post-retirement without suspension of benefits.

On June 3, 2026 the Board of Trustees approved the third Plan amendment to reflect changes agreed upon in the most recent collective bargaining agreement.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Investments Valuation and Income Recognition - The Plan's investments are stated at fair value as represented by investment managers and custodian. Fair value is the price that would be received by the Plan to sell or transfer an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Furniture and Equipment - Furniture and equipment is stated at cost less accumulated depreciation. Depreciation is computed by the straight-line method over the estimated useful lives of three to five years for office furniture and equipment. Depreciation expense totaled $9,063 and $4,568 for the years ended December 31, 2025 and 2024, respectively.

Employer Contributions - The Plan is funded by contributions made by employers on behalf of eligible employees. These contributions are based on hourly rates set through collective bargaining agreements. For both years presented, the minimum funding requirements of ERISA have been met. Employer contributions are accounted for as exchange transactions.

Administrative Expense Allocation - The Pension Plan is affiliated with the UFCW and Participating Employers New England Health Fund. Both are Multiemployer Funds and are sponsored by the United Food and Commercial Workers' Union Local 919. Certain common costs are paid by the Pension Fund and reimbursed by the Welfare Fund. A portion of these common expenses are allocated to and reimbursed to the Pension Fund in accordance with policies established by the Trustees of both funds. Costs allocated to the Health Fund totaled $392,754 and $385,913 for the years ended December 31, 2025 and 2024, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payments of Benefits - Benefits are recorded when paid.

NOTE 3. PLAN TERMINATION

Although they have not expressed any intend to do so, the Trustees of the Plan have the right to terminate, suspend, withdraw, amend, or modify the Plan in whole or in part, at any time. In the event the Plan is terminated, the Trustees shall determine the disposition of the assets, provided that any distribution is made solely for the benefit of the former participants and for the purposes set forth in the Plan Trust Agreement, in accordance with ERISA.

Whether all participants receive the benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at the time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the existing assets ant the PBGC guaranty, while other benefits may not be provided for at all.

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to credited services by the employees in covered employment to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary from Segal and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and date of payment.

Actuarial valuations were made by Segal as of December 31, 2025 and 2024. The following information was in the report:

	2025	2024
Vested benefits:		
Participants currently receiving benefits	$ 189,805,330	$ 183,315,931
Other vested benefits	245,959,032	242,543,568
Total vested benefits	435,764,362	425,859,499
Non-vested benefits	3,391,401	3,583,966
Total actuarial present value of accumulated plan benefits	$ 439,155,763	$ 429,443,465

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

The changes in the actuarial present value of accumulated plan benefits for the years ended December 31, 2025 and 2024 are as follows:

	2025	2024
Actuarial present value of accumulated plan benefits, January 1,	$ 429,443,465	$ 409,315,192
Increase (decrease) during the year attributable to:		
Interest	26,151,888	25,925,383
Benefits accumulated	3,003,579	4,236,891
Benefits paid	(22,026,510)	(20,926,292)
Change in actuarial assumptions	2,583,341	10,892,291
Net change	9,712,298	20,128,273
Total actuarial present value of accumulated plan benefits, end of year	$ 439,155,763	$ 429,443,465

Significant actuarial methods and assumptions underlying the actuarial computations are as follows:

Actuarial Cost Method	Entry Age Normal Actuarial Cost Method.
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 market return and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Assumptions:	
Interest Rate Assumption	6.25 %.
Current Liability Interest Rate	2.43%.
Mortality	Healthy: PRI-2012 Employee and Healthy Retire Blue Collar amount - weighted tables projected generationally with scale MP-2021 (previously MP-2021). Mortality improvement scale with the adjustments (0.5% load for males and 2.1% for females ages 65 and over).

NOTE 4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (continued)

Disabled: PRI - 2012 Disabled retiree amount-weighted mortality tables projected generationally with scale MP-2021 (previously MP-2021). Mortality improvement scale with the adjustments (0.5% load for males and 2.1% for females ages 65 and over).

Retirement Rates

Participants are assumed to retire based on the following table:

Age	Annual Retirement Rates
55 - 61	2%
62 - 64	20%
65	40%
66 - 70	25%
71	100%

The retirement rates were based on historical and current 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 and the projected number based on the prior years' assumption over the most recent 5 years.

Administrative Expenses

$1,700,000 (formerly $1,575,670).

On March 27, 2025, the actuary certified that for the Plan year beginning January 1, 2025, the Plan is not considered "endangered", "seriously endangered", or "critical", based on the terms defined in the Pension Protection Act 2006, as amended by Multiemployer Pension Reform Act of 2014 ("MPRA").

Subsequent to year end, on March 30, 2026, the actuary certified that for the Plan year beginning January 1, 2026, the Plan is not considered "endangered", "seriously endangered", or "critical", based on the terms defined in the Pension Protection Act 2006, as amended by Multiemployer Pension Reform Act of 2014 (MPRA).

Funding Policy

Contributions to the Plan are made by contributing employers at the rates established by the collective bargaining agreements. The Plan's actuary has represented that contributions for the years ended December 31, 2025 and 2024 have met the minimum funding requirements of ERISA.

NOTE 5. TAX STATUS

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

NOTE 5. TAX STATUS (continued)

The Plan obtained it latest determination letter dated March 2, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving this determination letter. However, the Plan's legal counsel believes that the Plan is currently designed, and Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified, and the related Trust is tax-exempt under Section 501(a) of the Internal Revenue Code as of the financial statement date.

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

NOTE 6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets 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:

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Money market deposit accounts: Valued at the daily closing price as reported by the fund, which is at the NAV of the funds, and are classified within level 1 of the valuation hierarchy.

U.S. Government and Agency securities and Corporate notes and bonds: The custodian uses prices obtained from an independent third party pricing service to measure fair value of these investments. The custodian validates prices received from the pricing service using methods including comparison to prices received from additional pricing services, comparison to quoted market prices, where available, comparison to internal valuation models, and review of other relevant market data. Investments are stated at fair value. Those listed or traded on any generally recognized securities exchange or quoted in the NASDAQ are generally valued at regular trading session closing price. If any such investment is not traded on valuation date, it is valued at the most recent quoted bid price.

Corporate common stocks: Are valued at the closing price on the active market on which the individual securities are traded.

Hedge funds:

- EnTrust Capital Diversified Hedge Fund invests substantially all of its net assets in EnTrust Capital Diversified Fund, Ltd. (the "Master Fund"); an exempted company incorporated under the laws of the British Virgin Islands on December 28, 2001, under a master feeder arrangement. The Fund seeks to achieve above-average rates of return and long-term capital growth by employing a "multi-manager" approach, maintaining investments through private investment entities and/or separately managed accounts (each, a "Portfolio" and collectively, the "Portfolios") with a broadly diversified group of investment management professionals ("Manager") specializing in alternative investment strategies.

- EnTrust Special Opportunities III, Ltd. Fund invests substantially all of its net assets in EnTrust Special Opportunities Master Fund III LP (the "Master Fund"); an exempted limited partnership organized under laws of Cayman Islands, which pursues the investment strategy of the Fund. The Master Fund's investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts.

- EnTrust Permal Special Opportunities Fund IV invests substantially all of its net assets in EnTrust Permal Special Opportunities Master Fund IV LP (the "Master Fund"); an exempted limited partnership organized under laws of Cayman Islands, which pursues the investment strategy of the Fund. The Master Fund's investment objective is to invest in highly attractive, select investment opportunities by maintaining investments through private investment entities and/or separately managed accounts.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Limited liability company:

- Western Asset US Core Plus Carve-Out4 LLC investments are carried at fair value and reflect the Fund's proportional share of the estimated fair value of the underlying net assets of the limited liability company.

Common collective trusts:

- The Multi-Employer Property Trust (MEPT) is an open-end commingled real estate equity fund that invests in a diversified portfolio of institutional - quality real estate assets and 100 percent union-built new construction properties. The Fund invests in office buildings, bulk distribution and research and development facilities, retail centers, apartments and hotels in order to maintain a diversified, institutional-grade "core" portfolio that produces strong and stable current income. MEPT's primary investment strategy is to create top-quality, core, income-producing assets through development, rehabilitation, or acquisition and repositioning of undervalued assets. New Tower, on behalf of MEPT, maintains an asset valuation process. Each asset in the Fund's portfolio is appraised annually and updated quarterly by an independent, state-certified, MAI-designated member of the Appraisal Institute who must be selected and engaged by New Tower.

- Longview Mid Cap 400 Index Fund (Fund) is a tax-exempt, nonregistered diversified index fund. It was established by Amalgamated Bank (Trustee) as one of the investment options offered by the Investment Management Division of the Trustee to private retirement trusts exempt from federal income tax under Section 501(a) of the Internal Revenue Code of 1986, as amended. The Fund is under the exclusive management and control of the Trustee. The Trustee also serves as the custodian for the Fund.

  The Fund's investment objective is to provide investment results that approximate the performance of the Standard & Poor's MidCap 400 Composite Stock Price Index ("S&P MidCap 400 Index") through the use of passive investment strategies. There is no assurance that the Fund will meet its investment objective.

- AFL-CIO Labor Equity Index Fund was established for the benefit of certain plans, which cover (1) members of unions and other organizations that are affiliated with the ASB Labor; (2) members of other labor organizations; (3) employees of all of these entities; or (4) certain government plans. AFL-CIO securities which are traded on a recognized stock exchange are valued daily at the last sale price on the national securities market. Short term investments or money markets are valued at cost, which approximates market value.

- William Blair Collective Investment Trust (the Trust) is a Trust established under the laws of the State of Maine pursuant to a Declaration of Trust, dated December 18, 2009, as amended (the Declaration of Trust). The investment objective is to seek long-term capital appreciation by investing in a diversified portfolio of equity securities, including common stocks and other forms of equity investments (e.g., securities convertible into common stocks), issued by companies of all sizes domiciled outside the U.S.

- Loomis Sayles Core Plus Full Discretion Trust, is a Collective Trust for Employee Benefit Plans (the Collective Trust), a Massachusetts trust, pursuant to a Declaration of Trust dated as amended. The Collective Trust is divided into separate collective trusts, one of which is the Loomis Sayles Core Plus Full Discretion Trust (the Trust). The Trust is a separate pool of assets constituting, in effect, a separate trust with its own investment objective and policies. Loomis, Sayles & Company, L.P. (Loomis Sayles), a related party, is the sole member of Loomis Sayles Trust Company, LLC (the Trustee), a related party. The Trust's investment objective is high total investment return through a combination of current income and capital appreciation and to outperform its benchmark, the Bloomberg Capital U.S. Aggregate Bond Index denominated in U.S. Dollars.

Pooled separate account:

- Insurance contracts held with Prudential Real Estate Investment Separate Accounts SA II (PRISA) are pooled separate accounts, and their investments are composed primarily of real estate investments either directly owned or through partnership interests and mortgages and other loans on income producing real estate. The estimated market values are based upon property appraisal reports prepared by independent real estate appraisers (members of the Appraisal Institute or an equivalent organization) within a reasonable amount of time following acquisition of the real estate and no less frequently than annually thereafter.

Limited partnerships:

- LSV Int'l Value Equity Fund values all securities at fair value. Securities traded on a national exchange are valued at the last reported sales price or, if there are no sales, at the latest bid quotation. Foreign securities are valued on the basis of quotations from the primary market in which they are traded and translated at each valuation date from the local currency into U.S. dollars using current exchange rates. All over-the-counter securities for which reliable quotations are available are valued at the latest bid quotation. All short-term investments are valued at net asset value. All other securities for which market quotations are not readily available are valued at fair value as determined in good faith by the Custodian, under the direction of the Investment Manager.

- Hamilton Lane Strategic Opp. Offshore Fund IV Series 2018 LP is an exempt limited partnership formed under the laws of the Cayman Islands and is a feeder fund in a master-feeder structure whereby the Partnership invests in Hamilton Lane Strategic Opp. Fund IV Series 2018 LP. The Partnership agreement is set to terminate on April 30, 2023, unless extended at the discretion of the General Partner for up to two successive one-year terms; and for further one-year periods with the consent of the Advisory committee or a Majority in Interest (as defined in the Main Partnership Agreement). The Partnership records investments in the Main Partnership at fair value, which is the Partnership's allocable share of the assets of the Main Partnership. The performance of the Partnership is directly affected by the performance of the Main Partnership and indirectly by the performance of the holdings.

- Hamilton Lane Strategic Opp. Offshore 2016 Fund LP is an exempt limited partnership formed under the laws of the Cayman Islands and is a feeder fund in a master-feeder structure whereby the Partnership invests in Hamilton Lane Strategic Opp. 2016 Fund LP. The agreement with the partnership is set to terminate on April 30, 2023, unless extended by and at the discretion of the general partner for up to two successive one-year terms at the sole discretion of the general partner for additional periods with the consent of the Partnership's advisory committee or a majority interest.

- Hamilton Lane Private Equity Offshore Fund VIII, LP is an exempt limited partnership formed under the laws of the Cayman Islands and is a feeder fund in a master-feeder structure whereby the Partnership invests in Hamilton Lane Private Equity VIII LP. The Partnership agreement is set to terminate on October 26, 2026, unless extended by and at the discretion of the general partner for up to two successive one-year terms at the sole discretion of the general partner for additional periods with the consent of a majority interest.

- Hamilton Lane Strategic Opportunities Offshore Fund VI (Series 2020) LP (the Partnership), a Cayman Islands exempted limited partnership. Hamilton Lane Strategic Opportunities Fund VI (Series 2020) GP LLC (the General Partner), a Delaware limited liability company, is the sole general partner of the Partnership.

  The Partnership is a feeder fund in a master-feeder structure whereby the Partnership invests substantially all of its assets in the Main Partnership, in accordance with the subject to the other provisions of the Agreement and the Main Partnership's Amended and Restated Limited Partnership Agreement (the Main Partnership Agreement). The Partnership will terminate on the date that the Main Partnership terminates, which will be on February 28, 2026, unless extended at the discretion of the General Partner for up to two successive one-year terms; and for further one-year periods with the consent of the Advisory Committee or a Majority in Interest (as defined in the Main Partnership Agreement).

  The Main Partnership is a feeder fund in a master-feeder structure whereby the Main Partnership invests substantially all of its assets in Hamilton Lane Strategic Opportunities Fund VI (Series 2020) Holdings LP (Holdings). The Main Partnership's investment objective, through Holdings, is to create a portfolio of opportunistically-oriented private market investment that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments.

- Hamilton Lane Strategic Opportunities Offshore Fund VII LP (the Partnership), a Cayman Islands exempted limited partnership. Hamilton Lane Strategic Opportunities Fund VII GP LLC (the General Partner), a Delaware limited liability company, is the sole general partner of the Partnership. The Partnership's investment objective, through Holdings, is to create a portfolio of opportunistically-oriented private market investments that generate attractive risk-adjusted returns through a flexible and diversified investment strategy, including investments in direct credit investments, secondary investments and opportunistic equity investments.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- Mesirow Financial Private Equity Partnership Fund VI, LP is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership terminates on June 27, 2025. Provisions in the Partnership Agreement allow for three one-year extensions to provide for orderly liquidation of remaining assets. Investments' fair value is estimated by the General Partner and, except in circumstances considered by the General Partner, in its reasonable discretion, to require a different approach, an investment interest held by the Partnership in a private equity limited partnership is valued based on the Partnership's net asset value in the investment. The net asset value of the private equity Limited Partnerships have been determined in accordance with the applicable accounting guidance. These estimated values may differ from actual values when realized and differences would be material. The Partnership holds moderately sized portfolios designed to provide a diversification by manager, vintage year and sub-asset strategy providing exposure to premium U.S. and non-U.S. private equity managers including buy-out, growth equity, venture capital and special situations strategies.

- Mesirow Financial Private Equity Partnership Fund VII-A, L.P. is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership terminates on May 25, 2030. Provisions in the Partnership Agreement allow for three one-year extensions to provide for orderly liquidation of remaining assets. Investments' fair value is estimated by the General Partner and, except in circumstances considered by the General Partner, in its reasonable discretion, to require a different approach, an investment interest held by the Partnership in a private equity limited partnership is valued based on the Partnership's net asset value in the investment. The net asset value of the private equity Limited Partnerships have been determined in accordance with the applicable accounting guidance. These estimated values may differ from actual values when realized and differences would be material. The Partnership holds moderately sized portfolios designed to provide a diversification by manager, vintage year and sub-asset strategy providing exposure to premium U.S. and non-U.S. private equity managers including buy-out, growth equity, venture capital and special situations strategies.

- Mesirow Financial Private Equity Partnership Fund VII- B, L.P. is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership terminates on February 6, 2028. Provisions in the Partnership Agreement allow for three one-year extensions to provide for orderly liquidation of remaining assets. Investments' fair value is estimated by the General Partner and, except in circumstances considered by the General Partner, in its reasonable discretion, to require a different approach, an investment interest held by the Partnership in a private equity limited partnership is valued based on the Partnership's net asset value in the investment. The net asset value of the private equity Limited Partnerships have been determined in accordance with the applicable accounting guidance. These estimated values may differ from actual values when realized and differences would be material. The Partnership holds moderately sized portfolios designed to provide a diversification by manager, vintage year and sub-asset strategy providing exposure to premium U.S. and non-U.S. private equity managers including buy-out, growth equity, venture capital and special situations strategies.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- Mesirow Financial Private Equity Partnership Fund VIII- A, L.P. (the Partnership), is a Delaware limited partnership that invests in private equity limited partnerships. The Partnership is scheduled to terminate on September 14, 2033. Provisions in the Partnership allow for up to three one-year extensions of the initial term. Investment strategy is emphasis on middle-market buy out and growth equity, investments in cash flow positive businesses focused on developed market opportunities particularly in U.S. and Canada.

- Mesirow Financial Private Equity Fund VIII- B, L.P. (the Partnership), is a Delaware limited partnership that invests in companies operating in a diverse range of industries. The Partnership is scheduled to terminate on April 21, 2032, the tenth anniversary of the Commencement Date, April 21, 2022. However, provisions in the Partnership allow for up to three one-year extensions of the initial term. Investment strategy is emphasis on middle-market buy out and growth equity investments in cash flow positive businesses with geographic focus on developed market opportunities, particularly in U.S. and Canada.

- Sterling United Properties Fund I is a Delaware Limited Partnership that invests in stabilized grocery-anchored shopping centers. The term of the Partnership is ten years from the initial closing date of June 30, 2016.

  The fair values of real estate investments are estimated based on the price that would be received from the sale of an asset in an orderly transaction between marketplace participants at the measurement date. Investments without a public market are valued based on assumptions made and valuation techniques used by the Advisor.

  The fair value of the real estate investments is determined by the General Partner with any resulting change in value being recorded as unrealized appreciation or depreciation in the accompanying statements of operations.

- Sterling United Properties Fund II, LP is a Delaware limited partnership that invests in stabilized grocery-anchored shopping centers. The term Partnership is ten years from the initial closing date of May 8, 2020.

  The fair values of real estate investments are estimated based on the price that would be received from the sale of an asset in an orderly transaction between marketplace participants at the measurement date. Investments without a public market are valued based on assumptions made and valuation techniques used by the Advisor.

  The fair value of the real estate investments is determined by the General Partner with any resulting change in value being recorded as unrealized appreciation or depreciation in accompanying statements of operations.

- Siguler Guff Small Buyout Opportunities Fund III, LP is a Delaware Limited Partnership that invests in pooled investment vehicles managed by investment managers and direct investments primarily focused on buyout, recapitalization, and growth equity transactions.

  The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- Siguler Guff Small Buyout Opportunities Fund IV, LP is a Delaware limited partnership that invests in pooled investment vehicles managed by investment managers and Direct Investments primarily focused on buyout, recapitalization, and growth equity transactions.

  The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

- Siguler Guff Small Buyout Opportunities Fund V, LP a Delaware limited partnership that invests in pooled investment vehicles managed by investment managers and Direct Investments primarily focused on buyout, recapitalization, and growth equity transactions.

  The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

- Siguler Guff Small Buyout Opportunities Fund VI, LP a Delaware limited partnership that invests in pooled investment vehicles managed by investment managers and Direct Investments primarily focused on buyout, recapitalization, and growth equity transactions.

  The Partnership records its Portfolio Fund investments at fair value in accordance with U.S. GAAP.

- Corbin ERISA Opportunity Fund, L.P. is a Delaware Limited Partnership that invests primarily in a broad range of public and private credit instruments with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit, and collateralized loan obligations, though at times, the Fund may have exposure to other assets, instruments and markets.

  The General Partner, together with the Investment Manager, uses their best judgment in estimating fair value of the Fund's investments. However, there are inherent limitations in any estimation techniques. The fair value estimates presented herein are not necessarily indicative of amounts the Fund could, or will ultimately, realize in actual transactions and such differences could be material.

- Ironside Opportunities Fund II is a Delaware Limited Partnership that invest in opportunistic credit investments in corporate debt and equity investments, including senior and unitranche loans, corporate bonds, mezzanine securities and equity securities in companies whose principal operations are in North America.

  The partnership investments are stated at fair value, as determined in good faith by the General Partner, after consideration of pertinent information including available market prices, types of securities, marketability, restrictions on dispositions, recent and subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, current financial position, operating results and other appropriate information. The fair values assigned to the securities held are based upon available information and do not necessarily represent amounts which might ultimately be realized, since such amounts depend on future circumstances and may not be reasonably determined until the individual positions are liquidated.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Real estate investment trust:

- U.S. Real Estate Investment Fund values are stated at estimated fair value and are reviewed and adjusted quarterly.

Private equity:

- Georgetown Fund (E), LTD is valued at net asset value as determined and reported by the investment manager and represent the Plan's proportionate share of the estimated fair value of the underlying net assets of the private equity fund. This class is comprised of hedge funds, which invest in a diverse group of alternative investments including, but not limited to fixed income, equities, commodities, currency, and derivative markets following a variety of strategies.

Because of the inherent uncertainty of the valuations of the investments noted above, the estimated values may differ significantly from the values that would have been used had a ready market for these investments existed, and the difference could be material.

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2025:

	Fair Value Measurements at December 31, 2025			
	Total	Level 1	Level 2	Level 3
Corporate common stocks	$ 73,840,681	$ 73,840,681	$ -	$ -
U.S. Government & Agency securities	33,862,677	-	33,862,677	-
Corporate notes and bonds	23,977,987	-	23,977,987	-
Money market deposit accounts	4,338,066	4,338,066	-	-
Total assets in the fair value hierarchy	136,019,411	$ 78,178,747	$ 57,840,664	$ -
Investments measured at net asset value	372,633,369			
Investments at fair value	$508,652,780			

The following table presents assets and liabilities measured at fair value on a recurring basis at December 31, 2024:

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Corporate common stocks	$ 63,234,487	$ 63,234,487	$ -	$ -
U.S. Government & Agency securities	20,335,042	-	20,335,042	-
Corporate notes and bonds	14,250,440	-	14,250,440	-
Money market deposit accounts	3,919,964	3,919,964	-	-
Total assets in the fair value hierarchy	101,739,933	$ 67,154,451	$ 34,585,482	$ -
Investments measured at net asset value	365,609,839			
Investments at fair value	$467,349,772			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

The following table summarized investment measured at fair value based on the NAV per shares at December 31, 2025:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Western Asset US Core Plus LLC	$ 60,528	$ -	Daily	15 day written notice
NewTower MEPT	14,955,710	-	Quarterly	Upon written request
AFL-CIO Labor Equity Index Fund	68,563,587	-	Daily	Upon written notice
PRISA - Prudential	10,472,878	-	Valuation Date	3 months
U.S. Real Estate Investment Fund	10,883,562	-	Quarterly	90 day written notice
Georgetown Fund (E), LTD	22,235,597	-	Quarterly	90 day written notice
Loomis Sayles Core Plus Full Discretion Trust	55,619,755	-	Daily	3-5 day notice
Entrust Special Opp Fund III	2,105,274	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
Longview MidCap 400 Index Fund	27,955,523	-	Daily	Upon written notice
Entrust Cap Diversified FD Ltd-Class X, series 12/31/16	78,000	-	N/A	N/A
Entrust Permal Special Opp IV	7,094,215	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
LSV International Value Equity Fund	34,318,424	-	Upon written notice	one week
Hamilton Lane Private Equity Offshore Fund VIII L.P.	3,384,022	2,436,349	Not permitted	N/A
Mesirow Financial Private Equity Partnership Fund VI, L.P.	6,725,473	893,000	Not permitted	N/A
Sterling United Properties Fund I	9,219,993	4,313,167	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table summarized investment measured at fair value based on the NAV per shares at December 31, 2025 (continued):

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Sterling United Properties Fund II	$ 7,751,984	$ 437,717	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination
Siguler Guff Small Buyout Opp Fund III	2,247,345	302,000	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund IV	10,218,563	1,146,806	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund V	8,709,775	3,186,303	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund VI	-	15,000,000	Not allowed	N/A
Hamilton Lane Strategic Opp Offshore 2016, L.P.	(26,181)	3,302,571	Not permitted	N/A
Corbin ERISA Opp FD L.P.	17,711,943	-	Daily	65 Day notice
Mesirow Financial Private Equity Fund VII-A	2,404,920	256,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VII-B	3,365,102	22,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-B	4,026,122	412,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-A	1,780,181	530,000	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore IV 2018, L.P.	1,761,946	1,437,826	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore VI (2020), L.P.	4,485,227	798,809	Not permitted	N/A
Hamilton Lane Strategic Opps Fund VII	5,116,490	1,145,681	Not permitted	N/A
Ironside Opportunities II Fund	6,979,246	5,371,704	Not permitted	N/A
William Blair Int'l Leader	22,428,165	-	Valuation date	N/A
	$372,633,369	$ 40,991,933		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table summarized investments measured at fair value based on the NAV per shares at December 31, 2024:

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Western Asset US Core Plus LLC	$ 51,650,159	$ -	Daily	15 day written notice
NHIT Global Fixed Income Trust	19,616,867	-	Daily	1 day notice
NewTower MEPT	15,535,303	-	Quarterly	Upon written request
AFL-CIO Labor Equity Index Fund	63,141,734	-	Daily	Upon written notice
PRISA - Prudential	10,006,555	-	Valuation Date	3 months
U.S. Real Estate Investment Fund	10,630,616	-	Quarterly	90 day written notice
Georgetown Fund (E), LTD	19,984,412	-	Quarterly	90 day written notice
Entrust Special Opp Fund III	2,396,727	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
Longview MidCap 400 Index Fund	26,022,505	-	Daily	Upon written notice
Entrust Cap Diversified FD Ltd-Class X, 12/31/2016	123,116	-	N/A	N/A
Entrust Permal Special Opp IV	6,982,579	-	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
Entrust Special Opp Fund II	42,832	442,706	Following commitment period, redemptions may be made last business day of any calendar quarter	95 days written notice
LSV International Value Equity Fund	23,496,139	-	Upon written notice	one week
Hamilton Lane Private Equity Offshore Fund VIII L.P.	3,920,588	2,469,055	Not permitted	N/A
Mesirow Financial Private Equity Partnership Fund VI, L.P.	8,324,504	931,000	Not permitted	N/A
Sterling United Properties Fund I	12,356,429	-	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination
Sterling United Properties Fund II	6,534,798	1,237,765	Termination of Partnership in 10 years	90 days written notice only for certain events prior to termination

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following table summarized investments measured at fair value based on the NAV per shares at December 31, 2024 (continued):

Investment	Fair Value	Unfunded Commitments	Redemption Frequency if currently eligible	Redemption Notice Period
Siguler Guff Small Buyout Opp Fund III	$ 2,572,376	$ 400,000	Not allowed	N/A
Siguler Guff Small Buyout Opp Fund IV	10,412,160	1,681,653	Not allowed	N/A
Sigulaer Guff Small Boyout Opp Fund V	6,614,793	4,376,287	Not allowed	N/A
Hamilton Lane Strategic Opp Offshore 2016, L.P.	381,275	3,302,571	Not permitted	N/A
Corbin ERISA Opp FD L.P.	16,591,229	-	Daily	65 Day notice
Mesirow Financial Private Equity Fund VII-B	3,859,359	22,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VII-A	2,427,896	286,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-B	3,918,518	412,000	Not permitted	N/A
Mesirow Financial Private Equity Fund VIII-A	1,380,964	740,000	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore IV 2018, L.P.	2,201,093	1,453,171	Not permitted	N/A
Hamilton Lane Strategic Opp Offshore VI (2020), L.P.	5,220,064	858,866	Not permitted	N/A
Hamilton Lane Strategic Opps Fund VII	6,271,293	1,523,709	Not permitted	N/A
Ironside Opportunities II Fund	4,803,506	6,864,305	Not permitted	N/A
William Blair Int'l Leader	18,189,450	-	Valuation date	N/A
	$365,609,839	$ 27,001,088		

NOTE 7. PARTIES-IN-INTEREST

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the contributing employers, and certain others.

The Plan holds shares in Bank of New York Mellon temporary investment fund and cash reserve fund. BNY is a service provider to the Plan and, therefore, these transactions and the Plan's payment of fees to BNY qualify as party-in-interest transactions. In addition, the Plan has arrangements with service providers providing legal, actuary, audit, and tax services. These transactions are party in interest transactions under ERISA.

NOTE 8. AFFILIATED ACTIVITIES

The Plan is related to the United Food and Commercial Workers' Union Local 919 (the Union). This related party contributes to the Pension Fund on a monthly basis on behalf of their eligible employees.

The total contributions from these related parties are as follows:

	Years Ended December 31,	
	2025	2024
United Food and Commercial Workers' Union Local 919	$ 18,240	$ 16,640

The Union maintains the leases for the Plan's mailing machine. The Plan reimburses the Union for the monthly charges based on policies established by the Trustees and the Union. The Plan's portions of the shared expense were $14,359 and $15,816 for the years ended December 31, 2025 and 2024, respectively.

NOTE 9. PENSION BENEFIT GUARANTY CORPORATION

The Plan is a defined benefit plan and certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

If plan benefits have been increased within the five year period before plan termination, the entire amount of the Plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a statutory ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

Whether participants will receive all their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by PBGC.

NOTE 10. RISKS AND UNCERTAINTIES

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

NOTE 10. RISKS AND UNCERTAINTIES (continued)

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in the estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

NOTE 11. RELATED PARTY LEASE

The Plan leases its facilities from the United Food and Commercial Workers' Union Local 919, a related party, under an annual fixed rental agreement through September 30, 2026. The monthly rent is $3,500. Rent payments totaled $42,000 for the years ended December 31, 2025 and 2024. Rent payments allocated to the Health Fund totaled $22,680 for the years ended December 31, 2025 and 2024. The rent is based on a market analysis performed by an independent third party.

NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan participate in one multiemployer defined benefit pension plan under the terms of a collective bargaining agreement. The Plan remits the contributions to this multiemployer defined benefit pension plan for the shared employees on behalf of the Benefits Funds. The Health and

Welfare Fund reimburses the Plan for its share of the contributions based on a cost allocation study. The risks of participating in this multiemployer defined benefit pension plan are different from a single-employer plan in the following aspects:

a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.

b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.

c. If the employer chooses to stop participating in any of its multiemployer defined benefit pension plans, the employer may be required to pay those multiemployer defined benefit pension plans an amount based on the underfunded status of those multiemployer defined benefit pension plans, referred to as a withdrawal liability.

NOTE 12. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

The Plan's participation in the multiemployer defined benefit pension plan for the annual periods ended December 31, 2025 and 2024, are outlined in the table below. The zone status is based on information that the Plan received from the multiemployer defined benefit pension plan and is certified by the multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
UFCW Union Local 919 & Contributing Employers Food Pension Plan	06-1065206	001	Green as of December 31, 2025.	No	Green as of December 31, 2024.	No	2/28/2026

Legal Name of Pension Plan	Contributions to the Pension Plan		Contributions to the Pension Plan greater than 5% of total Pension Plan Contributions (Plan year ending)		Employer Contribution Rates		Number of Employees Covered by Plan	
	12/31/2025	12/31/2024			12/31/2025	12/31/2024	12/31/2025	12/31/2024
UFCW Union Local 919 & Contributing Employers Food Pension Plan	$ 5,071	$ 5,068	No, Plan year ending 12/31/2025.	No, Plan year ending 12/31/2024.	$1.00 per hour worked.	$1.00 per hour worked.	6	6

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 30, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

United Food and Commercial Workers' Union Local 919 and Contributing Employers' Food Pension Plan

Schedules of Administrative Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Insurance	$ 587,604	$ 563,325
Consulting fees	314,169	302,009
Office salaries	241,732	232,042
Office supplies and expenses	136,072	123,376
990-T tax expense	79,105	119,342
Legal fees	72,180	69,600
Employee benefits	37,829	35,707
Postage and printing	37,376	35,753
Trustees' expenses	35,988	28,136
Accounting fees	32,000	36,432
Payroll taxes	26,812	25,718
Outside services	19,324	16,789
Rent expense	19,320	19,320
Depreciation	9,063	4,568
Utilities	5,564	5,346
Miscellaneous expense	534	1,115
Total administrative expenses	$ 1,654,672	$ 1,618,578

UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Schedule H, Part IV, Item 4i

EIN: 06-1065206
Plan No. 001

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
	United States Government and Agency securities:						
	FHLMC Pool #SD-2879	Bond	642,353	3.000 %	08/01/52	$ 563,565	$ 579,859
	FHLMC Pool #SD-3118	Bond	115,283	4.000	08/01/51	106,583	111,483
	FHLMC Pool #SD-7504	Bond	194,722	3.500	08/01/49	174,672	182,990
	FHLMC Pool #SD-7552	Bond	437,383	2.500	01/01/52	364,668	378,345
	FHLMC Pool #SD-7563	Bond	656,333	4.500	05/01/53	630,517	649,232
	FHLMC Pool #SD-7564	Bond	540,867	5.000	06/01/53	532,068	547,213
	FHLMC Pool #SD-7565	Bond	151,891	5.500	09/01/53	152,317	156,333
	FHLMC Pool #SD-7569	Bond	496,660	6.000	04/01/54	510,551	519,417
	FHLMC Pool #SD-8157	Bond	403,803	3.000	06/01/51	347,649	359,603
	FHLMC Pool #SD-8161	Bond	224,174	2.500	07/01/51	180,158	191,368
	FHLMC Pool #SD-8183	Bond	496,388	2.500	11/01/51	408,589	423,607
	FHLMC Pool #SD-8184	Bond	65,452	3.000	11/01/51	55,470	58,530
	FHLMC Pool #SD-8233	Bond	651,530	5.000	06/01/52	629,437	653,974
	Federal Farm CR BK Cons BD	Bond	648,000	2.200	09/02/36	509,981	516,475
	FHLMC Pool #SI-2107	Bond	886,060	2.500	07/01/51	723,385	757,112
	FNMA GTD REMIC P/T 19-M1B A2	Bond	90,125	2.469	08/25/29	79,761	85,941
	Federal NATL MTG ASSN	Bond	420,000	1.625	08/24/35	324,349	328,373
	FHLMC Multiclass MTG K096 X1	Bond	5,973,502	Var.	07/25/29	230,773	195,035
	FHLMC Multiclass MTG K106 X1	Bond	4,444,311	Var.	01/25/30	224,646	205,460
	FHLMC Multiclass MTG 165 X1	Bond	4,569,471	Var.	09/25/34	219,521	207,408
	FHLMC Multiclass MTG K130 X1	Bond	1,489,451	Var.	06/25/31	87,214	68,947
	FHLMC Multiclass MTG K129 X1	Bond	1,071,129	Var.	05/25/31	53,682	44,741
	FHLMC Multiclass MTG K132 X1	Bond	1,649,103	Var.	08/25/31	49,344	40,090
	FHLMC Multiclass MT	Bond	10,669,205	Var.	09/25/31	210,707	183,297
	FHLMC Multiclass MTG 154 A2	Bond	680,000	Var.	01/25/33	664,005	681,897
	FNMA Pool #0CB7117	Bond	123,849	6.000	09/01/53	124,043	128,997
	FNMA Pool #0FM7599	Bond	356,910	3.500	01/01/51	321,330	333,382
	FNMA Pool #0FM8911	Bond	278,737	3.500	02/01/51	248,686	260,853
	FNMA Pool #0FM9993	Bond	378,265	3.500	07/01/51	340,438	354,188
	FNMA Pool #0FS1133	Bond	334,339	4.000	05/01/52	308,167	321,193
	FNMA Pool #0FS1463	Bond	160,505	4.000	05/01/51	152,806	154,495
	FNMA Pool #0FS2050	Bond	149,810	4.000	02/01/51	136,608	145,101
	FNMA Pool #0FS5284	Bond	346,981	3.500	09/01/50	314,072	324,718
	FNMA Pool #0FS7331	Bond	167,048	3.500	06/01/52	148,490	155,730
	FNMA Pool #0FSB558	Bond	190,544	4.000	05/01/51	182,267	184,441
	FNMA Pool #0FM3664	Bond	152,952	4.000	03/01/49	139,234	147,465
	FNMA Pool #0MA3745	Bond	374,149	3.500	08/01/49	334,396	350,368
	FNMA Pool #0MA3990	Bond	338,555	2.500	03/01/50	278,462	289,563
	FNMA Pool #0MA4047	Bond	625,892	2.000	06/01/50	513,036	512,480

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
		United States Government and Agency securities (continued):					
	FNMA Pool #0MA4379	Bond	482,926	2.500 %	07/01/51	$ 399,757	$ 412,646
	FNMA Pool #0MA4414	Bond	215,801	2.500	08/01/51	173,517	184,294
	FNMA Pool #0MA4438	Bond	283,436	2.500	09/01/51	230,912	242,012
	FNMA Pool #0MA4467	Bond	368,111	3.000	10/01/51	318,991	328,082
	FNMA Pool #0MA4494	Bond	323,923	3.000	11/01/51	272,027	289,288
	FNMA Pool #0MA4565	Bond	136,699	3.500	02/01/52	122,752	127,092
	FNMA Pool #0MA4580	Bond	544,613	3.500	03/01/52	481,651	505,684
	FNMA Pool #0MA4618	Bond	160,905	4.000	04/01/52	147,932	153,505
	FNMA Pool #0MA4644	Bond	472,695	4.000	04/01/52	435,174	451,159
	FNMA Pool #0MA4656	Bond	559,178	4.500	06/01/52	525,129	548,845
	FNMA Pool #0MA4709	Bond	137,407	5.000	07/01/52	132,190	137,772
	FNMA Pool #0MA4737	Bond	110,835	5.000	08/01/52	107,198	111,129
	FNMA Pool #0MA4761	Bond	223,476	5.000	08/01/52	217,086	224,071
	FNMA Pool #0MA4869	Bond	268,289	5.500	12/01/52	261,871	273,296
	U.S. Treasury Bond	Bond	1,485,000	3.125	02/15/43	1,230,172	1,205,642
	U.S. Treasury Bond	Bond	95,000	3.875	02/15/43	87,570	85,775
	U.S. Treasury Bond	Bond	1,590,000	4.125	08/15/53	1,479,834	1,413,669
	U.S. Treasury Bond	Bond	920,000	4.375	08/15/43	887,716	881,940
	U.S. Treasury Bond	Bond	295,000	4.250	08/15/54	268,572	267,898
	U.S. Treasury Bond	Bond	2,545,000	4.625	11/15/44	2,436,943	2,503,058
	U.S. Treasury Bond	Bond	1,545,000	4.625	02/15/55	1,494,963	1,494,726
	U.S. Treasury Bond	Bond	285,000	4.750	05/15/25	278,899	281,304
	U.S. Treasury Bond	Bond	835,000	4.750	05/15/55	833,114	824,562
	U.S. Treasury Bond	Bond	200,000	4.875	08/15/45	202,609	202,688
	U.S. Treasury Note	Note	2,985,000	4.375	12/31/29	3,032,048	3,066,849
	U.S. Treasury Note	Note	390,000	4.250	05/15/35	395,208	394,083
	U.S. Treasury Note	Note	2,375,000	3.375	09/15/28	2,363,032	2,365,999
	U.S. Treasury Note	Note	690,000	3.875	09/30/32	689,542	688,896
	U.S. Treasury Note	Note	2,195,000	3.500	09/30/27	2,193,752	2,195,680
	Federal Home LN BK Cons BD	Bond	270,000	1.700	09/04/35	209,258	211,329
		Total United States Government and Agency securities				33,485,066	33,862,677
		Corporate bonds:					
	First National Master Note 1 A	Bond	215,000	5.340	05/15/30	214,962	219,263
	Ford Credit Auto Owner Tru B C	Bond	230,000	5.710	12/15/30	234,609	233,811
	Ford Credit Auto Lease Tr B A3	Bond	275,000	4.990	12/15/27	274,991	276,529
	Ford Credit Auto Lease Tr B A3	Bond	230,000	4.520	08/15/29	229,972	231,605
	Ford Motor Co	Bond	70,000	3.250	02/12/32	57,657	61,767
	GM Financial Consumer Auto 3 C	Bond	400,000	5.920	02/16/29	406,281	407,724
	GM Financial Automobile LE 2 B	Bond	220,000	5.560	05/22/28	219,959	222,517
	Georgia Power Co	Bond	250,000	4.750	09/01/40	226,590	237,595
	GM Financial Automobile LE 3 C	Bond	190,000	4.600	01/21/30	189,997	191,182
	Goldman Sachs Group Inc/The	Bond	520,000	Var.	07/21/32	431,040	466,222
	HPEFS Equipment Tru 1A A3 144A	Bond	40,524	5.180	05/20/31	40,372	40,591
	HPEFS Equipment Trus 2A B 144A	Bond	330,000	5.350	10/20/31	330,714	333,617
	Hyundai Auto Receviables T C B	Bond	310,000	4.670	01/15/31	311,429	314,492
	Hyundai Auto Lease SE B B 144A	Bond	210,000	5.560	08/15/28	209,953	212,346
	Hyundai Auto Lease SE C B 144A	Bond	210,000	4.570	11/15/29	209,985	211,279
	Hyundai Auto Receviables T B C	Bond	445,000	4.920	07/15/32	448,198	453,909
	JPMorgan Chase & Co	Bond	275,000	Var.	01/23/35	274,731	285,453
	JPMorgan Chase & Co	Bond	170,000	Var.	07/22/35	171,186	175,675
	John Deere Owner Trust 20 C A4	Bond	340,000	5.390	08/15/30	345,645	346,640

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate	Maturity Date	Cost	Current Value
	Corporate bonds (continued):						
	John Deere Owner Trust 20 A A4	Bond	330,000	4.910 %	02/18/31	$ 327,577	$ 336,062
	KIND Trust 2021-KI Kind A 144A	Bond	218,178	Var.	08/15/38	216,269	217,279
	LIFE 2022-BMR Mort BMR2 D 144A	Bond	100,000	Var.	05/15/39	96,094	80,657
	MPLX LP	Bond	250,000	5.000	01/15/33	247,340	251,275
	Mars Inc 144A	Bond	150,000	5.000	03/01/32	149,831	154,832
	Mars Inc 144A	Bond	130,000	5.200	03/01/35	129,772	133,891
	Berkshire Hathaway Energy Co	Bond	425,000	5.950	05/15/37	440,938	456,548
	Morgan Stanley	Bond	525,000	Var.	07/21/32	432,274	466,966
	National Rural Utilities Coope	Bond	450,000	1.650	06/15/31	362,044	392,260
	NTT Finance Corp 144A	Bond	200,000	5.171	07/16/32	200,000	205,618
	NXPT Commercial Mo Stor A 144A	Bond	285,000	Var.	11/05/41	280,107	282,985
	Province of Ontario Canada	Bond	185,000	4.450	11/20/35	184,719	184,295
	PFS Financing Corp A A 144A	Bond	255,000	5.800	03/15/28	257,660	255,872
	PFS Financing Corp C A 144A	Bond	550,000	5.520	10/15/28	555,086	556,237
	PNC Financial Services Group I	Bond	450,000	Var.	01/24/34	439,981	461,074
	Prm7 Trust 2025-PR	Bond	320,000	Var.	11/10/42	314,880	315,846
	Public Service Enterprise Grou	Bond	35,000	5.400	03/15/35	34,994	36,042
	Sempra	Bond	450,000	4.000	02/01/48	337,862	344,848
	Star 2025-SFR6 Tru SFR6 A 144A	Bond	280,000	Var.	08/17/42	280,000	280,798
	Synchrony Card Funding LL A2 A	Bond	330,000	5.740	10/15/29	335,943	334,752
	T-Mobile USA Inc	Bond	405,000	2.875	02/15/31	357,595	376,306
	T-Mobile US Trust 20 2A A 144A	Bond	295,000	4.250	05/21/29	294,944	296,413
	Tennessee Gas Pipeline Co 144A	Bond	485,000	2.900	03/01/30	431,888	457,777
	Transcontinental Gas Pipe Line	Bond	490,000	3.250	05/15/30	455,532	469,841
	Truist Financial Corp	Bond	455,000	Var.	01/26/34	439,043	464,287
	UDR Inc	Bond	465,000	3.100	11/01/34	380,666	403,397
	US Bancorp	Bond	320,000	Var.	02/01/34	302,340	323,050
	Ventas Real TY LP	Bond	425,000	5.100	07/15/32	422,745	437,401
	Verizon Communications Inc	Bond	385,000	2.550	03/21/31	340,273	352,106
	Verizon Master Trust Serie 4 B	Bond	370,000	5.400	06/20/29	369,941	372,272
	Verizon Master Trust 8 B	Bond	330,000	4.820	11/20/30	330,426	334,062
	Verizon Master Trust 8 C	Bond	55,000	4.990	11/20/30	54,999	55,698
	Verizon Master Trust 1 B	Bond	200,000	4.940	01/21/31	202,711	203,134
	Verizon Master Trust Serie 9 B	Bond	250,000	4.240	10/21/30	249,981	250,470
	Expand Energy Corp 144A	Bond	340,000	6.750	04/15/29	343,733	342,013
	Virginia Electric and Power Co	Bond	450,000	5.050	08/15/34	446,590	456,597
	Volvo Financial Equ 1A A3 144A	Bond	105,000	4.290	10/16/28	104,983	105,434
	WRKCO Inc	Bond	160,000	3.900	06/01/28	152,082	159,206
	Wells Fargo & Co	Bond	445,000	Var.	04/24/34	442,767	463,597
	AT&T Inc	Bond	365,000	2.550	12/01/33	294,994	312,070
	American Tower Corp	Bond	260,000	2.100	06/15/30	215,220	236,166
	BX 2024-PALM PALM B 144A	Bond	181,731	Var.	06/15/37	181,276	180,660
	Bank of America Corp	Bond	520,000	Var.	10/24/31	429,323	465,473
	Benchmark 2022-B35 Mort B35 AS	Bond	225,000	Var.	05/15/55	208,925	220,765
	BP Capital Markets America Inc	Bond	450,000	4.812	02/13/33	441,433	456,453
	BX Commercial Mort MOHS B 144A	Bond	127,859	Var.	05/15/41	127,540	128,135
	Capital One Multi-Asset E A 1 A	Bond	180,000	3.920	09/15/29	179,965	180,522
	Charter Communications Operati	Bond	330,000	6.384	10/23/35	328,075	340,972
	Citigroup Inc	Bond	365,000	Var.	11/03/32	298,566	327,394
	Citigroup Inc	Bond	140,000	Var.	01/25/33	123,116	128,481
	CNH Equipment Trust 2024-C A3	Bond	275,000	4.030	01/15/30	274,958	275,924
	UBS Group AG 144A	Bond	300,000	Var.	05/14/32	252,861	278,622
	Energy Transfer LP	Bond	450,000	5.750	02/15/33	455,785	472,896
	Enterprise Fleet Fin 3 A2 144A	Bond	70,533	5.310	04/20/27	70,523	70,785

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Corporate bonds (continued):					
	Enterprise Fleet Fin 2 A4 144A	Bond	125,000	5.690 %	12/20/30	$ 124,983	$ 129,160
	Essex Portfolio LP	Bond	250,000	1.650	01/15/31	196,290	218,425
	American Express Credit	Bond	230,000	4.280	04/15/30	229,996	232,675
	American Express Credit	Bond	275,000	4.300	07/15/30	274,960	278,644
	BX Trust 2025-LUNR	Bond	248,550	Var.	06/15/40	248,606	248,861
	BX Commerical Mortg JDI A	Bond	305,000	Var.	11/15/42	305,000	305,284
	BX Trust 2025-Volt Volt A	Bond	170,000	Var.	12/15/44	170,000	170,105
	BX Commerical Mort BCAT A 144A	Bond	229,988	Var.	08/15/42	229,988	230,276
	Compass Datacenters 1A A1 144A	Bond	150,000	5.250	02/25/49	151,359	150,837
	Compass Datacenters 2A A1 144A	Bond	125,000	4.926	11/25/50	125,031	124,881
	DLLAA 2023-1 LLC 1A A4 144A	Bond	450,000	5.730	10/20/31	461,021	463,171
	ELP Commerical Mort ELP B 144A	Bond	357,000	Var.	11/13/42	357,000	356,935
		Total Corporate Bonds				23,331,675	23,977,987
		Corporate common stocks:					
	AbbVie Inc.		1,020			141,489	233,060
	Abercrombie & Fitch Co		2,007			249,209	252,621
	Acadia Pharmaceuticals Inc.		13,413			288,151	358,261
	Accuray Inc		1,093			1,959	902
	Aclaris Therapeutics Inc		1,115			2,145	3,356
	Acuity Brands Inc.		258			36,446	92,890
	ACV Auctions Inc		13,603			226,738	109,096
	Adaptive Biotechnologies Corp		13,450			123,974	218,428
	Addus Homecare Corp		578			53,965	62,071
	Adient PLC		2,605			63,566	49,938
	Adtalem Global Education InC		2,747			275,561	284,232
	Advansix Inc		313			6,652	5,415
	Agios Pharmaceuticals Inc		3,069			81,641	83,538
	Aercap Holdings Nv		2,038			196,189	292,983
	Agco Corp.		764			61,738	79,700
	Alector Inc.		5,401			52,084	8,426
	Alexander & Baldwin INC		4,131			73,062	85,264
	Alignment Healthcare Inc.		2,110			28,257	41,672
	Allegiant Travel Co		254			21,649	21,659
	Allient Inc		171			6,868	9,191
	Alkermes Plc		16,191			388,930	453,024
	Allison Transmission Holdings		1,027			56,969	100,543
	Ally Financial Inc.		6,115			255,917	276,948
	Alphabet Inc		1,663			289,328	520,519
	Alphatec Holdings Inc		3,598			56,077	75,702
	Altria Group Inc		4,162			249,131	239,981
	AMC Networks Inc.		1,525			13,883	14,518
	Amcor		6,138			53,943	51,191
	Ameresco Inc		2,055			61,264	60,191
	American Assets Trust INC		5,015			119,002	94,934
	American Eagle Outfitters Inc.		12,071			177,816	318,312
	American Public Education Inc.		2,049			56,130	77,452
	American Superconductor Corp		4,132			114,653	118,919
	Ameriprise Financial Inc.		532			118,622	260,861
	Ameris Bancorp		3,143			246,043	233,431
	Amphenol Corp		3,911			247,982	528,533
	Amrep Corp		91			1,839	1,711
	Angiodynamics Inc		3,486			35,027	44,760
	Appian Corp		1,980			70,397	70,132

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate / Maturity Date	Cost	Current Value
		Corporate common stocks (continued):				
	ArchRock Inc		8,717		$ 223,897	$ 226,816
	Arista Networks Inc.		3,712		517,910	486,383
	Asana Inc		4,937		78,894	67,686
	Astronics Corp		1,387		66,287	75,231
	Atmus Filtration Technologies		1,940		103,691	100,705
	Atricure Inc.		3,860		148,356	152,702
	Atlanticus		630		30,900	42,178
	AutoDesk Inc		1,670		419,167	494,337
	Autoliv Inc.		798		59,868	94,723
	Autonation Inc		1,322		258,656	272,967
	Avient Corp		5,133		229,850	160,355
	Aveanna Healthcare Holdings I N		5,703		36,930	46,594
	Axogen Inc.		3,642		21,245	119,203
	Backblaze Inc		512		2,817	2,386
	Baker Hughes Co.		1,898		56,563	86,435
	Baldwin Insurance Group Inc		1,463		54,704	35,156
	Banco Latinoamericano De Comer		1,228		31,268	54,769
	Bandwidth Inc.		2,871		32,138	44,357
	Bank of NT Butterfield & Sons L		1,425		64,270	70,993
	Baycom Corp.		466		10,909	13,700
	Banner Corp.		4,275		221,225	267,871
	Bar Harbor Bankshares		717		22,063	22,263
	Bassett Furniture Industries		31		519	520
	BGC Group Inc		33,215		162,523	296,610
	Bioventus Inc.		2,995		24,946	22,283
	BJ's Restaurants Inc		1,786		78,117	70,368
	BK Technologies Corp		130		5,781	9,697
	Blend Labs Inc		27,383		96,910	83,244
	Bloom Energy Corp		1,356		168,328	117,823
	Boise Cascade Co.		1,343		126,645	98,845
	Booking Holdings Inc		62		319,788	332,030
	Boot Barn Holdings Inc		1,622		301,183	286,234
	BorgWarner Inc.		2,106		71,203	94,896
	Bowman Consulting Group LTD		152		3,873	5,019
	Box Inc		4,566		150,659	136,569
	Boyd Gaming Corp		3,904		318,207	332,777
	BP PLC.		2,495		80,261	86,651
	Bread Financial Holdings Inc		1,254		77,797	92,834
	Bridgebio Pharma Inc		12,779		329,626	977,466
	Bridgewater Bancshares Inc		346		5,149	6,065
	Bristol-Myers Squibb Co		4,804		225,386	259,128
	Bristow Group Inc		337		12,175	12,341
	Builders Firstsource Inc.		513		56,645	52,783
	Bunge Global Sa		531		50,109	47,301
	Cadence Design Systems Inc.		1,430		166,904	446,989
	Calavo Growers Inc		206		4,453	4,480
	Calix Inc.		3,262		177,323	172,658
	Capital City Bank Group Inc		1,445		47,104	61,514
	Capital Federal Financial Inc.		569		4,053	3,875
	Cardinal Health Inc		1,279		151,008	262,834
	Carlisle Cos. Inc.		284		66,562	90,840
	Carnival Corp		10,804		264,335	329,954
	Carter Bankshares Inc		207		3,530	4,070
	Castle Biosciences Inc		1,227		42,112	47,730

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate / Maturity Date		
		Corporate common stocks (continued):				
	Celldex Therapeutics Inc		1,676		$ 69,742	$ 45,520
	Casey's General Stores Inc		604		186,299	333,837
	CBL & Associates Properties IN		211		7,854	7,807
	Cencora Inc.		706		102,047	238,451
	Central Pacific Financial Corp.		393		10,739	12,246
	Century Communities Inc		1,327		80,516	78,757
	Chatham Lodging Trust		5,529		49,843	37,652
	Chemung Financial Corp		313		14,957	17,465
	Chord Energy Corp		961		98,471	89,085
	CF Industries Holdings Inc.		607		49,889	46,945
	CVS Health Corp		3,153		212,428	250,222
	CSX Corp		2,735		93,354	99,144
	Cisco Systems Inc.		7,578		436,479	583,733
	Citigroup Inc.		2,904		142,165	338,868
	Citi Trends Inc		352		10,409	14,629
	Citizens Community Bancorp Inc		27		401	481
	Civitas Resources Inc		2,970		140,812	80,457
	Clear Secure Inc.		2,662		93,163	93,383
	Clean Energy Fuels Corp		7,816		17,703	16,414
	Coeur Mining Inc		31,696		359,657	565,140
	Cognizant Technology Solutions		7,226		566,668	603,078
	Coherus Oncology Inc		10,301		7,974	14,627
	Colony Bankcorp Inc.		104		1,043	1,853
	Commercial Metals Co		5,295		233,218	366,520
	Compass Minerals International		410		8,282	8,052
	Compass Therapeutics		335		529	1,799
	Core & Main Inc.		1,852		76,505	96,248
	Conduent Inc		19,449		66,885	37,342
	Coursera Inc.		5,518		45,822	40,612
	Constellium		14,635		272,221	275,870
	Conmed Corp		904		46,961	36,702
	CNO Financial Group Inc		2,223		96,815	94,411
	Credo Technology Group		5,797		209,182	834,130
	Cummins Inc.		210		30,792	107,194
	Curiositystream Inc		3,785		22,058	14,383
	Curtiss-Wright Corp		920		336,091	507,168
	Dave Inc		902		83,306	199,712
	Davita Inc		1,825		200,753	207,338
	Definitive Healthcare Corp		597		2,524	1,713
	Dell Technologies		3,457		541,090	435,167
	Devon Energy Corp		2,330		86,936	85,348
	Digital Turbine Inc		8,830		43,635	44,150
	Dillard's Inc		429		211,136	260,120
	Diodes Inc		1,220		65,996	60,195
	DMC Global Inc		1,975		47,273	13,213
	Dover Corp.		520		47,786	101,525
	Dropbox Inc		16,947		525,690	471,127
	DTE Energy Co		1,126		156,400	145,231
	Eastman Chemical Co.		853		62,008	54,447
	El Pollo Loco Holdings Inc		2,897		30,417	30,303
	EOG Resources Inc		909		94,930	95,454
	Emcor Group Inc.		146		19,191	89,321
	Emerson Electric Co.		683		42,031	90,648
	Enanta Pharmaceuticals Inc		446		6,621	7,033

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate / Maturity Date		
		Corporate common stocks (continued):				
	Energy Services of America Cor		536		$ 5,561	$ 4,379
	Esquire Financial Holdings Inc		609		26,471	62,161
	European Wax Center Inc		3,457		15,423	12,445
	Essent Group LTD		5,485		308,764	356,580
	Evergy Inc.		1,888		118,894	136,861
	Evertec Inc		2,351		83,592	68,391
	Expedia Group Inc		1,090		290,690	308,808
	Expro Group Holdings		1,849		23,886	24,684
	Extreme Networks Inc.		3,056		89,159	50,882
	EW Scripps Co/The		6,938		14,652	27,683
	F & G Annuities & Life Inc		293		10,106	9,039
	Fabrinet		1,035		249,443	471,215
	Federal Signal Corp		3,183		227,423	345,642
	Federated Hermes Inc		2,792		104,918	145,379
	FB Bancorp Inc		342		3,931	4,395
	Fidelity National Financial Inc.		4,891		219,629	267,000
	Figs Inc		476		5,772	5,407
	First Bancorp/Puerto Rico		12,517		207,825	259,477
	First Bancorp/Southern Pines N		3,823		143,975	194,170
	First Business Financial Service		401		19,343	21,774
	First Financial Corp		1,041		54,273	62,897
	First Community Bankshares Inc.		256		9,222	8,635
	FirstEnergy Corp.		3,191		131,981	142,861
	Flexsteel Industries Inc		399		16,110	15,757
	Fluor Corp		12,826		533,223	508,294
	FS Bancorp Inc.		475		16,114	19,556
	Foghorn Therapeutics Inc.		2,484		11,890	13,414
	Forum Energy Technologies		133		2,738	4,914
	Fox Factory Holding Corp		226		3,901	3,867
	Meta Platforms Inc.		759		395,601	501,008
	Frontdoor Inc.		2,639		155,263	152,244
	Franklin Resources Inc		11,116		274,933	265,561
	Freightcar America Inc		402		3,035	4,450
	Freshworks Inc		16,103		262,397	197,262
	FVCBankcorp Inc		188		2,427	2,615
	Garmin LTD		1,473		270,567	298,798
	Gates Industrial Corp PLC		3,930		76,868	84,377
	G-111 Apparel Group Ltd		1,349		39,895	39,067
	Garrett Motion Inc		2,474		42,301	43,122
	GE Healthcare Technologies Inc		2,863		202,779	234,823
	General Motors Co		3,591		202,781	292,020
	Genuine Parts Co		675		84,093	82,998
	Gentherm Inc		3,366		103,382	122,421
	Gilead Sciences Inc.		1,816		135,391	222,896
	Gildan Activewear Inc		5,248		301,341	327,790
	Gigacloud Technology Inc		133		5,377	5,224
	Global Industrial Co		1,505		37,917	43,976
	Graham Corp		1,175		51,418	75,470
	Global Water Resources Inc.		1,355		17,420	11,450
	Goldman Sachs Group Inc.		327		119,076	287,433
	Gray Media Inc.		1,079		6,335	5,222
	Great Lakes Dredge & Dock Corp		2,616		28,577	34,322
	Halliburton Co.		3,535		120,547	99,899
	Harrow Inc		1,189		54,515	58,261
	Hartford Insuarnce Group Inc		2,053		152,612	282,903

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	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate / Maturity Date		
		Corporate common stocks (continued):				
	Hasbro Inc		3,458		$ 266,314	$ 283,556
	HCA Healthcare Inc.		547		158,428	255,372
	Healthcare Services Group Inc		3,128		60,282	59,807
	HealthStream Inc.		2,518		64,289	58,090
	Helix Energy Solutions Group		20,583		125,251	129,055
	Heritage Commerce Corp		6,634		79,897	79,674
	Hilltop Holdings Inc.		1,200		40,631	40,728
	Holley Inc		731		3,047	3,019
	Hometrust Bancshares		1,141		30,466	48,995
	Hovnanian Enterprises Inc		363		47,559	35,407
	Huron Consulting Group Inc		1,702		178,909	294,293
	Ibex Holdings LTD		1,004		18,374	38,333
	IDT Corp		1,480		72,862	75,791
	Ingredion Inc.		507		54,299	55,902
	Innospec Inc.		1,267		148,623	96,976
	Innovative Solutions and Suppo		408		4,356	7,728
	Intapp Inc		2,898		150,551	132,786
	Interface Inc		5,808		88,121	162,159
	Interdigital Inc		1,563		482,634	497,628
	International Bancshares Corp.		7,422		357,631	493,118
	Ironwood Pharmaceuticals Inc.		4,689		20,358	15,802
	Intuit Inc.		808		401,759	535,235
	Intrepid Potash Inc		128		4,511	3,549
	Inventrust Properties Corp		1,896		56,911	53,486
	Invesco LTD		11,120		266,964	292,122
	Jabil Inc		2,422		405,562	552,264
	Jackson Financial Inc.		2,680		225,942	285,822
	Jacobs Solutions Inc		627		39,017	83,052
	Jazz Pharmaceuticals PLC		1,696		209,131	288,320
	Johnson & Johnson		1,174		182,977	242,959
	Kaiser Aluminum Corp		689		75,977	79,139
	Kaltura Inc		1,184		2,425	1,942
	Kalvista Pharmaceuticals Inc		3,101		39,566	50,081
	KB Home		2,715		155,791	153,153
	Kelly Services Inc		370		5,100	3,256
	Keros Therapeutics Inc		983		19,811	20,014
	Keysight Technologies		2,576		517,156	523,417
	Kimball Electronics Inc		288		5,549	8,012
	Kingstone Cos Inc		883		14,306	14,861
	KLA Corp.		462		221,707	561,367
	Kodiak Sciences Inc.		2,378		6,449	66,489
	Kolibri Sciences Inc		801		5,889	3,148
	Labcorp Holdings Inc		967		207,574	242,600
	Lam Research Corp		3,578		363,346	612,482
	Lands' End Inc.		163		2,298	2,367
	Las Vegas Sands Corp		4,209		258,565	273,964
	Lear Corp.		936		110,204	107,266
	Liberty Latin America LTD		3,293		18,284	24,335
	Liberty Latin America LTD		2,595		20,910	19,359
	Lindblad Expeditions Holdings		3,573		34,832	51,523
	Lifeway Foods Inc.		379		5,820	9,183
	Life Time Group Holdings Inc.		20,082		568,701	533,780
	Lifestance Health Group Inc		6,249		43,403	43,993
	Liquidity Services Inc		2,461		49,055	74,593

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		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Corporate common stocks (continued):				
	Limoneria Co		198			$ 2,994	$ 2,500
	Lindsay Corp		588			77,568	69,308
	Leidos Holdings Inc.		2,727			537,631	491,951
	Lendingtree Inc		494			25,288	26,226
	LXP Industrial Trust		6,768			286,185	335,557
	Louisiana-Pacific Corp		609			53,133	49,183
	Livanova PLC		6,254			295,456	384,809
	Luxfer Holdings PLC		2,984			34,806	40,374
	Lyondellbasell Industries NV		1,228			84,794	53,172
	M/I Homes Inc		1,196			152,985	153,028
	Macy's Inc		12,097			290,885	266,739
	Manitowoc Co Inc/The		1,538			19,861	18,441
	Marcus & Millichap Inc		439			12,171	11,980
	Marcus Corp/The		1,841			32,631	28,554
	Masco Corp.		1,327			56,163	84,211
	Matson Inc.		802			111,736	99,087
	Materion Corp		752			85,684	93,489
	Mativ Holdings Inc		3,247			41,169	39,451
	Matrix Service Co		1,861			24,041	21,774
	Maximus Inc.		3,940			337,035	340,101
	Mcgrath Rentcorp		772			95,568	81,006
	McKesson Corp.		285			75,162	233,783
	Medallion Financial Corp		339			3,184	3,488
	Merit Medical Systems Inc.		4,769			315,890	420,340
	Meritage Homes Corp.		2,239			155,622	147,326
	MetLife Inc.		3,235			190,214	255,371
	Metropolitan Bank Holding Corp		231			18,764	17,639
	Microsoft Corp		1,070			434,415	517,473
	Minerals Technologies Inc		1,616			108,584	98,495
	Middleby Corp/The		703			92,123	104,515
	Mission Produce Inc		4,987			59,857	57,849
	Mistras Group Inc.		244			1,853	3,087
	Mitek Systems Inc		530			4,913	5,591
	Montrose Environmental Group I		1,163			31,120	28,877
	Moog Inc		3,252			448,359	792,025
	Mosaic Co/The		2,148			57,309	51,745
	Motorcar Parts of America		490			5,569	6,047
	Mueller Water Products Inc.		10,618			203,651	252,921
	Mueller Industries Inc		850			33,216	97,580
	Murphy Oil Corp		2,794			92,061	87,312
	Myers Industries Inc		3,551			44,530	66,475
	Natural Grocers by Vitamin		1,290			29,017	32,314
	Nature's Sunshine Products Inc.		192			4,407	4,143
	NB Bancorp Inc.		3,553			62,258	70,420
	Nerdwallet Inc		834			11,419	11,301
	Netapp Inc		4,678			437,157	500,967
	Netscout Systems Inc.		1,134			29,241	30,686
	Neuropace Inc		2,272			27,345	35,080
	New York Times Co/The		4,285			217,668	297,465
	Nextpower Inc		5,454			317,740	475,098
	Niagen Bioscience Inc		1,605			15,591	10,208
	Nicolet Bankshares Inc		8			867	970
	Northfield Bancorp Inc		450			4,906	5,143
	NMI Holdings Inc		11,748			333,373	479,201

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Corporate common stocks (continued):				
	NWPX Infrastructure Inc		149			$ 6,061	$ 9,311
	NPK International Inc		9,238			57,962	110,117
	NOV Inc		5,442			85,599	85,058
	NRG Energy Inc		820			52,240	130,577
	Nucor Corp.		382			41,936	62,308
	Occidental Petroleum Corp		2,083			86,828	85,653
	Oceaneering International Inc		5,590			142,831	134,328
	OFG Bancorp		1,573			49,989	64,462
	Oil States International Inc.		7,052			43,476	47,742
	Old Second Bancorp Inc		1,089			18,036	21,235
	Omnicell Inc		2,533			104,267	114,745
	One Gas Inc		2,563			204,615	197,992
	Oprtun Financial Corp		1,302			8,418	6,888
	Origin Bancorp Inc		855			30,856	32,157
	Orthofix Medical Inc		3,078			50,376	46,662
	OshKosh Corp.		748			75,910	93,971
	Ouster Inc		3,627			80,773	78,488
	Ovintiv Inc.		2,384			108,464	93,429
	Owens Corning		447			49,949	50,024
	Pagaya Technologies LTD		3,260			71,148	68,134
	Pathward Financial Inc		3,431			175,086	243,601
	Paychex Inc.		4,809			585,398	539,474
	Packaging Corp of America		278			37,372	57,332
	Par Pacific Holdings Inc		3,966			127,258	139,365
	Park-Ohio Holdings Corp		118			2,704	2,471
	Parke Bancorp Inc		122			2,743	3,055
	Parker-Hannifin Corp		109			12,459	95,807
	Peloton Interactive Inc.		7,880			68,130	48,541
	Petco Health & Wellness Co Inc.		3,029			13,939	8,511
	Pediatrix Medical Group Inc.		7,874			102,936	168,425
	Pennant Group Inc/The		415			10,666	11,683
	Perdoceo Education Corp		2,088			63,796	61,241
	Pfizer Inc		10,058			268,437	250,444
	Phreesia Inc		5,124			140,503	86,698
	Pioneer Bancorp Inc/NY		134			1,199	1,806
	Porch Group Inc		9,116			105,548	83,229
	Portland General Electric Co		5,669			249,824	272,055
	PPL Corp.		3,746			113,779	131,185
	Pricesmart Inc		1,195			89,799	146,591
	Principal Financial Group Inc		3,375			271,446	297,709
	Prog Holdings Inc.		2,944			141,991	86,819
	Proto Labs Inc		3,246			141,078	164,215
	Provident Financial Services		4,640			90,658	91,640
	Plexus Corp		1,385			169,520	203,595
	PTC Therapeutics Inc.		5,868			244,737	445,733
	Pubmatic Inc		4,792			74,579	42,505
	Prudential Financial Inc		2,479			272,931	279,830
	Rambus Inc		8,848			304,331	813,043
	Rapid7 Inc.		8,034			429,859	122,117
	Ralph Lauren Corp		819			222,771	289,607
	Re/Max Holdings Inc		1,973			20,446	14,975
	Regeneron Pharmaceuticals Inc		361			201,308	278,645
	Regenxbio Inc		3,520			65,919	50,688
	Regional Management Corp.		267			7,137	10,346

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Corporate common stocks (continued):				
	Regions Financial Corp.		10,498			$ 191,605	$ 284,496
	Reliance Inc		182			26,743	52,574
	Realreal Inc		10,681			95,976	168,546
	Resideo Technologies		7,135			168,962	250,581
	Rex American Resources Corp		3,826			77,266	123,656
	RCM Technologies		443			9,439	9,057
	Rocky Brands Inc		843			21,057	24,725
	Royalty Pharm PLC		7,874			260,748	304,251
	Rush Street Interactive Inc		9,373			111,979	182,117
	Ryder System Inc		548			48,915	104,882
	SLM Corp		10,490			284,091	283,859
	SM Energy Co		15,514			620,203	290,112
	SS&C Technologies Holdings Inc		6,016			512,144	525,919
	S&T Bancorp Inc		3,365			113,917	132,413
	Sanima Corp		5,057			253,449	758,904
	Safety Insurance Group Inc		1,106			87,211	86,168
	Sally Beauty Holdings Inc		10,319			115,929	147,149
	SLB LTD		2,595			107,384	99,596
	Seacoast Banking Corp of Florida		1,933			52,791	60,735
	Seagate Technology Holdings PL		1,777			179,996	489,368
	Security National Financial Co		97			908	874
	Selectquote Inc		1,533			4,575	2,162
	Shake Shack Inc		2,827			253,766	229,468
	Shell PLC ADR		1,394			76,542	102,431
	Siebert Financial Group		639			3,402	2,243
	Sierra Bancorp		1,065			28,007	34,804
	Signet Jewelers LTD		4,704			299,179	389,868
	Sight Sciences Inc		3,217			24,329	25,511
	Silicon Laboratories Inc		1,819			244,291	237,743
	Skywest Inc		3,272			337,619	328,542
	Smartfinacial Inc		1,183			34,084	43,759
	Snap-On Inc.		264			57,275	90,974
	Solventum Corp		2,760			203,882	218,702
	Sonoco Products Co.		1,238			66,784	54,026
	South Plains Financial Inc.		662			11,957	25,686
	Southern Missouri Bancorp Inc		117			7,384	6,917
	Southwest Gas Holdings Inc		1,783			131,589	142,676
	Solid Biosciences Inc		798			4,239	4,501
	SPX Technologies Inc		3,781			542,037	756,427
	Spok Holdings Inc		2,055			33,408	27,105
	Sprinklr Inc		7,310			65,414	56,872
	Sprout Social Inc.		6,276			334,333	70,731
	State Street Corp		2,488			182,570	320,977
	Steel Dynamics Inc.		320			20,570	54,224
	Sterling Infrastructure Inc		1,777			198,845	544,171
	Stitch Fix Inc		11,620			57,625	61,005
	Strategic Education Inc		285			22,638	22,857
	Strattec Security Corp		46			2,992	3,502
	Sunopta Inc		1,172			7,429	4,454
	Superior Group of Cos Inc		291			5,694	2,817
	Syndax Pharmaceuticals Incs		3,723			78,009	78,220
	Synchrony Financial		3,767			135,253	314,281
	TD Synnex Corp		3,476			537,072	522,199
	TE Connectivity		2,324			355,231	528,733

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Corporate common stocks (continued):				
	Teekay Corp		8,440			$ 64,058	$ 76,213
	Tenable Holdings Inc		2,800			119,295	65,884
	Tenet Healthcare Corp		1,312			158,712	260,721
	Tetra Technologies Inc.		14,109			55,648	132,201
	Thredup Inc		9,799			30,260	62,616
	3M Co		570			70,304	91,257
	Timberland Bancorp Inc/Wa		651			19,328	23,306
	Timken Co/The		1,164			91,886	97,927
	T-Mobile US Inc.		706			105,363	143,346
	Towne Bank/Portsmouth Va		1,544			51,219	51,523
	Totalenergies Se Adr.		1,472			82,798	96,298
	Topbuild Corp		231			76,454	96,371
	Trevi Therapeutics Inc		6,806			28,158	85,211
	TravelZoo		426			5,698	3,033
	Tredegar Corp		329			2,547	2,362
	Travere Therapeutics Inc		7,970			100,266	304,267
	Tri Pointe Homes Inc.		3,939			126,210	123,960
	Taylor Morrison Home Corp		2,516			158,257	148,117
	TTM Technologies Inc		8,819			133,996	608,511
	Tandem Diabetes Care Inc		6,323			103,376	138,980
	Tanger Inc		5,572			190,719	185,938
	Tapestry Inc		2,351			180,048	300,387
	Teleflex Inc		2,219			256,911	270,807
	Trimas Corp		1,236			42,285	43,816
	Tutor Perini Corp		2,456			150,416	164,601
	UFP Industries Inc.		577			54,117	52,536
	UGI Corp		3,770			111,910	141,111
	UMH Properties Inc		2,659			39,197	42,305
	Unisys Corp		7,454			37,334	20,573
	United Community Banks Inc/GA		6,455			208,634	201,525
	United Natural Foods Inc.		3,822			109,723	128,687
	United Rentals Inc.		105			25,714	84,979
	United Parcel Service Inc		1,051			122,052	104,249
	United Therapeutics Corp		535			142,441	260,679
	Unitil Corp		488			26,207	23,639
	Universal Health Realty Income		775			33,874	30,388
	Upbound Group Inc		5,955			173,372	104,570
	Unum Group		4,003			184,620	310,232
	Urban Outfitters Inc		10,973			499,425	825,828
	Uber Technologies		3,398			296,823	277,651
	Unifirst Corp/MA		534			98,937	103,009
	Urban Edge Properties		2,740			53,034	52,581
	Valley National Bancorp		25,430			257,368	297,022
	Varex Imaging Corp		984			12,007	11,464
	Varonis Systems Inc		9,000			399,235	295,200
	Veracyte Inc		3,123			94,929	131,478
	Verizon Communications Inc.		3,722			158,492	151,597
	Viemed Healthcare Inc		2,914			26,598	21,651
	Virdian Therapeutics Inc		1,766			37,543	54,958
	Vistance Networks Inc		13,107			230,383	237,630
	Vontier Corp		2,301			72,598	85,551
	Viasat Inc		6,723			103,977	231,675
	Viatris Inc		23,555			219,255	293,260
	Vicor Corp		1,389			132,487	152,234

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
	Issuer, Borrower	Type	Shares/ Principal	Interest Rate / Maturity Date	Cost	Current Value
		Corporate common stocks (continued):				
	Victoria's Secret & Co		1,154		$ 63,629	$ 62,512
	Vir Biotechnology Inc		8,296		37,884	50,025
	Voya Financial Inc		3,923		298,196	292,224
	W&T Offshore Inc.		1,183		2,197	1,928
	Warby Parker Inc		5,231		124,225	113,983
	Walt Disney Co/The		2,766		319,687	314,688
	Western New England Bancorp In		461		3,582	5,818
	Weatherford International PLC		1,236		91,867	96,729
	Willdan Group Inc		1,328		25,503	137,660
	Workiva Inc		1,842		143,397	158,872
	Wynn Resorts LTD		2,081		256,952	250,407
	Xencor Inc.		5,974		109,819	91,462
	Xenia Hotels&Resorts Inc.		13,259		183,468	187,482
	Xoma Royalty Corp		451		9,475	11,992
	Yelp Inc		1,786		64,858	54,277
	Zeta Global Holdings Cap		10,467		254,485	213,003
	Zions Bancorp NA		4,716		193,690	276,075
	Zoom Communications Inc		6,135		513,073	529,389
	Zumiez Inc		175		5,154	4,559
	8x8 Inc		5,225		8,591	10,569
		Total corporate common stocks			59,959,103	73,840,681
		Money market deposit accounts:				
*	EB Temp Inv FD		3,807,132		3,807,132	3,807,132
	Sigma Erisa Liquidating Pool		46,448		46,448	46,448
	GS Financial Square Government Fund		484,486		484,486	484,486
		Total money market deposit accounts			4,338,066	4,338,066
		Limited liability company:				
	Western Asset US Core Plus Carve-Out4, LLC		2,631		60,528	60,528
		Common collective trusts:				
	AFL CIO Equity Index Fund		1,018,010		31,488,201	68,563,587
	Multi-Employer Property Trust		14,910,181		6,088,155	14,955,710
	William Blair Int'l Leaders Collective Fund		1,132,861		22,000,000	22,428,165
	Loomis Sayles Core Plus Full Discretion Trust				52,718,392	55,619,755
	Longview Midcap 400 Index Fund		7,449		14,466,937	27,955,523
		Total common collective trusts			126,761,685	189,522,740
		Pooled separate account:				
	PRISA		128		7,720,288	10,472,878
		Real estate investment trust:				
	U.S. Real Estate Investment Fund		10,889,587		6,119,466	10,883,562
		Private equity:				
	Georgetown Fund (E), Ltd		9,285		10,000,000	22,235,597

(a) Issuer, Borrower	(b) Type	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value: Shares/ Principal	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
Hedge funds:						
Entrust Cap Diversified Fd Ltd Class X Series 12/31/16		7,295			$ 612,173	$ 78,000
Entrust Permal Special Opps IV		7,523,294			6,527,799	7,094,215
Entrust Special Opps. Fund III		2,422			2,326,564	2,105,274
		Total hedge funds			9,466,536	9,277,489
Limited partnerships:						
LSV Intl Value Equity Fund		92,023			11,389,329	34,318,424
Hamilton Lane Private Equity Offshore Fund VIII LP		3,434,936			2,503,147	3,384,022
Hamilton LN Strat Opps VII		4,954,391			3,915,821	5,116,490
Ironsides OPP Fund II LP		6,801,161			6,052,003	6,979,246
Hamilton Lane Strat Opp Offshore Fund VI, LP		4,494,207			5,061,693	4,485,227
Mesirow Financial Private Fund Equity Partnership Fund VI, LP		6,783,716			-	6,725,473
Mesirow Fin PE Fund VIII-B		4,050,188			3,727,300	4,026,122
Mesirow Fin PE Fund VIII-A		1,739,311			1,505,215	1,780,181
Sterling United Properties Fund II		7,179,430			6,124,789	7,751,984
Sterling United Properties Fund I		7,985,614			3,952,455	9,219,993
Siguler Guff Small Buyout Opp. Fund III, LP		2,289,736			1,833,617	2,247,345
Siguler Guff Small Buyout Opp. Fund IV, LP		9,945,360			6,173,277	10,218,563
Siguler Guff Small Buyout Opp. Fund V, LP		8,315,369			6,533,387	8,709,775
Hamilton Lane Strategic Opp. Offshore Fund IV 2018		1,849,299			2,333,079	1,761,946
Corbin ERISA Opp. FD LP		17,687,680			10,920,819	17,711,943
Mesirow Financial Private Equity Fund VII-B, LP		3,431,014			742,622	3,365,102
Mesirow Financial Private Equity Fund VII-A, LP		2,376,466			1,196,415	2,404,920
Hamilton Lane Strategic Opp. 2016 Offshore Fund, LP		372,055			18,583	(26,181)
		Total limited partnerships			73,983,551	130,180,575
		Total investments			$ 355,225,964	$ 508,652,780

* A party-in-interest as defined by ERISA.

UNITED FOOD AND COMMERCIAL WORKERS'
UNION LOCAL 919 AND
CONTRIBUTING EMPLOYERS' FOOD
PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H, Part IV, Item 4j

EIN 06-1065206
Plan No. 001

(a)	(b) Description	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset	(g) Net Gain (Loss) on Transaction
	Single Transactions					
	EB Temporary Investment Fund	$ 33,881,997	N/A	$ 33,881,997	$ 33,881,997	N/A
	EB Temporary Investment Fund	N/A	$ 31,928,412	31,928,412	31,928,412	$ -
	Western Asset US Core Plus LLC	N/A	53,395,271	30,946,126	53,395,271	22,449,145
	Loomis Sayles Core Plus Full Discretion Trust	32,000,000	N/A	32,000,000	32,000,000	N/A
	Series of Transactions					
	Western Asset US Core Plus LLC	N/A	$ 60,529	$ 35,080	$ 60,529	$ 25,449
	EB Temp Inv FD	55,951,150	N/A	55,951,150	55,951,150	N/A
	EB Temp Inv FD	N/A	57,127,038	57,127,038	57,127,038	-
	Loomis Sayles Core Plus Full Discretion Trust	20,764,420	N/A	20,764,420	20,764,420	N/A

* A party-in-interest as defined by ERISA.

Appendix B: Summary of Plan Provisions

Schedule MB, Line 6

This appendix 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**: 65
- **Service requirement:** 5 years of Participation
- **Amount:**
  - Full-time employees hired on or before April 16, 2016:
    $36 for years of service earned prior to January 1, 1997, $41 for years of service earned between January 1, 1997 and December 31, 2000, and $60 for years of service earned on or after January 1, 2001 (maximum of forty (40) years).
  - Full-time employees hired or participants promoted to full-time status after April 16, 2016:
    $60 per year of service earned prior to January 1, 2019 and $51 per year of service earned on or after January 1, 2019 (maximum of forty (40) years).
  - Part-time employees hired on or before February 23, 2019:
    $36 for years of service earned prior to January 1, 1997, $41 for years of service earned between January 1, 1997 and May 31, 2010 and $36 for years of service earned on or after June 1, 2010 (maximum of forty (40) years).

Appendix B: Summary of Plan Provisions

– Part-time employees hired after February 23, 2019:
$16 per year of service.

For full-time and part-time members hired after January 1, 2010, the accrual rate is 75% of the rate otherwise earned for their first five years of participation and 87.5% of the rate otherwise earned for their next five years of participation. The accrual rate "otherwise earned" means the rate at which benefits accrue for a participant with ten or more years of participation.

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

Early retirement

- **Age Requirement**: 55
- **Service Requirement:** 5 years of Vesting Service
- **Amount:** Normal pension accrued, reduced from age 65 using the Plan's definition of actuarial equivalence
- **Wearaway Rule:** There is a minimum benefit of a participant's accrued benefit as of December 31, 2009 reduced from age 62 by the early retirement reduction factors in effect prior to January 1, 2010.

Disability

- **Age requirement:** None
- **Service requirement:** 5 years of benefit service
- **Other requirement:** Board requires evidence of continued entitlement to Social Security Disability Benefits.
- **Amount:** Normal pension accrued

Vesting

- **Age requirement:** None
- **Service requirement:** 5 years of vesting service
- **Amount:** Normal pension accrued
- **Normal retirement age**: 65

Appendix B: Summary of Plan Provisions

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement**: 5 years of Vesting Service
- **Amount:** 50% of the participant's vested benefit. The benefit is reduced for early commencement and for a joint and survivor annuity and is first payable at the participant's early retirement date.

Post-retirement death benefit

Surviving spouse: If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the employee and spouse. The Plan is providing eligible participants with the option of a 50% Joint and Survivor benefit equal to 91% of their accrued benefit plus or minus 0.4% for every year that their spouse is older or younger, respectively. The Plan is also providing eligible participants with the option of a 75% Joint and Survivor benefit equal to 87% of their accrued benefit plus or minus 0.6% for every year that their spouse is older or younger, respectively.

Automatic benefit forms

- **Not married:** Unless an optional election is made, the accrued pension is paid as a lifetime monthly annuity.
- **Married:** Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retiree's death. Married participants receive a 50% Surviving Spouse Annuity equal to 91% of their accrued benefit plus or minus 0.4% for every year that their spouse is older or younger, respectively.

Married participants may, with written consent of their spouse, elect an optional form of payment.

Optional forms of benefits

- **Ten-year certain and life:** The retiree may elect the Ten-Year Certain and Life Benefit. The accrued pension is adjusted (upward or downward) such that the value is the actuarial equivalent of the life annuity.
- **75% Surviving spouse annuity:** Married retirees may elect a Surviving Spouse Annuity with 75% continued to the retiree's spouse following the retiree's death. The benefit under any such election is converted based on simplified factors and is approximately the actuarial equivalent of the 50% Surviving Spouse Annuity.

Appendix B: Summary of Plan Provisions

Participation

First January 1 or July 1 following the date after 21st birthday and completion of 12 months of employment.

Benefit credit

Past service is granted based on the amount of past and future service under the New England UFCW Plan. Effective January 1, 2001, future service is granted based on hours in a calendar year for which contributions are made as follows:

One (1) year for 2,000 or more hours
3/4 year for 1,500 hours but less than 2000 hours
1/2 year for 1,000 hours but less than 1,500 hours
1/4 year for 500 hours but less than 1,000 hours
None if less than 500 hours

For service prior to January 1, 2001, future service is granted as follows:

For full-time employees
One (1) year for 1,560 or more hours
3/4 year for 1,040 hours but less than 1,560 hours
1/2 year for 900 hours but less than 1,040 hours
1/4 year for 450 hours but less than 900 hours
None if less than 450 hours

For Part-time employees,
One (1) year for 1,560 or more hours
3/4 year for 1,300 hours but less than 1,560 hours
5/8 year for 1,040 hours but less than 1,300 hours
1/2 year for 900 hours but less than 1,040 hours
3/8 year for 675 hours but less than 900 hours
1/4 year for 450 hours but less than 675 hours
1/8 year for 225 hours but less than 450 hours
None if less than 225 hours

Appendix B: Summary of Plan Provisions

Vesting credit

One year of vesting service for each calendar year in which an employee works at least 870 hours or more. Full-time employees will receive ¼ year of vesting service for years in which at least 450 hours but less than 870 hours are worked.

Part-time employees who work less than 870 hours will receive a partial year of vesting service as follows:

3/4 year for 675 hours but less than 870 hours
1/2 year for 450 hours but less than 675 hours
1/4 year for 225 hours but less than 450 hours
None if less than 225 hours

Contribution rate

$1.00 per hour for full-time and part-time employees

Changes in plan provisions

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

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Section 3: Actuarial Valuation Results

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of December 31, 2024[6]. The table also shows average monthly accrued benefits.

Schedule MB, Line 8b(2)

Actives by Age and Years of Service

Age	Total	0 - 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	376	94	281	1	—	—	—	—	—	—	—
	$32	$7	$40	—	—	—	—	—	—	—	—
25 - 29	390	64	261	65	—	—	—	—	—	—	—
	$82	$7	$65	$222	—	—	—	—	—	—	—
30 - 34	323	40	145	90	41	7	—	—	—	—	—
	$182	$8	$68	$242	$502	—	—	—	—	—	—
35 - 39	321	32	91	83	63	46	6	—	—	—	—
	$341	$9	$72	$267	$506	$903	—	—	—	—	—
40 - 44	408	21	111	78	64	60	60	14	—	—	—
	$507	$8	79	$258	$512	$835	$1,231	—	—	—	—
45 - 49	344	32	79	64	41	40	37	44	7	—	—
	$567	$10	$55	$259	$507	$801	$1,119	$1,534	—	—	—
50 - 54	432	19	89	64	54	38	45	37	63	23	—
	$767	—	$72	$267	$474	$753	$1,085	$1,390	$1,747	$1,872	—
55 - 59	553	29	93	73	75	30	39	38	42	108	26
	$895	$8	$61	$246	$494	$735	$1,006	$1,259	$1,624	$1,910	$1,939
60 - 64	543	40	97	79	60	39	33	33	37	41	84
	$843	$7	$60	$247	$463	$702	$1,024	$1,347	$1,605	$1,868	$1,936
65 - 69	306	22	73	61	47	23	17	13	11	11	28
	$611	$7	$59	$249	$475	$685	—	—	—	—	$1,921
70 & over	275	22	79	59	42	26	15	7	8	5	12
	$472	$7	$83	$301	$512	$712	—	—	—	—	—
Totals	**4,271**	**415**	**1,399**	**717**	**487**	**309**	**252**	**186**	**168**	**188**	**150**
	$518	**$8**	**$62**	**$255**	**$493**	**$783**	**$1,098**	**$1,396**	**$1,658**	**$1,886**	**$1,932**

[6] Includes participants who are age 21 or older, have not terminated employment prior to the valuation date, and meet one of the following criteria:

- worked 500 or more hours during the prior year and have at least one pension credit
  or
- worked 870 hours or more during the prior year.

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	1/1/1997	$139,127	2.00	$71,671
Plan amendment	1/1/1998	774,154	3.00	273,844
Change in assumptions	1/1/1999	396,206	4.00	108,232
Change in assumptions	1/1/2000	40,844	5.00	9,188
Plan amendment	1/1/2001	1,500,686	6.00	289,491
Plan amendment	1/1/2018	16,798	8.00	2,571
Change in assumptions	1/1/2018	3,217,428	8.00	492,480
Actuarial loss	1/1/2018	40,343,962	8.00	6,175,302
Plan amendment	1/1/2019	2,553,122	9.00	357,139
Actuarial loss	1/1/2019	4,304,243	9.00	602,092
Actuarial loss	1/1/2020	540,571	10.00	69,947
Change in assumptions	1/1/2021	7,807,538	11.00	943,658
Total		**$61,634,679**		**$9,395,615**

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	1/1/1996	$410,881	1.00	$410,881
Change in assumptions	1/1/2007	3,060,005	12.00	348,242
Change in assumptions	1/1/2019	830,791	9.00	116,214
Change in assumptions	1/1/2020	809,350	10.00	104,726
Actuarial gain	1/1/2021	3,482,452	11.00	420,907
Actuarial gain	1/1/2022	5,097,834	12.00	580,156
Total		**$13,691,313**		**$1,981,126**

Appendix A: Actuarial Assumptions, Methods and Models

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2025:

- The mortality assumption for healthy participants was changed from the Pri-2012 Employee and Healthy Retiree Blue Collar Amount-Weighted Tables projected generationally with MP-2020 scale to the Pri-2012 Employee and Healthy Retiree Blue Collar Amount-Weight Tables projected generationally with MP-2021 scale with a 1.7% load for males ages 65 and older and 3.3% load for females ages 65 and over.
- The mortality assumption for disabled participants was changed from the Pri-2012 Disabled Retiree Amount-Weighted Table projected generationally with MP-2020 scale to the Pri-2012 Disabled Retiree Amount-Weighted Table projected generationally with MP-2021 scale with a 1.7% load for males ages 65 and over and a 3.3% load for females ages 65 and over.
- The investment return assumption was changed from 6.50% to 6.25%.

The entry age normal cost funding method was changed from determining Normal Cost based on the plan of benefits for new hires to determining Normal Cost based on the plan of benefit applicable to each individual participant. This change meets the requirements of Revenue Procedure 2000-40.

Appendix A: Actuarial Assumptions, Methods and Models

Schedule MB, Line 6

Economic assumptions

Net investment return

6.25%

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

$1,525,000, payable at the beginning of the year, for the year beginning January 1, 2025.

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

Appendix A: Actuarial Assumptions, Methods and Models

Demographic and noneconomic assumptions

Mortality rates

Healthy: Pri-2012 Employee and Healthy Retiree Blue Collar Amount-Weighted Tables projected generationally with MP-2021 scale with a1.7% load for males ages 65 and over and a 3.3% load for females ages 65 and over.

Disabled: Pri-2012 Disabled Retiree Amount-Weighted Tables projected generationally with MP-2021 scale with a 1.7% load for males ages 65 and over and a 3.3% load for females ages 65 and over.

The underlying tables with projection to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality 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 deaths and the projected number based on the prior years' assumption over the most recent 5 years. These mortality tables were then adjusted to future year using the generational projection to reflect future mortality improvement between the measurement date and those years.

Appendix A: Actuarial Assumptions, Methods and Models

Disability and Termination rates

Age	Disability	Withdrawal Full Time	Withdrawal Part Time
20	0.01%	5.16%	19.85%
25	0.01%	5.02%	19.31%
30	0.01%	4.69%	18.05%
35	0.02%	4.08%	15.69%
40	0.02%	3.35%	12.88%
45	0.05%	2.58%	9.94%
50	0.10%	1.67%	6.41%
55	0.21%	0.00%	0.00%
60	0.44%	0.00%	0.00%

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 years' assumption over the most recent 5 years.

Appendix A: Actuarial Assumptions, Methods and Models

Retirement rates for active participants

Age[8]	Annual Retirement Rates
55 – 61	2%
62 - 64	20%
65	40%
66 - 70	25%
71	100%

The retirement rates were based on historical and current 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 and the projected number based on the prior years' assumption over the most recent 5 years.

Description of weighted average retirement age

Age 65, 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.

Retirement age for inactive vested participants

Age 65. Age 62 if accrued benefit through December 31, 2009 at age 62 results in a greater actuarial accrued liability. Inactive vested participants who retire after Normal Retirement Age receive actuarial increases in accordance with the plan provisions.

The retirement assumptions for inactive vested participants were based on historical and current 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 years' assumption over the most recent 5 years.

[8] If eligible

Appendix A: Actuarial Assumptions, Methods and Models

Future benefit accruals

Participants are assumed to work the same number of hours as in the year prior to the valuation date, with a minimum accrual of ¼ benefit credit.

The future benefit accruals were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

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 who are age 21 or older, have not terminated employment prior to January 1, 2024, and meet one of the following criteria:

- worked 500 or more hours during the prior year and have one pension credit or more

or

- worked 870 hours or more during the prior year.

Exclusion of deferred beneficiaries

Beneficiaries of deceased participants who do not apply for benefits are included in the valuation as deferred beneficiaries until the participant would have turned age 70.

Percent married

40%

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Appendix A: Actuarial Assumptions, Methods and Models

Benefit election

Married participants are assumed to elect the 50% Surviving Spouse form of payment and non-married participants are assumed to elect a Life Annuity.

The benefit elections were based on historical and current data, adjusted to reflect the plan design, estimated future experience and professional judgment.

Methods, models and other information

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 market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry age normal cost method. Entry age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated by service, with normal cost determined using the plan of benefits applicable to each individual participant.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

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 Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

Appendix A: Actuarial Assumptions, Methods and Models

Withdrawal liability assumptions

- **Interest:** 6.25%
- **Administrative expenses:** None
- **Mortality:** Same as that used for Plan funding
- **Retirement rates:** Same as that used for Plan funding

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 6.0%, for the plan year ending December 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 8.4%, for the plan year ending December 31, 2024

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 June 30 contribution date.

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.

Appendix A: Actuarial Assumptions, Methods and Models

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2025:

- The mortality assumption for healthy participants was changed from the Pri-2012 Employee and Healthy Retiree Blue Collar Amount-Weighted Tables projected generationally with MP-2020 scale to the Pri-2012 Employee and Healthy Retiree Blue Collar Amount-Weight Tables projected generationally with MP-2021 scale with a 1.7% load for males ages 65 and older and 3.3% load for females ages 65 and over.
- The mortality assumption for disabled participants was changed from the Pri-2012 Disabled Retiree Amount-Weighted Table projected generationally with MP-2020 scale to the Pri-2012 Disabled Retiree Amount-Weighted Table projected generationally with MP-2021 scale with a 1.7% load for males ages 65 and over and a 3.3% load for females ages 65 and over.
- The investment return assumption was changed from 6.50% to 6.25%.

The entry age normal cost funding method was changed from determining Normal Cost based on the plan of benefits for new hires to determining Normal Cost based on the plan of benefit applicable to each individual participant. This change meets the requirements of Revenue Procedure 2000-40.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	$2,652,160	$2,184,910	$19,814,956	$24,652,026
2026	4,102,964	2,530,004	19,273,081	25,906,049
2027	5,411,160	2,922,315	18,687,305	27,020,779
2028	6,639,990	3,363,273	18,102,874	28,106,137
2029	7,795,372	3,723,604	17,498,564	29,017,541
2030	8,827,428	4,171,328	16,869,313	29,868,069
2031	9,748,226	4,470,866	16,205,068	30,424,159
2032	10,536,892	4,850,460	15,512,329	30,899,682
2033	11,225,018	5,298,799	14,807,549	31,331,365
2034	11,845,479	5,872,775	14,079,297	31,797,552
2035	12,372,239	6,335,650	13,354,344	32,062,233
2036	12,803,981	6,742,310	12,631,153	32,177,444
2037	13,189,335	7,128,788	11,899,555	32,217,679
2038	13,452,206	7,297,318	11,162,375	31,911,899
2039	13,629,625	7,439,839	10,422,629	31,492,092
2040	13,764,944	7,631,495	9,683,582	31,080,021
2041	13,813,496	7,747,127	8,948,800	30,509,422
2042	13,840,583	7,915,185	8,222,160	29,977,928
2043	13,847,624	8,010,638	7,507,782	29,366,043
2044	13,827,348	8,196,862	6,810,041	28,834,251
2045	13,805,363	8,378,629	6,133,507	28,317,499
2046	13,724,703	8,573,893	5,482,794	27,781,389
2047	13,582,674	8,696,580	4,862,405	27,141,659
2048	13,444,570	8,809,005	4,276,550	26,530,125
2049	13,208,155	8,878,535	3,728,970	25,815,661
2050	12,920,688	8,948,474	3,222,714	25,091,876
2051	12,588,918	8,970,389	2,759,935	24,319,241

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2052	12,212,254	9,001,826	2,341,788	23,555,867
2053	11,793,372	8,992,486	1,968,436	22,754,295
2054	11,333,931	9,020,291	1,639,078	21,993,299
2055	10,874,479	9,020,608	1,352,032	21,247,119
2056	10,382,191	8,982,140	1,104,895	20,469,226
2057	9,856,670	8,872,759	894,670	19,624,099
2058	9,340,035	8,676,695	717,978	18,734,708
2059	8,827,894	8,406,216	571,221	17,805,331
2060	8,315,884	8,133,830	450,722	16,900,436
2061	7,801,867	7,832,885	352,888	15,987,641
2062	7,313,779	7,495,119	274,301	15,083,199
2063	6,851,008	7,154,983	211,809	14,217,800
2064	6,399,840	6,797,604	162,587	13,360,031
2065	5,967,176	6,441,616	124,155	12,532,946
2066	5,544,455	6,077,399	94,382	11,716,237
2067	5,137,489	5,720,469	71,478	10,929,436
2068	4,745,407	5,368,556	53,960	10,167,923
2069	4,369,857	5,024,578	40,632	9,435,067
2070	4,010,405	4,688,822	30,536	8,729,763
2071	3,671,724	4,361,456	22,919	8,056,098
2072	3,352,777	4,042,605	17,192	7,412,574
2073	3,052,813	3,732,414	12,900	6,798,127
2074	2,770,841	3,431,143	9,692	6,211,676

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$7,736,400	$0	$7,736,400
2026	7,736,400	0	7,736,400
2027	7,736,400	0	7,736,400
2028	7,736,400	0	7,736,400
2029	7,736,400	0	7,736,400
2030	7,736,400	0	7,736,400
2031	7,736,400	0	7,736,400
2032	7,736,400	0	7,736,400
2033	7,736,400	0	7,736,400
2034	7,736,400	0	7,736,400

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: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
☐ a single-employer plan ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here ▶ ☒

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
UFCW UNION LOCAL 919 & CONTRIBUTING EMPLOYERS' FOOD PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

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)
UFCW UNION LOCAL 919 & CONTRIBUTING EMPL PENSION FUND

6 HYDE ROAD, 2ND FLOOR

FARMINGTON CT 06032-2830

2b Employer Identification Number (EIN) 06-1065206

2c Plan Sponsor's telephone number 860-677-8118

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	Mark R. Espinosa	10-2-26	MARK ESPINOSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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**	12,913
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)**	4,271
a (2) Total number of active participants at the end of the plan year	**6a(2)**	4,295
b Retired or separated participants receiving benefits	**6b**	3,138
c Other retired or separated participants entitled to future benefits	**6c**	5,226
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	12,659
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	398
f Total. Add lines **6d** and **6e**	**6f**	13,057
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**	3

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)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules
- **(1)** [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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

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 919 & CONTRIBUTING EMPLOYERS FOOD PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES, LOCAL UNION 919 & EMPLOYERS FOOD PENSION

D Employer Identification Number (EIN)
06-1065206

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)	469,830,688
	(2) Actuarial value of assets for funding standard account	1b(2)	480,059,569
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	451,336,725
	(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)	429,443,465
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)	586,841,912
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	7,934,323
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	24,655,223
	(3) Expected plan disbursements for the plan year	1d(3)	26,180,223

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

Kathleen A. Riley KCR — Signature of actuary

10/06/2026 — Date

KATHLEEN A. RILEY, FSA, MAAA, EA — Type or print name of actuary

2604134 — Most recent enrollment number

SEGAL — Firm name

617-424-7300 — Telephone number (including area code)

116 HUNTINGTON AVENUE 9TH FLOOR
BOSTON MA 02116-5744
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**	469,830,688
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,437	222,619,996
(2) For terminated vested participants		5,239	140,655,843
(3) For active participants:			
(a) Non-vested benefits			6,659,785
(b) Vested benefits			216,906,288
(c) Total active		4,271	223,566,073
(4) Total		12,947	586,841,912
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

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
07/15/2025	8,065,691	0			

k Has a change been made in funding method for this plan year? [X] Yes [ ] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [X] 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 [X] N/A	[ ] Yes [ ] No [X] N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	6.25 %	6.25 %
e Salary scale	**6e**	% [X] N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	[X] Single rate [ ] ERISA 4044 [ ] Other [ ] N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	6.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.4 %	
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)**	1,525,000	
(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

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. [X] Yes [ ] No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). [X] 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. [X] 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 [X] 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**	4,749,638
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)**	61,634,679	9,395,615
(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**	884,078
e Total charges. Add lines 9a through 9d		**9e**	15,029,331
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	62,383,909
g Employer contributions. Total from column (b) of line 3		**9g**	8,065,691
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	13,691,313	1,981,126
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	4,253,863
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	51,679,558	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	51,112,201	
(3) FFL credit		**9j(3)**	0
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**	76,684,589
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	61,655,258
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