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 360 SHOP RITE PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

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 360 SHOP RITE PENSION FUND

EMAIL MCAMPBELLZENITH-AMERICAN.CO
603 STANWIX ST STE 1500
PITTSBURGH, PA 15222

2b Employer Identification Number (EIN) 26-4416251

2c Plan Sponsor's telephone number 302-762-2008

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.	10/13/2026	SAM FERRAINO
	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 ☐ Same as Plan Sponsor

BOARD OF TRUSTEES
C/O ZENITH AMERICAN SOLUTIONS
2 GATEWAY CENTER
603 STANWIX ST STE 1500
PITTSBURGH, PA 15222

3b Administrator's EIN: 27-1605754

3c Administrator's telephone number: 302-762-2008

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**	4199
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)**	2322
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2271
b	Retired or separated participants receiving benefits	**6b**	415
c	Other retired or separated participants entitled to future benefits	**6c**	1453
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4139
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	44
f	Total. Add lines **6d** and **6e**.	**6f**	4183
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**	4

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

1A

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)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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 360 SHOP RITE 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 360 SHOP RITE PENSION FUND

D Employer Identification Number (EIN)
26-4416251

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)**	32716970
(2)	Actuarial value of assets for funding standard account	**1b(2)**	33002361
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	33454102
(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)**	33454102
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)**	62270468
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	895072
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	1627094
(3)	Expected plan disbursements for the plan year	**1d(3)**	2085112

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/14/2026

ANTHONY BERTOLOTTI — Type or print name of actuary

26-08756 — Most recent enrollment number

KEYSTON 74 BENEFITS AND ADMINISTRAT — Firm name

267-606-1428 — Telephone number (including area code)

3031 WALTON RD
STE B
PLYMOUTH MEETING, PA 19462

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**	32716970
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		404	12862427
(2) For terminated vested participants		1473	16682697
(3) For active participants:			
(a) Non-vested benefits			1054633
(b) Vested benefits			31670711
(c) Total active		2322	32725344
(4) Total		4199	62270468
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	52.54 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	1894731				
01/01/2026	170801				
			Totals ► **3(b)**	2065532	**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**	98.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

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

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

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	4.01 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	10	10
(2) Females	**6c(2)**	10F	10F
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	11.8 %	
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)**	490000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	336243	35434

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**	899999

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)**	3568716		609726
(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**	113229
e Total charges. Add lines 9a through 9d			**9e**	1622954
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	1739569
g Employer contributions. Total from column (b) of line 3			**9g**	2065532
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	1377406		218005
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	217170
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	3629953		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	24368387		
(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**	4240276
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	2617322
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**	0
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 360 SHOP RITE PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW 360 SHOP RITE PENSION FUND

D Employer Identification Number (EIN)
26-4416251

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

THE VANGUARD GROUP

23-1945930

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

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

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

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

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

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

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

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

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

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

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

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

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

ZENITH AMERICAN

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	205452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARATZ & ASSOCIATES, P.A.

22-2212404

(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	48550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'BRIEN, BELLAND, & BUSHINSKY

37-1467056

(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	32445	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)

MORGAN STANLEY SMITH BARNEY

13-2919773

(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 72	NONE	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEVY CHASE TRUST CO

52-2037618

(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?
20 21 28 51	NONE	20115	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KB 74 BENEFITS AND ADMINISTRATION

3031 WALTON RD, BLDG B
PLYMOUTH MEETING, PA 19462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	69516	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)

XPAN LAW

(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?
17 50	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
UFCW 360 SHOP RITE 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 360 SHOP RITE PENSION FUND

D Employer Identification Number (EIN)
26-4416251

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: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6257033-006	C	2043409

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
UFCW 360 SHOP RITE PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW 360 SHOP RITE PENSION FUND

D Employer Identification Number (EIN)
26-4416251

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	665288	240706
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	172072	170801
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	51200	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	374	389
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1950636	2043409
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29942738	35007325
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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		
1f Total assets (add all amounts in lines 1a through 1e)	1f	32782308	37462630
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	65338	70287
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	65338	70287
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	32716970	37392343

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)	2065532	
(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)		2065532
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3276	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2792	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6068
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	806123	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		806123
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		92788
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3608464
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6578975
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1271926	
(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)		1271926
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	205452	
(3) Recordkeeping fees	2i(3)	20950	
(4) IQPA audit fees	2i(4)	27600	
(5) Investment advisory and investment management fees	2i(5)	30115	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	69516	
(8) Legal fees	2i(8)	44945	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	233098	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		631676
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1903602
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4675373
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: BARATZ & ASSOCIATES, P.A. **(2)** EIN: 22-2212404

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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 557589.

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 360 SHOP RITE PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW 360 SHOP RITE PENSION FUND

D Employer Identification Number (EIN)
26-4416251

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer ZALLIE-SOMERSET

b EIN 22-1995811 **c** Dollar amount contributed by employer 1070118

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 08 Day 30 Year 2026

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

a Name of contributing employer RAVITZ SHOPRITES

b EIN 23-1862359 **c** Dollar amount contributed by employer 484531

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 08 Day 30 Year 2026

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

a Name of contributing employer EICKHOFF SUPERMARKETS

b EIN 25-1351148 **c** Dollar amount contributed by employer 348176

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 08 Day 30 Year 2026

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

a Name of contributing employer BROWNS BROOKLAWN INC

b EIN 23-2795356 **c** Dollar amount contributed by employer 162707

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 08 Day 30 Year 2026

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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**	0
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**	0
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**	0

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: 63.4 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 31.1 %
High-Yield Debt: _____% Real Assets: 5.5 % Cash or Cash Equivalents: _____% Other: _____%

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_____.

Structured Attachment	Schedule MB, line 8b(2) Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	UFCW 360 SHOP RITE PENSION FUND						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	26-4416251	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25	119		6	175		26
25 to 29	16		4	146		40
30 to 34	12			86		40
35 to 39	6			94		36
40 to 44	10			79		38
45 to 49	7			76		38
50 to 54	6			63		38
55 to 59	15			82		44
60 to 64	12			103		39
65 to 69	6			72		38
70 & Up	6			50		36

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29	67		110	6		
30 to 34	46		138	49		275
35 to 39	27		176	33		298
40 to 44	24		205	14		
45 to 49	17			12		
50 to 54	27		154	14		
55 to 59	30		145	27		282
60 to 64	43		146	31		269
65 to 69	34		151	16		
70 & Up	27		105	11		

Name of Plan	UFCW 360 SHOP RITE PENSION FUND						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	26-4416251	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34	7					
35 to 39	49		421			
40 to 44	50		411			
45 to 49	69		407			
50 to 54	85		439			
55 to 59	92		468			
60 to 64	100		438			
65 to 69	54		456			
70 & Up	20		356			

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	UFCW 360 SHOP RITE PENSION FUND						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	26-4416251	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment	Schedule MB, line 8b(3)	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**	**This Form is Open to Public Inspection**

Name of Plan	UFCW 360 SHOP RITE PENSION FUND						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	26-4416251	**PN**	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	2077455	0	2077455
2026	2077455	0	2077455
2027	2077455	0	2077455
2028	2077455	0	2077455
2029	2077455	0	2077455
2030	2077455	0	2077455
2031	2077455	0	2077455
2032	2077455	0	2077455
2033	2077455	0	2077455
2034	2077455	0	2077455

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

Name of Plan	UFCW 360 SHOP RITE PENSION FUND						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	26-4416251	**PN**	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	263360	233473	1102763	1599596
2026	457962	261348	1076706	1796016
2027	629113	310573	1048611	1988297
2028	798073	357263	1018533	2173869
2029	946924	376666	986397	2309987
2030	1093021	419142	952316	2464479
2031	1228967	445676	916260	2590903
2032	1336933	466044	878331	2681308
2033	1435489	473166	838638	2747293
2034	1514614	497795	797232	2809641
2035	1586349	521833	754310	2862492
2036	1640087	541773	710053	2891913
2037	1690286	560525	664679	2915490
2038	1721896	578453	618443	2918792
2039	1746281	577502	571633	2895416
2040	1773789	599858	524594	2898241
2041	1777501	588328	477722	2843551
2042	1782978	601820	431461	2816259
2043	1787446	630028	386274	2803748
2044	1779362	650624	342630	2772616
2045	1765472	687872	300971	2754315
2046	1746163	713032	261702	2720897
2047	1721591	722347	225168	2669106
2048	1689460	755868	191642	2636970
2049	1666719	781994	161319	2610032

Name of Plan	UFCW 360 SHOP RITE PENSION FUND						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	26-4416251	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	1636112	806573	134290	2576975
2051	1610552	874063	110553	2595168
2052	1570011	946971	90015	2606997
2053	1554750	1024617	72504	2651871
2054	1528892	1095077	57786	2681755
2055	1497579	1180763	45587	2723929
2056	1460486	1282131	35610	2778227
2057	1416126	1342793	27557	2786476
2058	1383883	1370535	21130	2775548
2059	1343222	1391113	16055	2750390
2060	1299525	1402674	12089	2714288
2061	1252719	1396682	9019	2658420
2062	1207927	1356793	6662	2571382
2063	1163741	1313486	4872	2482099

UFCW 360 SHOP RITE PENSION
Financial Statements
and
Supplementary Information
For the Years Ended
December 31, 2025 and 2024

UFCW Local 360 Shop Rite Pension Fund
For the Years Ended December 31, 2025 and 2024

Contents

	Page(s)
Independent Auditors' Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-15
Supplementary Information	
Schedule of Assets Held at End of Year	16

Baratz & Associates, P.A.
accountants and consultants

4B EVES DRIVE | SUITE 100 | MARLTON, NJ 08053 | P 856.985.5688 | F 856.985.8340

Independent Auditors' Report

To the Trustees of
UFCW 360 Shop Rite Pension Fund
Wilmington, DE

Opinion

We have audited the accompanying financial statements of the United Food and Commercial Workers Local 360 Shop Rite Pension Fund, 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, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the United Food and Commercial Workers Local 360 Shop Rite Pension Fund 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the United Food and Commercial Workers Local 360 Shop Rite Pension Fund, 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 United Food and Commercial Workers Local 360 Shop Rite Pension Fund'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.

550 PINETOWN RD | SUITE 410 | FORT WASHINGTON, PA 19034 | P 215.641.8300 | F 215.641.8335
991 ROUTE 22 WEST | SUITE 200 | BRIDGEWATER, NJ 08807 | P 732.412.3825 | F 732.412.3826
51 HADDONFIELD ROAD | SUITE 100 | CHERRY HILL, NJ 08002 | P 856.858.7887 | F 856.858.1142
baratzcpa.com

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the United Food and Commercial Workers Local 360 Shop Rite Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the United Food and Commercial Workers Local 360 Shop Rite Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Other Matter-Supplemental Schedules Required by ERISA

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

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

Baratz & Associates, P.A.
accountants and consultants
baratzcpa.com

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.

Baratz & Associates, P.A.

Baratz & Associates, P.A.
Marlton, NJ

October 7, 2026

United Food and Commercial Workers Union
Local 360 Shop Rite Pension Fund
Statements of Net Assets Available For Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments	$ 37,051,123	$ 31,893,748
Receivables		
Contributions receivable	170,801	172,072
Other receivable	-	51,200
Total Receivables	170,801	223,272
Cash	240,706	665,288
Total Assets	37,462,630	32,782,308
Liabilities		
Accounts payable	70,287	65,338
Net Assets Available for Plan Benefits	$ 37,392,343	$ 32,716,970

United Food and Commercial Workers Union
Local 360 Shop Rite Pension Fund
Statements of Changes in Net Assets Available For Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions to Net Assets Attributed To:		
Investment Income		
Net appreciation (depreciation) in fair market value	$ 3,701,236	$ 2,756,987
Interest and dividends	812,207	702,249
Less: Investment expenses	(20,115)	(20,014)
Net Investment Income	4,493,328	3,439,222
Employer contributions	2,065,532	2,060,157
Total Additions to Net Assets	6,558,860	5,499,379
Deductions From Net Assets Attributed To:		
Benefits paid directly to participants	1,271,926	1,176,673
Administrative expenses		
Actuarial and consultants fees	69,516	30,075
Audit fees	27,600	26,500
Insurance	174,783	161,955
Investment consulting fees	10,000	10,000
Legal	44,945	6,810
Administrative Fees	205,452	197,544
Payroll audits	20,950	20,810
Office expenses	58,315	31,829
Total Administrative Expenses	611,561	485,523
Total Deductions	1,883,487	1,662,196
Net Increase (Decrease) in Net Assets	4,675,373	3,837,183
Net Assets Available for Benefits, Beginning of Year	32,716,970	28,879,787
Net Assets Available for Benefits, End of Year	$ 37,392,343	$ 32,716,970

United Food and Commercial Workers Union
Local 360 Shop Rite Pension Fund
Notes to the Financial Statements
December 31, 2025 and 2024

A. Description of The Plan

The UFCW 360 Shop Rite Pension Plan ("The Plan or Fund") was established under the provisions of the agreement and declaration of trusts as of January 1, 2009 among UFCW Local 360 and contributing employers to provide retirement benefits to eligible participants of the Fund. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined benefit plan covering eligible members of UFCW Local 360, under the employment of Southern New Jersey area Shop Rites. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. Funding

The Plan's primary sources of income are derived from investment earnings and employer contributions. Employers remit contributions on behalf of all eligible employees working under a collective bargaining agreement between UFCW Local 360 and contributing employers.

3. Vesting

A participant shall have a 100% vested interest in his accrued pension benefit upon his completion of 5 years of vesting service. A participant who has attained his normal retirement age while employed by an employer shall also become 100% vested in his accrued pension benefit, regardless of his years of vesting service. Credit for vesting service shall be determined as follows:

a. Full-time employees shall be credited with one year of vesting service for each plan year which they have at least 1,000 hours of service.

b. Part-time employees shall be credited with one year of vesting service for each plan year they have at least 500 hours of service.

c. Any participant who was an active participant in the UFCW Tri-State Pension Plan on November 30, 2008 and who became a participant in this plan effective January 1, 2009 shall be credited with each year of vesting service he earned under the UFCW Tri-State Pension Plan.

4. Normal Retirement Benefit

A participant upon retirement at his normal retirement date shall receive a monthly benefit payable at his normal retirement date. The amount of such benefit shall be determined as follows, for all vested participants up until December 31, 2018:

a. Full-time Employees:
   1. Forty dollars times his years of benefit service up to 30 years and
   2. Fifty dollars times his years of benefit service after 30 years.

b. Part-Time Employees:
   1. Twenty dollars times his years of benefit service up to 30 years and
   2. Twenty-five dollars times his years of benefit service after 30 years.

Effective January 1, 2019, the Fund has adopted a change in the basis of benefit accruals to a Hybrid plan design formula. Starting January 1, 2019, the accrual rate will be $35 for full time participants and $17.50 for part-time participants. Each year the accrual rate will change based on the change in the Geometric Average Investment Return for the three previous years. Participants with over 31 years of service will have an accrual rate equal to 125% of the accrual rate in effect, each year.

The Plan provides for an optional lump sum form of payment. If the vested actuarial equivalent lump sum value of the participant's accrued benefit is equal to or less than $7,000 (prior to 2025, the maximum lump sum amount was $5,000), at their annuity starting date, distribution may be made in the form of a single lump sum payment.

5. Early Retirement Benefit

A participant who is eligible for early retirement under the plan and elects to retire shall be entitled to a reduced pension benefit. Under the plan a participant is eligible for an early retirement pension benefit if the participant has attained age 55 and has at least 10 years of vesting service.

Also, a participant who has at least ten years of vesting service upon termination of employment and who is fully vested in his accrued pension benefit will, if he elects, commence to receive a pension benefit as determined in accordance with the plan, upon satisfaction of the age requirement.

6. Death Benefit

The plan includes a death benefit for eligible participants. The beneficiaries of full-time employees who have completed at least ten years of vesting service are entitled to a death benefit of $2,000. The beneficiary of a pensioner who has completed less than ten years of vesting service as a full-time employee or who retires as a part time employee, and who has completed a total of at least ten years of full-time employee vesting service and part time employee vesting service are entitled to a death benefit of $1,000.

B. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in The United States of America and provisions related to Financial Accounting Standards Board ASC for Plan Accounting (ASC 960).

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Contributions

Employer contributions are made in accordance with the collective bargaining agreements or subsequent amendments between the employers and the Union. These contributions are recognized as an addition to net assets in the month they become due.

The Fund has met the minimum required contributions for both years ended December 31, 2025 and 2024.

Employer Contributions Receivable

Employers' contributions receivable represents amounts due as of December 31, 2025 and 2024 under the terms of the collective bargaining agreement in effect.

Date of Management's Review

Subsequent events were evaluated October 7, 2026 which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

Valuation techniques used in fair value measurements maximize the use of observable inputs and minimize the use of unobservable inputs. A valuation method may produce a fair value measurement that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions could result in different fair value measurements at the reporting date. Assets and liabilities measured at fair value are categorized into one of three different levels depending on the observability of the inputs employed in their measurement. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are observable inputs other than quoted prices included within Level 1 for the asset or liability, either directly or indirectly through market-corroborated inputs. Level 3 inputs are unobservable inputs for the asset or liability, including the Plan's own assumptions in determining the fair value of the assets or liabilities.

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 includes the plan's gains and losses on investments bought and sold, as well as, held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Concentrations

The Fund maintains cash in demand deposit accounts with federally insured banks. At times, the balances in these accounts may be in excess of federally insured limits.

Three employers accounted for 92% of the employer contributions included on the statements of changes in net assets available for benefits for the year ended December 31, 2025 and 2024. Those same employers accounted for 92% of the contributions receivable included in the statements of net assets available for benefits for the years ended December 31, 2025 and 2024.

Investments that represent 10% or more of total plan assets are separately identified below:

	2025	2024
Vanguard Total Bond Market Index	$ 6,682,465	$ 5,930,472
Vanguard Total Stock Market Index	16,666,266	14,230,342
Vanguard S/T Govt. Bond Index	4,848,454	4,613,999
Vanguard Intl Stock Index	4,327,771	-

Uncertain Tax Positions

The Fund accounts for uncertain tax positions in accordance with certain provisions of FASB ASC 740, "Income Taxes," which provides a framework for how companies should recognize, measure, present, and disclose uncertain tax positions in their financial statements. Under FASB ASC 740, the Fund may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement.

The Fund did not record any unrecognized tax benefits for the years ended December 31, 2025 and 2024. Therefore, FASB ASC 740 had no impact on the 2025 and 2024 financial statements. The Fund anticipates that it will not have a change in unrecognized tax benefits during the next twelve months that would have a material impact on the Fund's financial statements.The Fund's policy is to recognize interest and penalties related to income taxes as a component of interest and penalty expense. As of and for the years ended December 31, 2025 and 2024, the Fund did not record any penalties or interest associated with unrecognized tax benefits. The Fund's prior three years are open and subject to examination by the IRS.

Allowance for Credit Losses

When the Fund records employer receivables, contract assets and financing receivables arising from revenue transactions, the Fund records an allowance for credit losses for the current expected credit losses (CECL) inherent in the asset over its expected life. The allowance for credit losses is a valuation account deducted from the amortized cost basis of the assets to present their net carrying value at the amount expected to be collected. Each period the allowance for credit losses is adjusted through earnings to reflect expected credit losses over the remaining lives of the assets. We evaluate debt securities with unrealized losses to determine whether any of the losses arise from concerns about the issuer's credit or the underlying collateral and record an allowance for credit losses, if required.

Current and Long Term Receivables

		2025		2024
Employer Receivable	$	170,801	$	$172,072
PBGC Overpayment Receivable		-		51,200
Allowance for credit losses		-		-
Total Receivable	$	178,023	$	223,272

C. 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2	Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as: a. Quoted prices for similar assets or liabilities in active markets b. Quoted prices for identical or similar assets or liabilities in inactive markets c. Inputs other than quoted prices that are observable for the asset or liability d. 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 that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Interest bearing cash is valued at amortized cost plus accumulated interest, which approximates fair value.

Common/Collective Trusts are valued at net asset values (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Interest-bearing cash is valued at amortized cost plus accumulated interest, which approximates fair value.

Fair Value Measurements at December 31, 2025:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 35,007,326	$ 35,007,326	$ -	$ -
Interest-bearing Cash	389	-	389	-
	35,007,715	$ 35,007,326	$ 389	$ -
Investments at Net Asset Value				
Common/Collective Trust	2,043,408			
Total Investments	$ 37,051,123			

Fair Value Measurements at December 31, 2024:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 29,942,738	$ 29,942,738	$ -	$ -
Interest-bearing Cash	374	-	374	-
	29,943,112	$ 29,942,738	$ 374	$ -
Investments at Net Asset Value				
Common/Collective Trust	1,950,636			
Total Investments	$ 31,893,748			

Investments Value at Net Asset Value

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

D. Investments

For the year ended December 31, 2025 and 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $3,701,236 and $2,756,987.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
ASB Allegiance Real Estate Fund	$2,043,408	n/a	Quarterly	60 Days

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
ASB Allegiance Real Estate Fund	$1,950,636	n/a	Quarterly	60 Days

Investment objectives

ASB Allegiance Real Estate Fund

To provide real estate and/or real estate related investment opportunities to eligible participants that provide a competitive market rate of return, stable and reasonably predictable income, increasing cash flows, potential for appreciation in value, a hedge against inflation and portfolio diversification. The Trust strives to maintain diversification by geographic location and by property type (examples of property types considered for investment include: office, research and development, residential, industrial warehouse/distribution, retail and hotel properties). The Trust's investment policy shall be set by the Board of Directors of the Trustee ("Board of Directors") or the Management Committee of the Trustee "Management Committee") and may be modified from time to time by either entity.

E. Actuarial Valuation

The accumulated plan benefits for participants will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances-retirement, death, disability, and termination of employment are included, to the extent they are deemed attributable to employee service rendered thru the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts and interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial valuation was performed by CBIZ Retirement Plan Services as of January 1, 2025. The following results were extracted from the report dated September 23, 2025. For more complete information, refer to the complete actuarial valuation.

Statement of Accumulated Plan Benefits

Actuarial Present Value of Accumulated Plan Benefits

	1/1/2025	1/1/2024
Vested Benefits:		
Participants Currently Receiving Payments	$ 9,325,986	$ 8,786,368
Other Participants	23,314,134	22,022,951
Non-vested Benefits	813,982	599,114
Total Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 33,454,102	$ 31,408,433

Statement of Changes in Accumulated Plan Benefits

	1/1/2025	1/1/2024
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 31,408,433	$ 28,684,784
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated	910,835	1,640,023
Benefits paid	(1,176,673)	(1,029,140)
Change in assumptions	-	-
Increase for interest due to the decrease in the discount period	2,311,507	2,112,766
Total Increase	2,045,669	2,723,649
Total Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 33,454,102	$ 31,408,433

Significant Actuarial Assumptions

Investment return:
7.5% per year compounded annually.

Mortality:
Healthy Life Mortality: RP-2000 Combined Mortality Table

Disable Life Mortality: 1974 PBGC Mortality Table for disabled lives receiving Social Security disability benefits payments.

Current Liability Mortality: IRS 2023 Static Mortality Table

Actuarial Valuation Method:
The Unit Credit Cost Method was used to determine the costs of retirement, termination, death and disability benefits.

Changes in Actuarial Assumptions:
The RPA 1994 current liability interest rate was changed from 3.29% to 4.01%.

Changes since previous valuation:
The geometric average investment return for the 2021-2023 Plan years was 3.76%. Under the current hybrid design, this results in the Plan's Accrual Rate for Full-Time participants dropping to $10 while the Plan's Accrual Rate for Part-Time Participants remained at $5 effective January 1, 2025 (Participants with more than 30 years of Benefit Service have Accrual Rates 125% larger). These Accrual Rates will be in effect indefinitely until the mechanics of the current hybrid plan design result in a change.

The geometric average investment return for the 2020-2022 Plan years was 3.76%. Under the current hybrid design, this results in the Plan's Accrual Rate for Full-Time participants dropping to $20 while the Plan's Accrual Rate for Part-Time Participants remained at $10 effective January 1, 2024 (Participants with more than 30 years of Benefit Service have Accrual Rates 125% larger). These Accrual Rates will be in effect indefinitely until the mechanics of the current hybrid plan design result in a change.

F. Risks and Uncertainties

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

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

G. Tax Status

The Plan obtained its latest determination letter on July 24, 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. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

H. Party In Interest Transactions

The Plan has multiple arrangements with service providers. The Plan pays administrative expenses that consist of administrative fees paid to a third-party administrator and other professional service providers. These transactions are considered party in interest transactions under ERISA.

I. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the changes in net assets available for benefits as reported on the financial statements to the Form 5500:

	2025	2024
Total Additions Per Financial Statements	$ 6,558,860	$ 5,499,379
Add: Investment Fees netted on Financial Statements	20,115	20,014
Total Income Per Form 5500	$ 6,578,975	$ 5,519,393

	2025	2024
Total Deductions Per Financial Statements	$ 1,883,487	$ 1,662,196
Add: Investment Fees netted on Financial Statements	20,115	20,014
Total Deductions Per Form 5500	$ 1,903,602	$ 1,682,210

J. Plan Termination

The Trustees shall have the right to discontinue or terminate this Plan in whole or in part. In the event of the termination of this Plan the rights of all affected participants to benefits accrued to the date of termination, partial termination, or discontinuance to the extent funded as of such date shall not be able to be forfeited. Upon termination of the Plan, the Trustees shall take such steps as they deem necessary or desirable to comply with ERISA.

If the Plan were to be terminated, benefits to be provided from the Plan would be limited to those which could be provided by the available assets of the Plan, as allocated in accordance with federal law, and by insurance (within certain limits) from the Pension Benefit Guaranty Corporation, as set forth below.

Pension benefits under this multiemployer plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency. A multiemployer plan is a collective bargained pension arrangement involving two or more unrelated employers, usually in a common industry. Under the multiemployer plan program, the PBGC provides financial assistance through loans to plans that are insolvent. A multiemployer plan is considered insolvent if the Plan is unable to pay benefits (at least equal to the PBGC's guaranteed benefit limit) when due. The PBGC guarantee generally covers: (1) normal and early retirement benefits: (2) disability benefits if you become disabled before the Plan becomes insolvent; and (3) certain benefits for your survivors.

The PBGC guarantee generally does not cover: (1) benefits greater than the maximum guaranteed amount set by law; (2) benefit increases and new benefits based on plan provisions that have been in place for fewer than 5 years at the earlier of: (i) the date the Plan terminates or (ii) the time the Plan becomes insolvent; (3) benefits that are not vested because you have not worked long enough; (4) benefits for which you have not met all of the requirements at the time the Plan becomes insolvent; and (5) non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay and severance pay. The maximum benefit that the PBGC guarantees is adjusted periodically, based on the amount of an individual's monthly benefit that PBGC guarantees.

For more information about the PBGC and the benefits it guarantees, ask your plan administrator or contact the PBGC's Technical Assistance Division, 1200 K Street, NW, Suite 930, Washington, DC 20005-4026 or call 202-326-4000 (not a toll free number). TTY/TDD users may call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4000. Additional information about the PBGC's pension insurance program is available through the PBGC's website on the internet at http://www.pbgc.gov

J. Reclassification

Certain 2024 amounts have been reclassified to conform with the 2025 financial statement presentation.

Supplementary Information

UFCW Local 360 Shop Rite Pension Fund
EIN 26-4416251 PLAN 001
Schedule H, line 4i
Schedule of Assets Held at End of Year
December 31, 2025

(A) *	(B) Identity of issue, Borrower, Lessor, or Similar Party	(C) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(D) Cost	(E) Current Value
	ASB Allegiance Real Estate Fund	Interest Bearing Cash	$ 389	$ 389
	ASB Allegiance Real Estate Fund	Common Collective Trust	1,715,000	2,043,409
	Vanguard Total Bond Index Fd	Mutual Fund	6,429,397	6,682,465
	Vanguard Total Stock Market Index Fd	Mutual Fund	7,221,328	16,666,266
	Vanguard Total International Stock Index Fd	Mutual Fund	3,163,984	4,327,771
	Vanguard High Dividend Yield Index Fd	Mutual Fund	1,574,813	2,482,369
	Vanguard ST Treasury Index Fd	Mutual Fund	4,342,481	4,848,454
		Total Current Value of Investments	$ 24,447,392	$ 37,051,123

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB
Schedule MB, line 4b - Illustration Supporting Actuarial Certification of Status

---

The Pension Protection Act of 2006 actuarial certification provision does not apply to this Fund since the Fund was not "a multiemployer plan in effect on July 16, 2006" as stated in IRC section 432(a) and further discussed in Proposed Treasury Reg.1.432b-1(a).

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

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

Funding Interest Rate: 7.50% per year, compounded annually.

Current Liability Interest Rate: 4.01% per year, compounded annually for RPA '94.

Mortality: For healthy lives, RP-2000 Combined Mortality Table. Mortality after disability is the 1974 PBGC Mortality Table for disabled lives receiving Social Security disability benefit payments. Mortality for current liability calculations is the IRS 2025 Static Mortality Table. These tables are assumed to reflect both expected mortality rates as of the measurement date and any expected mortality improvement after the measurement date.

Termination Rates: Rates of termination (for reasons other than death, disability, or retirement) are assumed to vary according to age, sex, and length of service. For participants with fewer than 10 years of service, the rate of termination is assumed to vary by sex and length of service as follows:

Service	Males	Females
0	30.0%	25.0%
1	15.0%	12.0%
2	14.0%	11.0%
3	13.0%	10.0%
4	12.0%	9.0%
5	11.0%	7.0%
6	10.0%	7.0%
7	8.0%	6.0%
8	7.0%	6.0%
9	6.0%	6.0%

For members with at least 10 years of vesting service, the rate of termination is assumed to vary by age. Rates for selected ages are shown below:

Age	Rate
15 - 27	5.5%
32	4.5%
37	4.0%
42	3.5%
47	3.0%
52	2.5%
57	2.0%
62	0.4%

Members are not assumed to terminate once they have reached retirement eligibility.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(continued)

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

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

Retirement Rates: The rate of retirement for active participants who are eligible to retire is assumed to vary by age, as follows:

Age	Rate
55 to 56	5.0%
57	6.0%
58	7.0%
59	8.0%
60	9.0%
61	10.0%
62	10.0%
63	10.0%
64	10.0%
65	20.0%
66	20.0%
67	20.0%
68	20.0%
69	20.0%
70	20.0%
71+	100.0%

Terminated vested members are assumed to retire at age 65, or current age, if later.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(continued)

Expenses:	An amount equal to the core expenses (excluding investment expenses) paid in the preceding Plan Year, rounded up to the nearest $10,000, added to the Normal Cost. ($490,000 for 2025, expense loading of 119.51%)
Spouses:	80% of the active participants were assumed to be married with wives assumed to be three years younger than husbands.
Form of Benefit:	All Participants are assumed to take the Single Life Annuity when they retire from Active or Terminated Vested status.
Assumed Retirement Beyond Normal Retirement Age:	Actives assumed to retire beyond their Normal Retirement Age are assumed to have their benefits suspended. Terminated Vested Participants assumed to retire beyond their Normal Retirement Age have their Accrued Benefit actuarially increased in accordance with the Plan's definition of Actuarial Equivalence.
Actuarial Valuation Method:	The Unit Credit Cost Method was used to determine the costs of retirement, termination, death and disability benefits.
Asset Valuation Method:	Recognition of gains and losses above or below the assumed rate of return over a 5-year period, adjusted, if necessary, to remain no greater than 120% of market value, nor less than 80% of market value.
Future Service Accruals:	The future benefit service accrual of each active participant was assumed to be equal to that participant's actual service accrual in the plan year immediately preceding the valuation date. For newly hired participants, the future service accruals were assumed to be equal to a full year of full-time or part-time service, depending on their status. Members who worked both full-time and part-time in 2024 were assumed to be Full-Time in 2025. Everyone else was assumed to be the same status in 2025 as they were in 2024.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(continued)

Data:	Data was received from Zenith American Solutions. Those not in receipt of a benefit who worked (i) at least 320 hours Part-Time, or (ii) a combination of Part-Time and Full-Time hours that equaled at least 500 were considered to be Active, so long as they met the Plan's Participation requirements. Members with at least 5 years of Vesting Service who were not Active and not yet in receipt of a benefit were considered Terminated Vested. Members receiving a benefit were based on a pension register provided by Zenith American Solutions. Deaths were based on Zenith's data. Members employed who have not yet met the Plan's Participation requirements who are at least age 20 as of the valuation date, and have either met the Plan's Vesting Requirement for Participation or are newly hired/rehired are included in the Plan's liability calculations.
Missing Birth Dates or Gender Codes:	Members with a missing date of birth were assumed to have the same average date of birth of those with a similar status. There were no records with a missing Gender Code.
Changes since the Prior Valuation:	The RPA '94 Current Liability Interest Rate was changed from 3.29% to 4.01%.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

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

(continued)

Rationale for Selection of Significant Actuarial Assumptions:

Interest Rate	The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's Investment Consultant provided future investment expectations based on the Plan's asset allocation. In addition, we have considered other external sources such as available capital market assumption surveys when setting the long term rate of return.
Mortality	The mortality assumption is based on historical and current demographic data, reflecting estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed periodically.
Retirement	The retirement decrements for active participants are based on studies of Plan experience.
Termination	A withdrawal table has been selected which results in a similar level of aggregate annual withdrawal as the Plan has experienced over recent years.
Disability	Because the Fund does not have enough data to do a fully credible experience analysis with respect to disability during active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor.
Plan Expenses	Expenses paid from the trust are estimated by reviewing historical fees paid from the trust and accounting for PBGC premiums and other expenditures expected to be paid in this Plan Year.
Marital Status	The current assumption has been selected based on the actuary's experience with plans of a similar size, plan design, and workforce composition.
Form of Benefit	Since all forms of benefit are actuarially equivalent, the assumption that all retirees elect the Single Life Annuity was deemed appropriate for the purpose of the measurement.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

Employee Participation

Every Full-Time and Part-Time Employee who was an active participant under the UFCW Tri-State Pension Plan on November 30, 2008 became a participant on January 1, 2009. Every other Full-Time and Part-Time employee becomes a participant on the later of (i) the day he completes one Year of Vesting Service or (ii) the day he attains age 21.

Accrual Rates

Effective January 1, 2009 through December 31, 2018, Participants accrue benefits as follows:

Full-Time Participants	Part-Time Participants
$40.00*	$20.00**

* $50.00 with 30 years total Benefit Service, including service under the UFCW Tri-State Pension Plan.
** $25.00 with 30 years total Benefit Service, including service under the UFCW Tri-State Pension Plan.

Only Benefit Service earned on or after December 1, 2008 is used in the calculation of a member's Accrued Benefit. Benefit Service earned before December 1, 2008 is only used in determining eligibility for Accrual Rates.

Effective January 1, 2019, Participants will accrue benefits under a hybrid plan design in which Accrual Rates will be adjusted based on the Accrual Rate in effect for the prior year in accordance with the following table:

Geometric Average Investment Return		
Is Not Less Than	And Is Less Than	Change in Accrual Rate for Full-Time (Part-Time) Participants
(∞)	-5.00%	Prior Year's Accrual Rate less $30 ($15)
-5.00%	-2.50%	Prior Year's Accrual Rate less $25 ($12.50)
-2.50%	0.00%	Prior Year's Accrual Rate less $20 ($10)
0.00%	2.50%	Prior Year's Accrual Rate less $15 ($7.50)
2.50%	5.00%	Prior Year's Accrual Rate less $10 ($5)
5.00%	7.50%	Prior Year's Accrual Rate less $5 ($2.50)
7.50%	10.00%	Prior Year's Accrual Rate Unchanged
10.00%	12.50%	Prior Year's Accrual Rate plus $5 ($2.50)
12.50%	15.00%	Prior Year's Accrual Rate plus $10 ($5)
15.00%	17.50%	Prior Year's Accrual Rate plus $15 ($7.50)
17.50%	20.00%	Prior Year's Accrual Rate plus $20 ($10)
20.00%	22.50%	Prior Year's Accrual Rate plus $25 ($12.50)
22.50%	∞	Prior Year's Accrual Rate plus $30 ($15)

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

For purposes of the above table, the "Geometric Average Investment Return" for a Plan Year of reference shall be the geometric average investment return of the Plan assets for the 3 (three) Plan Years preceding the year prior to the Plan Year of reference (for example, the 3 Plan Years used for 2019 will be 2015, 2016, and 2017). The geometric average shall be calculated by adding 1.0 to the investment return (expressed in decimals) in each of the three years, multiplying the resultant values together, and taking the third root of that product. This calculation shall be performed each Plan Year. The investment return for a Plan Year shall be equal to the "annual return" as reported on the applicable IRS Form 5500 Schedule MB, Line 6h for the Plan Year of reference (as such return may be amended from time to time.)

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

a. The resulting Accrual Rate determined for any given Plan Year shall never be greater than $70 for a Full-Time Participant and $35 for a Part-Time Participant;

b. The resulting Accrual Rate determined for any given Plan Year shall never be less than $10 for a Full-Time Participant and $5 for a Part-Time Participant;

c. For Participants with Years of Benefit Service greater than 30 (including Benefit Service earned prior to 2019 and including serviced earned by a Participant under the UFCW Tri-State Pension Plan) the maximum allowable Accrual Rate for a respective Plan Year shall be $87.50 for a Full-Time Participant and $43.75 for a Part-Time Participant, and the minimum allowable Accrual Rate for a respective Plan Year shall be $12.50 for a Full-Time Participant and $6.25 for a Part-Time Participant. The Accrual Rate for a respective Plan Year for a Participant with greater than 30 years of Benefit Service (including Benefit Service earned prior to 2019 and service earned by a Participant under the UFCW Tri-State Pension Plan) shall always be 125% of the Accrual Rate for such Plan Year for other Participants with less than 30 Years of Benefit Service of similar Full-Time or Part-Time Status; and

d. The Accrual Rate for a Plan Year of reference shall always decrease compared to the Accrual Rate of the prior Plan Year if such is the result of the Geometric Average Investment Return calculation for such Plan Year, but the Accrual Rate will not increase for a Plan Year of reference unless the Funded Percentage (Actuarial Value of Assets divided by Accrued Liability) for the Plan Year immediately preceding the Plan Year of reference is at least 100%.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

	Historical Accrual Rates			
	Full-Time		Part-Time	
Plan Year	<= 30 YOS	> 30 YOS	<= 30 YOS	> 30 YOS
2018 and Prior	$40.00	$50.00	$20.00	$25.00
2019	$35.00	$43.75	$17.50	$21.88
2020	$30.00	$37.50	$15.00	$18.75
2021	$30.00	$37.50	$15.00	$18.75
2022	$30.00	$37.50	$15.00	$18.75
2023	$30.00	$37.50	$15.00	$18.75
2024	$20.00	$25.00	$10.00	$12.50
2025	$10.00	$12.50	$5.00	$6.25

Credited Service

a. Full-Time Employees shall be credited with one Year of Benefit Service for each Plan Year in which he completes 1,800 or more hours. If the employee completes less than 1,800 hours, his benefit service shall be a fraction of a year determined by dividing the number of Hours of Service by 1,800.

b. Part-Time Employees shall be credited with one Year of Benefit Service for each Plan Year in which he completes 800 or more hours. If the employee completes less than 800 hours, his benefit service shall be a fraction of a year determined by dividing the number of Hours of Service by 800.

Vesting Service

a. Full-Time Employees shall be credited with one Year of Vesting Service for each Plan Year in which he completes 1,000 or more hours. However, if the Participant had at least one Hour of Service as a Part-Time Employee, such Participant shall be credited with one Year of Vesting Service if he completes at least 500 Hours of Service.

b. Part-Time Employees shall be credited with one Year of Vesting Service for each Plan Year in which he has at least 500 Hours of Service.

c. Any Participant who was an active participant in the UFCW Tri-State Pension Plan on November 30, 2008 and who became a Participant in this Plan effective January 1, 2009 shall be credited with each year of Vesting Service he earned under the UFCW Tri-State Pension Plan.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Vesting

A Participant shall have a 100% Vested interest in his Accrued Benefit upon his completion of 5 Years of Vesting Service. A Participant who has attained his Normal Retirement Age while employed by an Employer shall also become 100% Vested in his Accrued Benefit, regardless of his Years of Vesting Service.

Normal Retirement Benefits

Qualifications: Attainment of later of age 65 or fifth (5th) anniversary of the date of participation commencement in the Plan.

Amount: Monthly benefit payable on a single life basis equal to the benefit levels per year of applicable service described above.

Early Retirement Benefits

Qualifications: Attainment of age 55 and completion of at least 10 years of vesting service.

Amount: Monthly benefit computed in the same manner as the normal retirement benefit, but actuarially reduced for benefit commencement prior to age 65.

Termination Benefits (Vesting)

Qualifications: Completion of at least 5 years of vesting service at the time of termination of covered employment, commencing no earlier than age 55.

Amount: Monthly benefit computed in the same manner as the normal retirement benefit.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Pre-Retirement Spouse's Benefit

Qualifications: Eligibility for termination benefits and married at least one year.

Amount: The surviving spouse of an active participant who dies after becoming eligible for an early or normal retirement benefit will receive an immediate pension for life equal to the amount such spouse would have received had the participant retired just prior to the date of death and elected the Joint and 60% Survivor form of benefit.

The surviving spouse of other vested participants who die before benefit commencement will be entitled to the benefit such spouse would have received if the participant had (1) separated from service on his date of death (if he had not already separated), (2) survived to the later of his earliest retirement age or his date of death, (3) retired having elected the Joint and 60% Survivor form of benefit, and (4) died on the next day. Lifetime monthly payments to such spouse shall begin on the later of the participant's earliest retirement age or his date of death.

Post-Retirement Death Benefit

Qualifications: Receiving a pension at the time of death.

Amount: Lump sum equal to $2,000 for a full-time retiree with 10 or more years of full-time service, and $1,000 for a full-time or part-time retiree with 10 or more years of full-time and part-time service. There are no other death benefits available, except as provided by the election of an optional form of payment.

Form of Benefit Payment

If a participant is married at the time of retirement, the pension will be paid in the form of an actuarially reduced Joint and Survivor monthly annuity with payments continuing to the spouse for life at 60%, 75% or 100% of the amount being paid to the participant.

If a participant is unmarried at the time of retirement, the pension will be paid in the form of a life annuity.

Schedule MB, line 6 - Summary of Plan Provisions

(continued)

Status of Plan

Ongoing.

Changes Since Previous Valuation

The average investment return on the Plan's assets during the three year period 2021 through 2023 was 3.76%. This average falls in the 2.50% - 5.00% corridor, resulting in a decrease to the Plan's accrual rate for Full-Time or Part-Time members for the 2025 Plan Year. The accrual rates decreased to $10.00 for Full-Time members and $5.00 for Part-Time members, with a 125% increase in the accrual rate for those Active members with more than 31 years of Credited Service.

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB
Schedule MB, line 6f(1) - Description of Withdrawal Liability Interest Rate

---

The portion of the vested benefits that is matched by the Plan's assets is valued using the single spot rate generated by the Plan's payment stream and the FTSE Pension Discount Curve. For 2025 withdrawals, the rate is 5.51%. The remaining benefits are valued using the same interest rates that apply for Plan minimum Funding (7.50%).

UFCW 360 Shop Rite Pension Fund
EIN: 26-4416251 PN: 001
Attachment to the 2025 Form 5500 Schedule MB

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

The following is the justification for the actuarial assumptions changed as of January 1, 2025:

- The RPA '94 Current Liability Interest Rate was changed from 3.29% to 4.01%.

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 360 SHOP RITE 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 360 SHOP RITE PENSION FUND

D Employer Identification Number (EIN)
26-4416251

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)	32,716,970
	(2) Actuarial value of assets for funding standard account	1b(2)	33,002,361
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	33,454,102
	(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)	33,454,102
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)	62,270,468
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	895,072
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1,627,094
	(3) Expected plan disbursements for the plan year	1d(3)	2,085,112

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 ANTHONY BERTOLOTTI AB — 9/14/26

Signature of actuary — Date

ANTHONY BERTOLOTTI — 2608756

Type or print name of actuary — Most recent enrollment number

KEYSTONE 74 BENEFITS AND ADMIN — 267-606-1379

Firm name — Telephone number (including area code)

3031 WALTON ROAD BUILDING B
PLYMOUTH MEETING PA 19462

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**	32,716,970
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		404	12,862,427
(2) For terminated vested participants		1,473	16,682,697
(3) For active participants:			
(a) Non-vested benefits			1,054,633
(b) Vested benefits			31,670,711
(c) Total active		2,322	32,725,344
(4) Total		4,199	62,270,468
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	52.54 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	1,894,731	0			
01/01/2026	170,801	0			

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	AF	AF
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	11.8 %	
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)**	490,000	
(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
1	336,243	35,434

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	899,999
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)**	3,568,716	609,726
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	113,229
e Total charges. Add lines 9a through 9d		**9e**	1,622,954
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	1,739,569
g Employer contributions. Total from column (b) of line 3		**9g**	2,065,532
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	1,377,406	218,005
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	217,170
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	3,629,953	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	24,368,387	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	4,240,276
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	2,617,322
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)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

UFCW 360 SHOP RITE PENSION FUND
FORM 5500, SCH. R ATTACHMENT-LINE 13E-INFORMATION ON CONTRIBUTIONS AND BASE UNITS
12/31/2025

EICKHOFF SUPERMARKETS			BASE UNIT
EIN: 25-1351148	FULL-TIME	PART-TIME	MEASURE
LESS THAN 4 YEARS OF SERVICE	47.56	20.55	MONTHLY
BETWEEN 4-10 YEARS OF SERVICE	114.49	42.86	MONTHLY
OVER 10 YEARS OF SERVICE	196.68	82.79	MONTHLY

RAVITZ STORES			BASE UNIT
EIN: 23-1862359	FULL-TIME	PART-TIME	MEASURE
LESS THAN 4 YEARS OF SERVICE	47.56	20.55	MONTHLY
BETWEEN 4-10 YEARS OF SERVICE	114.49	42.86	MONTHLY
OVER 10 YEARS OF SERVICE	196.68	82.79	MONTHLY

ZALLIE-SOMERSET STORES			BASE UNIT
EIN: 22-1995811	FULL-TIME	PART-TIME	MEASURE
LESS THAN 4 YEARS OF SERVICE	47.56	20.55	MONTHLY
BETWEEN 4-10 YEARS OF SERVICE	114.49	42.86	MONTHLY
OVER 10 YEARS OF SERVICE	196.68	82.79	MONTHLY

BROWN'S BROOKLAWN INC			BASE UNIT
EIN: 23-2795356	FULL-TIME	PART-TIME	MEASURE
LESS THAN 4 YEARS OF SERVICE	47.56	20.55	MONTHLY
BETWEEN 4-10 YEARS OF SERVICE	114.49	42.86	MONTHLY
OVER 10 YEARS OF SERVICE	196.68	82.79	MONTHLY

Federal Statements

UFCW 360 SHOP RITE PENSION FUND
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	ASB ALLEGIANCE REAL	COMMON COLLECTIVE TR	$ 1,715,000	$ 2,043,409
	VANGUARD HIGH DIVIDE	MUTUAL FUND	1,574,813	2,482,369
	VANGUARD INTERNATION	MUTUAL FUND	3,163,984	4,327,771
	VANGUARD SHORT TERM	MUTUAL FUND	4,342,481	4,848,454
	VANGUARD TOTAL BOND	MUTUAL FUND	6,429,397	6,682,465
	VANGUARD TOTAL STOCK	MUTUAL FUND	7,221,328	16,666,266
	ASB ALLEGIANCE REAL	CASH	389	389

Federal Statements

UFCW 360 SHOP RITE PENSION FUND
Plan: 001

Details supporting certification of status

Description
SEE ATTACHED