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 LOCAL 1262 & EMPLOYERS PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES UFCW LOCAL 1262 PENSION FUND

1389 BROAD STREET
CLIFTON, NJ 07013-4221

2b Employer Identification Number (EIN) 22-6074414

2c Plan Sponsor's telephone number 973-778-5800

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	HARVEY WHILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	25554
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)**	4449
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4073
b	Retired or separated participants receiving benefits	**6b**	8979
c	Other retired or separated participants entitled to future benefits	**6c**	11111
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	24163
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1040
f	Total. Add lines **6d** and **6e**.	**6f**	25203
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**	20

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

1B 1C

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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 LOCAL 1262 & EMPLOYERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES UFCW LOCAL 1262 PENSION FUND

D Employer Identification Number (EIN)
22-6074414

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)**	998632881
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1054984714
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1200740284
(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)**	1200740284
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)**	1793570816
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	15121284
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	83089692
(3)	Expected plan disbursements for the plan year	**1d(3)**	87856677

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

CHRISTIAN E. BENJAMINSON, FSA, EA

26-07015

Type or print name of actuary

Most recent enrollment number

CHEIRON, INC.

703-893-1456

Firm name

Telephone number (including area code)

701 EAST GATE DRIVE, SUITE 330
MOUNT LAUREL, NJ 08054

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	998632881
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		9750	877886876
(2) For terminated vested participants		11465	435941127
(3) For active participants:			
(a) Non-vested benefits			13629474
(b) Vested benefits			466113339
(c) Total active		4449	479742813
(4) Total		25664	1793570816
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	55.68 %

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	24993244				

	Totals ►	**3(b)**	24993244	**3(c)**	
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	51160

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	87.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] 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 [X] 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 [X] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2049

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** [X] 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 [X] No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.6 %	
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)**	3200000	
(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	26323924	2701145
4	-8244339	-845966

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)**	5
(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**	-5732097

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**	11989600

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)**	263435728		40402464
(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**	3667444
e Total charges. Add lines 9a through 9d			**9e**	56059508
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	2925464
g Employer contributions. Total from column (b) of line 3			**9g**	24993244
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	114754694		36657781
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	3645591
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	232214040		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	577542035		
(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**	68222080
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	12162572
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
UFCW LOCAL 1262 & EMPLOYERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES UFCW LOCAL 1262 PENSION FUND

D Employer Identification Number (EIN)
22-6074414

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

ENTRUSTPERMAL PARTNERS OFFSHORE LP

90-0644478

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

FIRST EAGLE INVESTMENT MANAGEMENT

57-1156902

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

CORBIN CAPITAL PARTNERS, LP

30-0299433

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

GCM GROSVENOR LP

20-3979494

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

GCM CFIG FUND PARTNERS IV LP

35-2494369

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

SEI TRUST COMPANY

06-1271230

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

NB ALTERNATIVES ADVISERS, LLC

30-0536163

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

SEGALL, BRYANT & HAMILL LLC

41-1788385

(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)

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	575677	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRED ALGER MANAGEMENT, INC.

13-2510833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	475111	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

GREAT LAKES ADVISORS

80-0292839

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	459472	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)

FIRST EAGLE INTERNATIONAL VALUE FUN

26-3497945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	415693	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	387078	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	345136	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)

CHEIRON, INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	326800	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INVESTMENT PERFORMANCE SERVICES, LL

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	275000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEVY CHASE TRUST COMPANY

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	217832	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)

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(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	209071	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN REALTY ADVISORS

33-0123114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	193475	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT GEREMINO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	185846	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)

ANN MARIE SCHOENIG

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	178011	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UFCW LOCAL 1262

22-1339607

(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?
14 50	NONE	169090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RONALD F URICKS

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	155579	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)

ASHLEY PALENCIA

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	126028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TINA MARIE GOMEZ

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	125752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DINEEN RODRIGUEZ

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	121557	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)

MICHAEL MURRAY

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	118165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SONYA IVETTE RIVERA

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	117927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEIX INVESTMENT ADVISORS, LLC

95-4191764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	110619	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADRIENNE ROAKE

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	108492	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRANK M VACCARO & ASSOCIATES, INC.

23-2148108

(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?
14 50	NONE	107898	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL,BRYANT & HAMILL LLC

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	107172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICIA PRESTO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	100173	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WENDY WEISS

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEATHER A HENDERSON

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	91976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUDINE HEDGE

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLEEN DELGADO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	85824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH MARSHALL

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79384	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)

JULIA L. FARKAS

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	74283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIA BEAUVAIS

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORRAINE LOPICCOLO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	67799	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)

JESSICA STEINFELD

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	62927	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 15 50	NONE	56026	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	55000	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)

LEANNE ROCCO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERANZE, KATZ & GAUDIOSO

23-2943773

(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	39937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARCIA RODNEY

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	38842	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)

CRYSTAL ATOCHE

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30584	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JEANETTE PICHARDO

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	29351	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOOMIS SAYLES & CO

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11378	Yes [ ] No [X]	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 LOCAL 1262 & EMPLOYERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES UFCW LOCAL 1262 PENSION FUND

D Employer Identification Number (EIN)
22-6074414

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 RE FUNDS

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6257033-006	C	23488661

a Name of MTIA, CCT, PSA, or 103-12 IE: SBH COLLECTIVE INVESTMENT TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-0835598-009	C	104973177

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-258	C	75362157

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INT'L EQUITY GROUP

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

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)
26-6493485-001	E	47703377

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

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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 LOCAL 1262 & EMPLOYERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES UFCW LOCAL 1262 PENSION FUND

D Employer Identification Number (EIN)
22-6074414

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		217905
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1514838	1516238
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2824937	22909684
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22239595	35451093
(2) U.S. Government securities	1c(2)	56626099	77891316
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	34290241	45496366
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	333227490	309672311
(5) Partnership/joint venture interests	1c(5)	328874533	292499361
(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)	112972176	203823995
(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)	65654893	47703377
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	42819413	45350222

		(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	10885	12343
1f Total assets (add all amounts in lines 1a through 1e)	1f	1001055100	1082544211
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1003968	864104
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1418251	1019414
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2422219	1883518
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	998632881	1080660693

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)	24942084	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	51160	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		24993244
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	751320	
(B) U.S. Government securities	2b(1)(B)	2452594	
(C) Corporate debt instruments	2b(1)(C)	1693727	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3593882	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8491523
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3514733	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3514733
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1240163287	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1105154780	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		135008507
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-36936186	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-36936186

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9088353
(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)		22497231
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		29437
d Total income. Add all **income** amounts in column (b) and enter total	2d		166686842
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77099133	
(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)		77099133
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)	909947	
(2) Contract administrator fees	2i(2)	107898	
(3) Recordkeeping fees	2i(3)	10000	
(4) IQPA audit fees	2i(4)	55000	
(5) Investment advisory and investment management fees	2i(5)	3992280	
(6) Bank or trust company trustee/custodial fees	2i(6)	56026	
(7) Actuarial fees	2i(7)	326800	
(8) Legal fees	2i(8)	249008	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2716	
(11) Other expenses	2i(11)	1850222	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		7559897
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		84659030
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		82027812
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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		336401344
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588345.

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 LOCAL 1262 & EMPLOYERS PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES UFCW LOCAL 1262 PENSION FUND

D Employer Identification Number (EIN)
22-6074414

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): 22-6074414

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 SHOPRITE SUPERMARKETS, INC.

b EIN 22-1705981 **c** Dollar amount contributed by employer 2486543

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 10 Day 23 Year 2027

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

a Name of contributing employer STOP & SHOP

b EIN 04-3061447 **c** Dollar amount contributed by employer 6130697

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 02 Day 12 Year 2028

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

a Name of contributing employer SAKER SUPERMARKETS

b EIN 22-1729304 **c** Dollar amount contributed by employer 3666779

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 10 Day 23 Year 2027

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

a Name of contributing employer GLASS GARDENS, INC.

b EIN 22-1579519 **c** Dollar amount contributed by employer 1615347

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 10 Day 23 Year 2027

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

a Name of contributing employer INSERRA SUPERMARKETS, INC.

b EIN 22-1710174 **c** Dollar amount contributed by employer 3273660

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 10 Day 23 Year 2027

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

a Name of contributing employer VILLAGE SUPER MARKET INC.

b EIN 22-1576170 **c** Dollar amount contributed by employer 2695840

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 10 Day 23 Year 2027

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

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 RONETCO SUPERMARKETS, INC.

b EIN 22-1655681 **c** Dollar amount contributed by employer 869844

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 10 Day 23 Year 2027

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

a Name of contributing employer S/R HUNTERDON CITY & CLINTON

b EIN 22-1716509 **c** Dollar amount contributed by employer 966359

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 10 Day 23 Year 2027

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

a Name of contributing employer SUNRISE MARKET, INC.

b EIN 22-1589183 **c** Dollar amount contributed by employer 534615

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 10 Day 23 Year 2027

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

a Name of contributing employer FOODTOWN

b EIN 22-1599744 **c** Dollar amount contributed by employer 670830

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 01 Day 18 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): _____

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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	8718
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**	8373
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**	8277

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.00
b The corresponding number for the second preceding plan year	**15b**	1.01

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: 40.9 % Private Equity: 18.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.8 %
High-Yield Debt: 9.9 % Real Assets: 11.5 % Cash or Cash Equivalents: 3.3 % Other: 4.2 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
[X] 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 [X] 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_____.

UFCW LOCAL 1262 AND EMPLOYERS PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

UFCW LOCAL 1262 AND EMPLOYERS PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
UFCW Local 1262 and
Employers Pension Fund

Opinion

We have audited the financial statements of the UFCW Local 1262 and Employers Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

Report on Supplemental Information

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

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

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

New York, New York
October 13, 2026

UFCW Local 1262 and Employers Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Short-term investments	$ 35,451,093	$ 22,239,595
United States Government and Government Agency obligations	77,891,316	56,626,099
Corporate obligations	45,496,366	34,290,241
Common stock	309,672,311	333,227,490
Limited partnerships and funds	336,401,344	369,523,701
Common collective trusts	203,823,995	112,972,176
103-12 investment entity	47,703,377	65,654,893
Municipal obligations	1,448,239	2,170,245
Total investments	1,057,888,041	996,704,440
Receivables		
Employer contributions	1,516,238	1,514,838
Due from related parties	340,712	366,631
Accrued interest and dividends	1,232,335	942,145
Securities sold and not settled	21,241,088	1,423,541
Total receivables	24,330,373	4,247,155
Other assets		
Cash	217,905	-
Property and equipment - net	12,343	10,885
Prepaid expenses	95,549	92,620
Total other assets	325,797	103,505
Total assets	1,082,544,211	1,001,055,100
Liabilities and Net Assets		
Liabilities		
Cash overdraft	-	45,034
Accounts payable and accrued expenses	864,104	958,934
Securities purchased and not settled	904,045	1,317,903
Due to related parties	74,814	59,793
SERP liability	40,555	40,555
Total liabilities	1,883,518	2,422,219
Net assets available for benefits	$ 1,080,660,693	$ 998,632,881

See accompanying notes to financial statements.

UFCW Local 1262 and Employers Pension Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 129,657,905	$ 73,829,239
Interest and dividends	12,006,256	10,795,876
	141,664,161	84,625,115
Less investment fees	(4,018,869)	(3,591,370)
Investment income - net	137,645,292	81,033,745
Employer contributions	24,942,084	25,079,588
Withdrawal liability payments	51,160	40,928
Other income	-	100,000
Total additions	162,638,536	106,254,261
Deductions		
Benefits paid to participants and beneficiaries	77,099,133	73,912,583
Administrative expenses	3,511,591	3,334,562
Total deductions	80,610,724	77,247,145
Net increase	82,027,812	29,007,116
Net assets available for benefits		
Beginning of year	998,632,881	969,625,765
End of year	$ 1,080,660,693	$ 998,632,881

See accompanying notes to financial statements.

UFCW LOCAL 1262 AND EMPLOYERS PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the UFCW Local 1262 and Employers Pension Fund (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan, established under the provisions of an Agreement and Declaration of Trust, as amended, between UFCW Local 1262 (Union) and various supermarkets located in New Jersey and New York (Employers) having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investments in coordination with its investment advisers.

Benefits - The Plan provides normal, early, vested, and disability retirement pension benefits. All persons on whose behalf the Employers are contributing to the Plan and who otherwise qualify, as defined in the Plan document, are eligible for benefits. These benefits are payable in the form of a life annuity, or joint and survivor annuity.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments in common stock and closed-end funds are carried at fair value which generally represents quoted market prices as of the last business day of the year as provided by the custodian. Investments in United States Treasuries are valued using daily bid and ask prices in an active market. Investments in Government Agency obligations, corporate obligations, and State and Local obligations are valued using a market approach based on yields currently available on comparable securities of issuers with similar credit ratings. Common collective trusts and the 103-12 investment entity are valued at their market value on the last business day of the year as established by the trusts. The limited partnerships and funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Purchases and sales of securities are recorded on a trade date basis. Interest and dividend 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.

Employer Contributions - Employer contributions due and not paid at year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded. Employer contributions are accounted for as exchange transactions.

Securities Purchased or Sold and not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed over the useful lives of the assets of 3 to 5 years by the straight-line method.

Depreciation expense totaled $6,223 and $3,885 for the years ended December 31, 2025 and 2024, respectively.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

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

NOTE 3. FUNDING

The Plan is financed by employer contributions. The employer contribution rates have been established under collective bargaining agreements entered into between the Union and the various contributing employers.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2025.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on September 28, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy, the major categories of the investments measured at fair value at December 31, 2025 and 2024:

	Fair Value Measurements at December 31, 2025			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 35,451,093	$ 35,451,093	$ -	$ -
United States Government and Government Agency obligations	77,891,316	60,254,729	17,636,587	-
Corporate obligations	45,496,366	-	45,496,366	-
Common stock	309,672,311	309,672,311	-	-
Municipal obligations	1,448,239	-	1,448,239	-
Total assets in the fair value hierarchy	469,959,325	$ 405,378,133	$ 64,581,192	$ -
Investments measured at NAV * (1)	587,928,716			
Total investments	$ 1,057,888,041			

(1) One limited partnership and two common collective trusts account for 23.9% of net assets at December 31, 2025.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 22,239,595	$ 22,239,595	$ -	$ -
United States Government and Government Agency obligations	56,626,099	42,948,777	13,677,322	-
Corporate obligations	34,290,241	-	34,290,241	-
Common stock	333,227,490	333,227,490	-	-
Municipal obligations	2,170,245	-	2,170,245	-
Total assets in the fair value hierarchy	448,553,670	$ 398,415,862	$ 50,137,808	$ -
Investments measured at NAV * (1)	548,150,770			
Total investments	$ 996,704,440			

(1) Four limited partnerships, one common collective trust, and the 103-12 investment entity account for 41.5% of net assets at December 31, 2024.

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share as practical expedient at December 31, 2025 and 2024:

December 31, 2025	Fair Value	Commitments	Frequency	Notice Period
Limited partnerships and funds:				
American Core Realty Fund	$ 20,158,951	$ -	Quarterly (a)	10 days (a)
Boyd Watterson State Government Fund, LP	48,887,562	-	Quarterly (b)	60 days (b)
Corbin ERISA Opportunity Fund, LP	34,832,846	-	Quarterly (c)	65 days (c)
EnTrust Capital Diversified Fund, Ltd.	956,172	-	(d)	(d)
EnTrust Global Special Opportunities E Fund, Ltd	42,945,811	-	(e)	(e)
First Eagle International Value Fund, LP	46,205,635	-	Monthly (f)	10 days (f)
GCM Grosvenor Private Credit Fund, LP	5,269,279	19,841,993	(g)	(g)
Grosvenor Opportunities Feeder Fund II, LP	29,434,760	13,116,133	(g)	(g)
Grosvenor Opportunities Feeder Fund III, LP	17,590,400	10,878,658	(g)	(g)
NB Crossroads Fund 24 Plan LP	11,976,457	5,250,000	(h)	(h)
U.S. Real Estate Investment Fund, LLC	78,143,471	-	Quarterly (i)	90 days (i)
Common collective trusts:				
ASB Allegiance Real Estate Fund^	23,488,661	-	Quarterly	60 days
Northern Trust Collective Russell 1000 Growth Index Fund - Lending	75,362,157	-	Daily	1 busimess day
Segall Bryant & Hamill Quality High Yield Fund^	104,973,177	-	Daily	5 days
103-12 investment entity:				
Johnston International Equity Group Trust Fund^	47,703,377	-	Monthly (j)	10 days (j)
Total	$ 587,928,716	$ 49,086,784		

December 31, 2024	Fair Value	Commitments	Frequency	Notice Period
Limited partnerships and funds:				
American Core Realty Fund	$ 20,108,592	$ -	Quarterly (a)	10 days (a)
Boyd Watterson State Government Fund, LP	49,280,009	-	Quarterly (b)	60 days (b)
Corbin ERISA Opportunity Fund, LP	65,527,203	-	Quarterly (c)	65 days (c)
EnTrust Capital Diversified Fund, Ltd.	1,268,497	-	(d)	(d)
EnTrust Global Special Opportunities E Fund, Ltd	39,380,671	-	(e)	(e)
First Eagle International Value Fund, LP	66,970,536	-	Monthly (f)	10 days (f)
Grosvenor Opportunities Feeder Fund II, LP	27,853,606	13,624,316	(g)	(g)
Grosvenor Opportunities Feeder Fund III, LP	14,102,750	13,421,833	(g)	(g)
NB Crossroads Fund 24 Plan LP	6,816,748	8,850,000	(h)	(h)
U.S. Real Estate Investment Fund, LLC	78,215,089	-	Quarterly (i)	90 days (i)
Common collective trusts:				
ASB Allegiance Real Estate Fund^	24,612,912	-	Quarterly	60 days
Segall Bryant & Hamill Quality High Yield Fund^	88,359,264	-	Daily	5 days
103-12 investment entity:				
Johnston International Equity Group Trust Fund^	65,654,893	-	Monthly (j)	10 days (j)
Total	$ 548,150,770	$ 35,896,149		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

^ The ASB Allegiance Real Estate Fund, Northern Trust Collective Russell 1000 Growth Index Fund – Lending, Segall Bryant & Hamill Quality High Yield Fund, and Johnston International Equity Group Trust Fund are Direct Filing Entities (DFEs).

(a) The American Core Realty Fund is an open-end diversified core real estate commingled fund whose primary objective is to provide returns that are attractive relative to other asset classes with stable income and the potential for market appreciation. The Fund invests primarily in core institutional quality industrial, residential, office, and retail properties located throughout the United States. Requests for redemptions of units in the Fund may be made at any time and are effective at the end of the calendar quarter in which the request is received by the Investment Manager. The units that are subject to a redemption notice may be redeemed in installments as funds become available for such purpose and the redemption price will be the value per unit determined based on the Investment Manager's estimate of fair value of the Fund's net assets as computed under generally accepted accounting principles at such time that each payment is made. Although the Investment Manager is required to use reasonable efforts to cause the Fund to pay the redemption price as soon as practicable after the effective date of the request, redemptions are subject to the availability of cash flow arising from investment transactions, sales and other Fund operations occurring in the normal course of business. The Investment Manager is not required to liquidate or encumber assets or defer investments in order to make redemptions.

(b) The Boyd Watterson State Government Fund, LP is a Limited Partnership whose investment objective is to provide income stability and capital preservation while seeking to deliver excess returns with moderate risk over market cycles by acquiring investments consisting primarily of office and industrial properties that will be leased to State Government Tenants. Partners may request to redeem all or a portion of their units by delivering written notice stating the number of units to be redeemed. Unless waived by the General Partner, partial redemptions of units shall only be permitted in increments of $250,000 and shall not be permitted for amounts less than $250,000. Units may be redeemed on a quarterly basis at the NAV per unit as of the last day of the applicable calendar quarter less any applicable redemption fees. Redemption requests (and the request to rescind a prior redemption request) shall be made no later than sixty (60) days prior to, and will be effective as of the last day of a calendar quarter.

(c) The Corbin ERISA Opportunity Fund, LP is a Limited Partnership whose investment objective is to achieve a substantial return on capital through opportunistic investments primarily in a broad range of public and private credit instruments, with an expected emphasis on corporate credit securities, asset-backed securities, mortgage-backed securities, commercial real estate, structured credit and collateralized loan obligations. A Limited Partner may generally, as of any calendar quarter-end, upon at least 65 days' prior written notice, withdraw an amount up to, but not exceeding, 25% of the balance of any capital account. In order to make a complete withdrawal, a Limited Partner must, upon at least 65 days' prior written notice for each withdrawal date, request to withdraw the maximum allowable amount on four consecutive withdrawal dates.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

A complete withdrawal will be effected as follows: (i) on the first withdrawal Date, a Limited Partner will be eligible to withdraw an amount equal to 25% of the balance of such Capital Account, measured as of such Withdrawal Date; (ii) on the next Withdrawal Date (i.e., the second consecutive Withdrawal Date), a Limited Partner will be eligible to withdraw 33.33% of the balance of such Capital Account, measured as of such Withdrawal Date; (iii) on the next Withdrawal Date (i.e., the third consecutive Withdrawal Date), a Limited Partner will be eligible to withdraw 50% of the balance of such Capital Account, measured as of such Withdrawal Date and (iv) on the next Withdrawal Date (i.e., the fourth consecutive Withdrawal Date), a Limited Partner will be eligible to withdraw the entire balance of such Capital Account (subject to any applicable holdback).

(d) The EnTrust Capital Diversified Fund, Ltd. represents the Plan's investment in a portfolio of defaulted bonds issued by the Republic of Peru. The investment is illiquid and can only be redeemed subject to the determination of the investment manager considering the investment's settlement with the Peruvian government. The hedge fund of funds' objective is to seek above-average rates of return and long-term capital growth through investment as a fund of funds in or with a diversified portfolio of private investment entities and/or separately managed accounts managed by investment managers selected by the advisor (EnTrust Global Partners Offshore, LP).

(e) The EnTrust Global Special Opportunities E Fund, Ltd is an exempted company incorporated in the Cayman Islands. The Fund invests all its net assets in the EnTrust Global Special Opportunities E Master Fund LP under a master-feeder arrangement. The Fund's investment objective is to achieve above-average rates of return and long-term growth by investing in highly attractive, select investment opportunities through private investment entities and/or separately managed accounts. As of December 31, 2025, the Fund had a 100% interest in the Master Fund. Each capital commitment is subject to an initial commitment period of one year during which capital may be drawn down. Redemptions may take place as of the close of business on the last day of any calendar quarter, or any other date determined by the Fund's board of directors in its sole discretion. The first redemption date shall be on the last day following the expiration of the commitment period. In order to effect a redemption, a shareholder is required to provide not less than 45 days' written notice.

(f) The First Eagle International Value Fund, LP is a limited partnership whose investment objective is to seek capital appreciation by investing primarily in equity securities (and securities convertible into equity securities) issued by non-U.S. issuers. The investment philosophy and strategy of the partnership can be broadly characterized as a value approach. In general, a Limited Partner may, upon at least 10 days' prior written notice, request the redemption of some or all of the Units held by such Limited Partner effective as of the last day of each month, subject to the discretion of the General Partner to waive or modify any terms related to redemptions for any Limited Partner. In general, redemptions of Units representing less than 90% of a Limited Partner's Capital Account will be paid in full to the Limited Partner within 5 days of the relevant redemption date. A Limited Partner who redeems Units representing 90% or more the Limited Partner's Capital Account will generally be paid 90% of the redemption proceeds within 5 business days of the relevant redemption date, with the remaining 10% to be remitted promptly after the final calculation of the Net Asset Value per Unit of the Units redeemed without interest for the period from such redemption date to the payment date.

(g) The Grosvenor Secondary Opportunities Feeder Fund II, LP and Grosvenor Secondary Opportunities Feeder Fund III, LP are limited partners as a feeder vehicle to the GCM Grosvenor Secondary Opportunities Fund II, LP and the GCM Grosvenor Secondary Opportunities Fund III, LP, respectively. The feeder vehicles have no voluntary redemptions and will exist so long as the Master Funds are in existence. The Master Funds' objectives are to identify potential investments, hold, finance, manage and dispose of investments in the terms of the restated limited partnership agreement. The investments shall be dissolved or wound up on the tenth anniversary of the Final Admission Date and may be extended for up to two successive one-year periods following the expiration of such initial term and thereafter.

The GCM Grosvenor Private Credit Fund, LP is a limited partnership whose investment objective is to seek capital appreciation by investing primarily in a diversified portfolio of private, non-bank debt investments and corporate loan obligations. To provide a limited degree of liquidity, the partnership may from time to time offer to repurchase shares pursuant to written requests at the sole discretion of the Board of Directors. These investments are subject to liquidity constraints and an extended notice period.

(h) The NB Crossroads Fund 24 Plan LP invests substantially all of its assets in NBFOF 24 Holdings LP, which in turn invests substantially all of its assets in the NB Master Holding Funds, a group of closed-ended investment partnerships that are formed for the purpose of acquiring, holding, selling, and exchanging, either directly or indirectly, interests in limited partnerships or other pooled investment vehicles that are organized to make investments in large-cap buyout, mid-cap buyout, special situations, and venture/growth capital investment funds, as well as securities, including co-investments. The partnership will continue until December 31, 2031, unless earlier dissolved or extended pursuant to the limited partnership agreement.

(i) The U.S. Real Estate Investment Fund, LLC is an open-end, commingled real estate investment fund, whose investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and on value-added investments. Each member may request redemption of its interests quarterly, provided that the member has no unfunded commitments outstanding. Notice of redemption to the Investment Manager will be effective as of the first calendar quarter end upon or after the expiration of the 90-day notice period.

(j) The Johnston International Equity Group Trust Fund was established to permit qualified retirement plans and certain governmental plans to commingle their assets for investment purposes and invests primarily in publicly traded foreign securities. In order to withdraw all or part of its interest in the Fund, a Participating Trust must notify the Investment Manager at least ten (10) Business Days prior to the relevant Valuation Date (or such shorter period as may be determined by the Investment Manager with the consent of the Trustee, which shall not be unreasonably withheld). The Valuation Date shall mean the last business day of each month. Any withdrawal shall be as of the close of business on such Valuation Date. Payment of proceeds upon withdrawal will be made as soon as practicable after such Valuation Date (generally within five (5) Business Days), but may be delayed (with no interest or other obligation arising from such delay) if the Investment Manager determines that it cannot reasonably make such distribution on account of any legal impediment or any other cause reasonably beyond its control.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

A portion of such withdrawal may be withheld to secure the payment of compensation and expenses of the Trustee or the Investment Manager due or to become due with respect to the Participating Trust. The Fund reserves the right to suspend redemptions in the event of significant communication or market events.

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- UFCW Local 1262 AFL-CIO
- UFCW Local 1262 and Employers Health and Welfare Fund
- UFCW Local 1262 and ShopRite Welfare Fund
- UFCW Local 1262 Retail Non-Food Industry Pension Fund

All of the above entities qualify as tax-exempt organizations.

The entities listed above share common trustees or officers with this plan.

Common Administrative Expenses

The related funds share administrative services and staff. Joint administrative expenses are initially paid directly by the Plan and allocated to related entities for reimbursement. Joint administrative expenses are allocated on a basis approved by the Plan's Trustees. The Plan's share of administrative expenses for the years ended December 31, 2025 and 2024 was $1,218,847 and $1,182,149, respectively.

As of December 31, 2025 and 2024, the amounts due to the Plan from each of the related entities were as follows:

	2025	2024
UFCW Local 1262	$ 6,914	$ 8,552
Health and Welfare Fund	124,326	134,022
ShopRite Welfare Fund	209,472	224,057
	$ 340,712	$ 366,631

The related funds also share computer and payroll audit fees, which are initially paid by UFCW Local 1262 (the Union). The Plan's share of computer fees for the years ended December 31, 2025 and 2024 totaled $126,815 and $107,052, respectively. As of December 31, 2025 and 2024, the Plan owed the Union $7,314 and $6,736, respectively, for computer fees. The Plan's share of payroll audit fees totaled $10,000 for each of the years ended December 31, 2025 and 2024. As of December 31, 2025 and 2024, the Plan owed the Union $50,000 and $40,000, respectively, for payroll audit fees.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

Shared Occupancy

The Union established the Liaison Employee position to facilitate better communication between the Funds, Union, participants, and beneficiaries. The Plan's share of Liaison Employee expense for the year ended December 31, 2025 and 2024 totaled $32,275 and $28,873, respectively. As of December 31, 2025 and 2024, the Plan owed the Union $2,295 and $953 for Liaison Employee expense, respectively.

The Plan leases space on a month-to-month basis from a related entity, UFCW Local 1262 (the Union). The Plan's rent expense for the years ended December 31, 2025 and 2024 was $46,739 and $46,370, respectively.

Benefits

The Plan participates in certain employee benefit plans through the common expense allocation with the Pension Fund. Fund office personnel are employees of the Plan.

Contribution expenses allocable to benefit plans during the years ended December 31, 2025 and 2024 consisted of the following:

	2025	2024
UFCW Local 1262 and Employers Health and Welfare Fund	$ 161,689	$ 152,472
UFCW Local 1262 and Employers Pension Fund	45,044	45,636
Other	875	825
	$ 207,608	$ 198,933

The related funds are also parties to an unfunded deferred compensation plan, the UFCW Local 1262 and Employers Trust Funds Supplemental Executive Retirement Plan (SERP). The SERP provides a fixed lifetime monthly benefit upon retirement. The Plan's share of the estimated present value of the vested benefit obligation is $40,555.

The Plan owed $15,205 and $12,104 to the Health and Welfare Fund for employee benefit coverage at December 31, 2025 and 2024, respectively.

Certain Plan investments are shares of short-term investments managed by U.S. Bank. U.S. Bank is the Trustee, as defined by the Plan, and therefore, transactions of these investments qualify as party-in-interest transactions. These investments and related transactions have been denoted as such on the supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions.

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

NOTE 8. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2025 as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	$ 659,527,889
Other benefits	531,090,023
	1,190,617,912
Nonvested benefits	10,122,372
	1,200,740,284
Present value of expected administrative expenses	44,427,391
Total actuarial present value of accumulated plan benefits	$ 1,245,167,675

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended January 1, 2025 were as follows:

Actuarial present value of accumulated plan benefits as of beginning of year (without expected administrative expenses of $42,911,766)	$ 1,191,993,499
Increase (decrease) during the year attributable:	
Actuarial experience (gains) and losses	90,800
Increase for interest	81,504,212
Benefits paid	(73,912,583)
Benefits accumulated	9,308,695
Changes in assumptions	(8,244,339)
Net increase	8,746,785
Present value at end of year without administrative expenses	1,200,740,284
Present value of expected administrative expenses	44,427,391
Actuarial present value of accumulated plan benefits as of end of year	$ 1,245,167,675

The actuarial cost method used in the valuation is the Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2025 valuation were:

- Mortality rates:

  Non-Annuitants: Pri-2012 Blue Collar Employee Mortality Table with generational mortality improvement using IRS 2024 Adjusted Scale MP-2021.

NOTE 8. ACTUARIAL INFORMATION (continued)

Healthy participants: Pri-2012 Blue Collar Non-Disabled Table (adjusted 120% for males and 105% for females) with generational mortality improvement using IRS 2024 Adjusted Scale MP-2021 (previously RP-2000 Combined Blue Collar Mortality Table projected to 2019 for males and females).

Disabled participants: Pri-2012 Disabled Retiree Mortality Table with generational mortality improvement using IRS 2024 Adjusted Scale MP-2021 (previously 1985 Society of Actuaries Mortality Table for Disabled Lives).

- Current liability interest rate: 4.01% (previously 3.29%).
- Net investment rate of return: 7.00%
- Retirement age assumption

  The Plan was valued assuming active participants will retire according to the following rates:

Age	Service Less Than 30	Service Greater or Equal to 30*
55	2%	15%
56-59	2%	5%
60-61	2%	5%
62-64	8%	10%
65	12%	25%
66-69	12%	20%
70	15%	30%
71	100%	100%

*Note that service greater than or equal to 30 rates only apply to participants hired before April 16, 2005.

For purposes of calculating the withdrawal liability, the interest rates were the PBGC select and ultimate rates as of December prior to the valuation date – interest rates based on ERISA §4044 Yield Curve as of December 31, 2024 (previously 5.06% for the first 20 years and 4.37% thereafter).

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

NOTE 8. ACTUARIAL INFORMATION (continued)

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2025 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2025.

Under the Pension Protection Act of 2006, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2025, the actuary reported, under the Pension Protection Act of 2006, that the Plan remained in critical status. That is the same status as the prior year and is re-determined annually. The Plan will remain in critical status until it can be certified that both (1) there is no projected accumulated funding deficiency for 10 years and (2) the Plan is not projected to become insolvent within 30 years.

NOTE 9. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2025 and 2024:

	2025	2024
Furniture and fixtures	$ 45,572	$ 45,468
Leasehold improvements	2,164	2,164
Computer equipment	96,380	88,803
	144,116	136,435
Less: accumulated depreciation	(131,773)	(125,550)
Property and equipment - net	$ 12,343	$ 10,885

NOTE 10. REHABILITATION PLAN UNDER THE PENSION PROTECTION ACT OF 2006 (PPA) AND MULTIEMPLOYER PENSION REFORM ACT OF 2014 (MPRA)

Effective January 1, 2015, the Plan was certified by its actuary to be in critical status, within the meaning of the Pension Protection Act of 2006 (PPA) as updated by the Multiemployer Pension Reform Act of 2014 (MPRA). Under the PPA as updated by MPRA, if a pension plan enters critical status, the Trustees of the Plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan's funding status. The Trustees adopted, and have annually updated, a rehabilitation plan, as required by the PPA as updated by MPRA, beginning in 2008 when the Plan was first certified as being in critical status.

A new rehabilitation plan was created in 2017 with adjusted annual contribution rate increases. The rehabilitation period began on January 1, 2020 and will end on December 31, 2029. The rehabilitation plan is updated annually.

NOTE 11. RISKS AND UNCERTAINTIES

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

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

From time to time, the Plan is involved in litigation. Generally, the results of such litigation would not have a material financial impact on the operations of the Plan.

NOTE 12. WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980 (MPPAA), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. The Plan's actuary has advised the Plan that as of January 1, 2025, the Plan has an estimated unfunded vested liability of $361,866,831 for withdrawal liability purposes.

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

UFCW Local 1262 and Employers Pension Fund

Schedules of Administrative Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Pension Benefit Guaranty Corporation premiums	$ 1,002,339	$ 962,222
Payroll	647,993	633,656
Actuarial fees	326,800	298,405
Outside data processing	272,557	212,389
Legal fees	249,008	252,060
Employee benefits	207,608	198,933
Insurance	152,063	146,458
Computer	142,272	122,507
Third Party Administration	107,898	103,748
Postage	98,509	92,029
Auditing	55,000	55,000
Payroll taxes	54,346	54,691
Rent	46,739	46,370
Consulting	45,729	41,427
Communication to participants	34,064	44,289
Office	19,250	19,919
Telephone	16,530	19,680
Office equipment rental	11,371	12,559
Payroll audits	10,000	10,000
Depreciation	6,223	3,885
Conferences and meetings	2,716	2,033
Printing	2,576	2,302
Total administrative expenses	$ 3,511,591	$ 3,334,562

See accompanying notes to financial statements.

UFCW Local 1262 and
Employers Pension Fund

Schedule of Assets Held at End of Year

December 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 22-6074414
Plan No. 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest		Par / Maturity Value or Shares	Cost	Current Value
	Short-term investments:							
*	First American Government Obligations Fund	MMA	Demand	Variable	%	2,153,684	$ 2,153,684	$ 2,153,684
*	First American Treasury Obligations Fund	MMA	Demand	Variable		30,097,650	30,097,650	30,097,650
	SEI Daily Income Government Fund	MMA	Demand	Variable		1,025	1,025	1,025
	Wells Fargo Treasury Plus Money Market Fund	MMA	Demand	Variable		3,198,734	3,198,734	3,198,734
	Total short-term investments						35,451,093	35,451,093
	United States Government & Government Agency obligations:							
	Federal Home Loan Mortgage Corporation	Bond	03/25/26	2.673		313,508	319,896	312,323
	Federal Home Loan Mortgage Corporation	Bond	01/25/27	3.470		396,000	391,932	394,190
	Federal Home Loan Mortgage Corporation	Bond	07/01/29	2.500		38,888	39,023	38,282
	Federal Home Loan Mortgage Corporation	Bond	10/01/29	3.000		32,776	34,068	32,338
	Federal Home Loan Mortgage Corporation	Bond	09/01/30	3.000		29,917	31,015	29,424
	Federal Home Loan Mortgage Corporation	Bond	12/01/30	3.000		36,724	38,233	36,082
	Federal Home Loan Mortgage Corporation	Bond	06/25/32	2.920		385,000	346,705	356,395
	Federal Home Loan Mortgage Corporation	Bond	07/15/32	6.250		535,000	619,560	605,957
	Federal Home Loan Mortgage Corporation	Bond	04/01/37	2.500		199,151	184,495	189,100
	Federal Home Loan Mortgage Corporation	Bond	08/01/37	4.000		109,256	106,990	107,971
	Federal Home Loan Mortgage Corporation	Bond	09/01/37	4.500		227,856	229,151	228,066
	Federal Home Loan Mortgage Corporation	Bond	10/01/37	4.000		178,422	177,842	176,166
	Federal Home Loan Mortgage Corporation	Bond	10/01/37	4.500		440,340	439,276	441,137
	Federal Home Loan Mortgage Corporation	Bond	02/01/38	5.500		279,399	277,919	286,749
	Federal Home Loan Mortgage Corporation	Bond	03/01/38	4.500		53,075	52,217	53,170
	Federal Home Loan Mortgage Corporation	Bond	03/01/38	5.000		277,832	278,497	281,779
	Federal Home Loan Mortgage Corporation	Bond	07/01/38	5.000		248,443	250,470	251,973
	Federal Home Loan Mortgage Corporation	Bond	10/01/38	6.000		164,429	169,670	170,771
	Federal Home Loan Mortgage Corporation	Bond	04/01/39	5.000		288,218	287,768	292,169
	Federal Home Loan Mortgage Corporation	Bond	05/01/39	5.000		508,372	511,787	514,971
	Federal Home Loan Mortgage Corporation	Bond	08/01/39	5.500		144,377	147,445	148,067
	Federal Home Loan Mortgage Corporation	Bond	10/01/39	5.500		401,585	409,342	414,368
	Federal Home Loan Mortgage Corporation	Bond	12/01/39	4.000		660,007	642,727	651,665
	Federal Home Loan Mortgage Corporation	Bond	12/01/39	5.000		22,731	22,932	23,034
	Federal Home Loan Mortgage Corporation	Bond	01/01/40	4.000		127,675	125,007	126,061
	Federal Home Loan Mortgage Corporation	Bond	05/01/40	5.000		266,519	268,761	269,984
	Federal Home Loan Mortgage Corporation	Bond	06/01/40	4.500		541,631	541,087	541,945
	Federal Home Loan Mortgage Corporation	Bond	05/01/48	4.000		239,126	230,233	231,347
	Federal Home Loan Mortgage Corporation	Bond	09/01/52	4.500		365,389	361,792	358,523
	Federal Home Loan Mortgage Corporation	Bond	09/01/52	5.000		582,666	580,299	584,985
	Federal Home Loan Mortgage Corporation	Bond	10/01/52	4.500		118,497	116,007	116,165
	Federal Home Loan Mortgage Corporation	Bond	11/01/52	5.500		267,526	264,642	272,374
	Federal Home Loan Mortgage Corporation	Bond	12/01/52	6.000		166,081	169,455	173,651
	Federal Home Loan Mortgage Corporation	Bond	11/01/53	6.000		159,382	157,682	164,484
	Federal Home Loan Mortgage Corporation	Bond	09/01/54	6.000		234,720	237,068	242,241
	Federal National Mortgage Association	Bond	05/01/28	2.500		25,859	25,625	25,477
	Federal National Mortgage Association	Bond	02/01/28	4.035		937,000	915,779	938,087
	Federal National Mortgage Association	Bond	11/01/29	3.000		35,680	37,057	35,162

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest		Par / Maturity Value or Shares	Cost	Current Value
United States Government & Government Agency obligations (continued):							
Federal National Mortgage Association	Bond	08/01/30	1.460	%	605,000	$ 521,056	$ 537,549
Federal National Mortgage Association	Bond	08/05/30	0.875		660,000	603,964	582,311
Federal National Mortgage Association	Bond	11/15/30	6.625		535,000	631,183	603,234
Federal National Mortgage Association	Bond	08/01/32	3.000		85,581	86,816	83,576
Federal National Mortgage Association	Bond	07/01/37	3.500		118,044	118,847	114,796
Federal National Mortgage Association	Bond	07/01/37	4.000		388,362	385,928	383,795
Federal National Mortgage Association	Bond	09/01/37	4.000		17,329	16,977	17,125
Federal National Mortgage Association	Bond	10/01/37	5.000		116,861	117,654	118,397
Federal National Mortgage Association	Bond	11/01/37	4.000		329,431	325,312	325,557
Federal National Mortgage Association	Bond	04/01/38	5.500		241,932	243,914	248,297
Federal National Mortgage Association	Bond	04/01/38	4.500		120,324	119,692	120,542
Federal National Mortgage Association	Bond	05/01/38	5.000		218,556	219,123	221,662
Federal National Mortgage Association	Bond	08/01/38	5.500		94,729	96,179	97,135
Federal National Mortgage Association	Bond	09/01/38	6.000		393,799	399,176	408,984
Federal National Mortgage Association	Bond	01/01/40	4.000		261,155	257,320	257,854
Federal National Mortgage Association	Bond	01/01/40	4.500		446,878	443,717	447,137
Federal National Mortgage Association	Bond	10/01/52	5.000		451,724	439,442	454,253
Federal National Mortgage Association	Bond	01/01/53	5.000		353,644	348,450	355,724
Federal National Mortgage Association	Bond	11/01/54	5.000		857,341	862,967	865,812
Federal National Mortgage Association	Note	08/01/52	5.000		553,090	559,399	557,703
Federal National Mortgage Association	Note	10/01/53	6.000		81,010	79,643	83,586
Government National Mortgage Association	Note	03/15/43	3.500		679,289	622,187	634,925
United States Treasury	Note	08/15/26	1.500		505,000	492,608	498,621
United States Treasury	Note	11/15/26	2.000		850,000	816,209	838,772
United States Treasury	Note	01/15/28	4.250		3,921,000	3,948,441	3,978,756
United States Treasury	Note	02/15/28	2.750		850,000	862,092	837,182
United States Treasury	Note	04/15/28	3.750		9,843,000	9,847,742	9,894,184
United States Treasury	Note	07/15/28	3.875		3,275,000	3,298,509	3,302,641
United States Treasury	Note	10/15/28	3.500		3,165,000	3,166,368	3,161,772
United States Treasury	Note	11/15/28	3.125		225,000	217,889	222,487
United States Treasury	Note	05/15/29	2.375		785,000	794,234	754,762
United States Treasury	Note	06/30/29	4.250		3,712,000	3,780,163	3,790,435
United States Treasury	Note	12/31/29	4.375		4,078,000	4,128,681	4,186,964
United States Treasury	Note	02/15/30	1.500		725,000	692,641	665,927
United States Treasury	Note	06/30/30	3.875		10,048,000	10,085,996	10,123,762
United States Treasury	Note	08/15/30	0.625		1,160,000	1,059,687	1,009,386
United States Treasury	Note	09/30/30	3.625		374,000	373,539	372,553
United States Treasury	Note	10/15/30	1.125		3,680,880	3,672,155	3,624,489
United States Treasury	Note	11/30/30	4.375		875,000	892,768	900,191
United States Treasury	Note	02/15/31	1.125		415,000	369,505	365,378
United States Treasury	Note	07/31/31	4.125		885,000	904,868	899,381
United States Treasury	Note	08/15/31	1.250		1,565,000	1,389,234	1,363,444
United States Treasury	Note	08/15/32	2.750		1,135,000	1,033,352	1,057,990
United States Treasury	Note	11/15/32	4.125		1,425,000	1,451,591	1,441,316
United States Treasury	Note	05/15/33	3.375		1,410,000	1,359,518	1,355,532
United States Treasury	Note	02/15/34	4.000		1,750,000	1,718,591	1,744,540
United States Treasury	Note	02/15/35	4.625		1,385,000	1,428,205	1,437,644
United States Treasury	Note	11/15/35	4.000		2,462,000	2,445,097	2,426,620
Total United States Government & Government Agency obligations						77,768,083	77,891,316
Corporate obligations:							
Abbott Laboratories	Bond	11/30/26	3.750		510,000	536,049	509,985
AbbVie Inc	Bond	03/15/31	4.950		229,000	231,371	236,784
Air Products and Chemicals Inc	Bond	02/08/34	4.850		407,000	409,586	413,785
Aircastle	Bond	02/15/29	5.950		113,000	113,527	117,598
Alphabet Inc	Bond	11/15/30	4.100		304,000	304,212	304,933

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Corporate obligations (continued):						
Amazon.com Inc	Bond	08/22/27	3.150 %	306,000	$ 314,757	$ 303,512
Amazon.com Inc	Bond	11/20/28	3.900	259,000	259,478	259,793
American Airlines	Bond	07/15/29	3.575	163,001	157,509	161,272
American Express	Bond	09/16/30	5.150	170,000	169,931	175,697
American Express Co	Bond	04/25/31	5.016	438,000	442,641	451,381
American Water Capital Corp	Bond	03/01/35	5.250	297,000	298,027	306,168
Amgen Inc	Bond	03/02/33	5.250	444,000	447,400	459,611
Amphenol Corp	Bond	03/30/26	4.750	90,000	89,664	90,168
Amphenol Corp	Bond	11/15/28	3.900	193,000	192,790	192,788
Amphenol Corp	Bond	11/15/30	4.125	430,000	427,392	427,747
Anheuser-Busch InBev	Bond	01/23/29	4.750	440,000	460,619	448,870
Apple Inc	Bond	05/12/32	4.500	529,000	530,424	540,913
Applied Materials Inc	Bond	06/15/29	4.800	270,000	272,687	276,720
AT&T Inc	Bond	06/01/27	2.300	465,000	443,772	454,370
Automatic Data Processing Inc	Bond	09/09/34	4.450	332,000	329,688	330,997
Avery Dennison Corp	Bond	12/06/28	4.875	480,000	502,107	490,205
Avalon Holdings Funding Ltd	Bond	01/30/31	4.700	148,000	147,506	147,047
BAE Systems	Bond	03/26/34	5.300	200,000	198,942	207,110
Bank of America Corp	Bond	01/20/28	3.824	371,000	381,745	370,110
Bank of America Corp	Bond	11/15/28	4.980	310,000	313,079	313,218
Bank of America Corp	Bond	06/14/29	2.087	329,000	316,777	313,833
Bank of America Corp	Bond	10/20/32	2.572	200,000	187,144	180,380
Boardwalk Pipelines	Bond	02/15/31	3.400	162,000	155,565	153,273
Boardwalk Pipelines	Bond	07/15/27	4.450	36,000	35,613	36,131
BorgWarner Inc	Bond	08/15/34	5.400	155,000	155,143	159,834
BP Capital Markets America Inc	Bond	02/13/33	4.812	217,000	216,722	219,762
Brown & Brown Inc	Bond	06/23/35	5.550	134,000	134,156	137,398
Brown Forman Corp	Bond	04/15/33	4.750	270,000	271,778	273,683
Canadian National Railway	Bond	07/15/28	6.900	415,000	519,063	445,133
Canadian Pacific Railway Co	Bond	06/01/28	4.000	482,000	476,572	482,154
Capital One Financial Corp	Bond	08/15/28	2.060	215,000	210,624	212,695
Capital One Financial Corp	Bond	09/16/30	3.820	195,000	194,963	195,111
Caterpillar Inc	Bond	11/15/29	4.700	357,000	366,776	366,275
CBOE Global Markets Inc	Bond	12/15/30	1.625	570,000	522,613	505,465
CenterPoint Energy	Bond	06/15/40	4.826	130,000	129,997	128,749
Chevron USA Inc	Bond	02/26/28	4.475	435,000	436,605	441,764
Cintas Corp	Bond	04/01/27	3.700	570,000	587,442	568,946
Citibank Credit	Bond	06/21/32	4.490	180,000	179,946	183,478
Comcast Corp	Bond	10/15/30	4.250	370,000	363,251	370,144
ConocoPhillips	Bond	01/15/30	4.700	472,000	474,957	480,855
Consumers Energy	Bond	09/01/31	5.210	75,000	74,968	77,315
Consumers Energy Co	Bond	02/15/29	4.900	442,000	448,682	453,174
Cummins Inc	Bond	02/20/34	5.150	334,000	340,982	345,760
Daimler Truck Financial	Bond	03/15/27	5.900	107,865	107,927	108,375
Daimler Truck Financial	Bond	12/14/31	2.500	153,000	151,874	136,452
Darden Restaurants	Bond	05/01/27	3.850	459,000	452,410	457,825
Dell International LLC / EMC Corp	Bond	04/01/32	5.300	516,000	518,725	530,716
Dominion Energy	Bond	01/15/35	5.300	285,000	288,601	294,624
DTE Energy Co	Bond	10/01/35	5.050	242,000	241,603	241,555
Duke Energy	Bond	01/15/34	4.850	299,000	297,554	302,672
Eaton Corp	Bond	03/15/33	4.150	371,000	356,252	365,068
Ecolab Inc	Bond	01/15/28	5.250	325,000	330,850	333,687
Ecolab Inc	Bond	06/15/28	4.300	181,000	181,591	182,895
Emerson Electric Co	Bond	10/15/27	1.800	315,000	309,283	304,759
Enact Holdings Inc	Bond	05/28/29	6.250	110,000	110,965	115,125
Energy Transfer LP	Bond	04/01/35	5.700	263,000	263,644	272,239
EOG Resources Inc	Bond	07/15/32	5.000	381,000	384,129	390,254

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Corporate obligations (continued):						
Essent Group Ltd	Bond	07/01/29	6.250 %	125,000	$ 125,925	$ 130,474
Exxon Mobil	Bond	08/16/29	2.440	171,000	166,436	163,255
Ferguson Inc	Bond	10/03/34	5.000	280,000	277,044	282,416
Florida Power Co	Bond	04/01/28	5.050	550,000	558,562	563,893
Arthur J Gallagher Co	Bond	12/15/29	4.850	114,000	114,327	116,654
GATX Corp	Bond	06/15/35	5.500	231,000	231,001	236,710
General Motors Financial Corp	Bond	05/08/27	5.400	460,000	465,725	467,535
Georgia Pacific Corp	Bond	11/15/29	7.750	500,000	564,641	563,990
Georgia Power Co	Bond	05/16/28	4.650	495,000	496,369	502,747
Global Payments Inc	Bond	11/15/35	5.550	343,000	342,139	340,918
Goldman Sachs Group	Bond	09/10/27	1.542	364,000	354,584	357,623
WW Grainger Inc	Bond	09/15/34	4.450	184,000	182,311	182,353
Hershey Co	Bond	02/24/30	4.750	295,000	303,232	302,992
Holcim Finance	Bond	04/07/35	5.400	166,000	166,324	171,186
Home Depot Inc	Bond	04/15/32	3.250	406,000	383,269	382,196
Host Hotels LP	Bond	06/15/32	5.700	181,000	180,580	188,989
Hyundai Capital America	Bond	06/26/30	5.700	237,000	238,401	247,793
Illinois Tool Work	Bond	11/15/26	2.650	450,000	435,138	445,860
Intel Corp	Bond	08/05/27	3.750	149,000	147,212	148,140
Jacobs Solutions Inc	Bond	08/18/28	6.350	170,000	173,155	178,833
John Deere	Bond	11/15/28	5.060	480,000	483,405	484,205
John Deere	Bond	03/15/28	5.180	77,781	78,128	78,260
JPMorgan Chase & Co	Bond	04/22/27	1.578	43,000	42,127	42,678
JPMorgan Chase & Co	Bond	04/22/31	5.103	432,000	440,445	446,031
JPMorgan Chase & Co	Bond	07/23/36	5.576	249,000	249,953	257,578
Kansas Gas Service	Bond	08/01/34	5.486	153,483	153,684	159,230
Keybank National Association	Bond	10/15/27	4.390	250,000	251,375	251,178
Kimberly Clark Corp	Bond	11/01/28	3.950	520,000	544,460	521,180
Lockheed Martin Corp	Bond	02/15/29	4.500	435,000	436,516	441,786
Lowe's Companies Inc	Bond	03/15/31	4.250	380,000	379,167	378,408
Martin Marietta Inc	Bond	07/15/31	2.400	323,000	286,887	291,436
Martin Marietta Inc	Bond	12/01/34	5.150	152,000	151,336	155,087
Mastercard Inc	Bond	05/09/34	4.875	238,000	243,874	243,943
McDonalds Corp	Bond	05/15/30	4.600	525,000	525,900	533,978
Molson Coors Brewing	Bond	07/15/26	3.000	484,000	471,934	481,333
Mondelez International Inc	Bond	03/17/27	2.625	248,000	234,951	244,052
Motorola Solutions	Bond	08/15/35	5.550	204,000	204,932	211,997
National Rural Utilities Cooperative Finance Corp	Bond	03/15/30	2.400	365,000	349,728	340,753
NetApp Inc	Bond	03/17/35	5.700	326,000	327,738	341,175
Newmont Corp	Bond	05/13/30	3.250	152,000	150,439	147,242
Northern Trust Corp	Bond	11/20/30	4.150	306,000	305,781	306,330
NYSEG Storm Funding LLC	Bond	05/01/37	5.162	170,000	169,965	173,698
O'Reilly Automotive Inc	Bond	06/01/29	3.900	490,000	471,868	485,384
OGE Energy Corp	Bond	05/15/29	5.450	265,000	269,206	274,463
Owens Corning Corp	Bond	06/15/34	5.700	320,000	323,705	336,374
PACCAR Financial Inc	Bond	08/08/28	4.000	122,000	121,971	122,745
PACCAR Financial Inc	Bond	11/07/28	4.000	266,000	266,292	267,245
Pacific Gas & Electric Co	Bond	06/15/32	5.900	148,000	151,898	154,950
PepsiCo Inc	Bond	03/20/30	2.750	436,000	428,038	413,925
Pfizer Investment Enterprises	Bond	05/20/33	4.750	542,000	541,776	547,745
PG&E Energy	Bond	07/15/33	1.460	232,420	227,004	216,745
PG&E Wildfire Recovery Funding	Bond	06/01/36	4.263	80,000	79,998	77,791
Philip Morris International	Bond	02/13/29	4.875	123,000	122,649	125,903
Philip Morris International	Bond	02/15/33	5.375	135,000	136,192	141,168
PNC Financial Services Group Inc	Bond	10/20/27	6.615	193,000	194,142	196,848
PNC Financial Services Group Inc	Bond	01/29/31	5.222	141,000	141,978	145,890
Progressive Corp	Bond	03/15/32	3.000	491,000	442,424	453,522

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Corporate obligations (continued):						
Public Storage	Bond	08/01/33	5.100 %	362,000	$ 367,412	$ 374,652
Public Service Electric & Gas Co	Bond	03/01/34	5.200	320,000	323,958	329,622
Quanta Services Inc	Bond	08/09/27	4.750	367,000	367,565	371,441
Radian Group Inc	Bond	05/15/29	6.200	121,000	122,076	126,849
Republic Services Inc	Bond	05/15/28	3.950	520,000	503,683	520,874
Republic Services Inc	Bond	03/15/35	5.150	166,000	165,794	171,315
Roper Technologies	Bond	02/15/32	4.750	179,000	179,438	180,946
SCE Recovery Funding LP	Bond	03/15/38	4.453	335,000	334,992	335,717
Southern Indiana Gas and Electric Company	Bond	11/15/36	5.026	60,267	60,264	61,764
Tapestry Inc	Bond	03/11/35	5.500	164,000	164,000	167,670
Targa Resources Corp	Bond	02/01/33	4.200	183,000	176,268	175,197
Texas Instruments Inc	Bond	02/08/27	4.600	233,000	233,749	234,987
T-Mobile Usa Inc	Bond	11/01/29	4.910	390,000	389,960	395,480
Toyota Auto	Bond	04/25/35	3.820	295,000	294,876	294,820
Transcontinental Gas Pipe Line Co	Bond	03/15/28	4.000	412,000	421,294	411,658
Transcontinental Gas Pipe Line Co	Bond	05/15/30	3.250	380,000	370,539	364,055
Travelers	Bond	07/24/35	5.050	283,000	286,075	287,423
Union Pacific Railroad Co	Bond	05/14/26	3.227	469,310	473,561	468,085
United Airlines	Bond	04/15/29	5.875	110,179	111,077	112,972
United Parcel Services Inc	Bond	03/03/33	4.875	779,000	788,836	802,332
US Bancorp	Bond	01/23/35	5.678	154,000	156,004	162,609
US Bancorp	Bond	02/12/31	5.046	79,000	79,555	81,145
Ventas Realty LP	Bond	03/01/28	4.000	305,000	299,215	304,576
Veralto Corp	Bond	09/18/28	5.350	157,000	158,000	161,884
Verizon Master Trust	Bond	08/20/30	4.170	340,000	339,702	342,071
Verizon Master Trust	Bond	03/21/33	4.460	335,000	334,920	342,913
Vulcan Materials Co	Bond	12/01/29	4.950	345,000	349,419	353,991
Walt Disney Company	Bond	04/30/28	7.300	210,000	226,409	224,207
Waste Management Inc	Bond	04/15/32	4.150	545,000	535,472	540,160
Wells Fargo Co	Bond	04/22/26	3.000	89,000	84,326	88,754
Wells Fargo Co	Bond	03/24/28	3.526	217,000	214,135	215,590
Wells Fargo Co	Bond	03/02/33	3.350	90,000	75,352	84,001
WF Card Issuance	Bond	10/15/29	4.290	325,000	327,920	328,149
Wisconsin Electric Power Co	Bond	05/15/29	5.000	358,000	362,082	368,998
Wisconsin Electric Power Co	Bond	10/01/34	4.600	150,000	150,329	148,593
Xylem Inc	Bond	01/30/31	2.250	370,000	320,806	335,713
Total corporate obligations					45,227,954	45,496,366
Common stock:						
3M Co	Stock			2,231	301,735	357,183
AAR Corp	Stock			13,156	1,129,173	1,089,185
AbbVie Inc	Stock			5,410	978,462	1,236,131
Abivax SA	Stock			4,113	326,364	554,659
Acuity Brands Inc	Stock			1,026	213,941	369,401
Advanced Drainage Systems	Stock			6,793	1,014,657	983,830
AerCap Holdings	Stock			7,405	807,794	1,064,543
Affiliated Managers Group Inc	Stock			2,417	706,085	696,773
Agco Corp	Stock			3,431	333,415	357,922
Agree Realty Corp	Stock			9,440	682,409	679,963
Alibaba Group Holdings	Stock			684	111,119	100,261
Allison Transmission Holdings	Stock			3,693	256,759	361,545
Ally Financial Inc	Stock			23,407	983,746	1,060,103
Alphabet Inc - Class A	Stock			6,653	1,445,879	2,082,389
Alphabet Inc - Class C	Stock			12,428	2,304,906	3,899,906
Altria Group Inc	Stock			16,452	985,343	948,622
Amazon.com Inc	Stock			21,515	3,620,117	4,966,092
Amcor	Stock			25,511	219,447	212,762

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Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Common stock (continued):						
Amentum Holdings Inc	Stock			44,410	$ 1,327,735	$ 1,287,890
Ameriprise Financial Inc	Stock			2,143	715,048	1,050,799
Amphenol Corp	Stock			15,845	1,386,109	2,141,293
Amrize Ltd	Stock			16,492	921,954	891,887
Antero Resources Corp	Stock			28,441	970,100	980,077
Api Group Corp	Stock			43,061	1,699,575	1,647,514
Apple Inc	Stock			13,941	2,892,107	3,790,000
Applovin Corp	Stock			5,156	1,675,481	3,474,216
Arcosa Inc	Stock			12,833	1,424,208	1,364,405
Arista Networks Inc	Stock			16,185	2,167,148	2,120,721
Array Digital Infrastructure	Stock			16,406	879,619	879,690
Arrowhead Pharmaceuticals	Stock			2,666	176,260	176,996
Ascendis Pharma Inc	Stock			1,285	258,662	274,013
Astera Labs Inc	Stock			6,292	713,472	1,046,737
AstraZeneca PLC	Stock			3,994	357,637	367,168
Autodesk Inc	Stock			6,951	1,904,119	2,057,566
Autoliv Inc	Stock			3,046	286,646	361,560
Autonation Inc	Stock			5,258	1,048,162	1,085,672
Baker Hughes Co	Stock			7,438	242,809	338,727
Biogen Inc	Stock			2,663	410,761	468,661
Boise Cascade Co	Stock			4,843	431,918	356,445
Booking Holdings Inc	Stock			198	1,036,685	1,060,355
Boot Barn Holdings Inc	Stock			10,365	1,967,674	1,829,111
Borgwarner Inc	Stock			8,195	300,932	369,267
Boston Scientific Corp	Stock			5,003	410,966	477,036
Boyd Gaming Corporation	Stock			12,732	1,043,977	1,085,276
BP	Stock			10,001	344,519	347,335
Bristol Myers Squibb Co	Stock			17,977	883,712	969,679
Broadcom Inc	Stock			9,496	2,242,126	3,286,566
Bruker Corporation	Stock			31,165	1,502,340	1,468,183
Builders Firstsource Inc	Stock			4,969	546,737	511,260
Bunge Global	Stock			2,273	213,145	202,479
Caci International Inc	Stock			1,897	1,035,115	1,010,741
Cadence Design Systems Inc	Stock			6,414	1,420,701	2,004,888
Cardinal Health Inc	Stock			6,738	958,079	1,384,660
Carlisle Cos Inc	Stock			1,112	298,834	355,684
Carnival Corp	Stock			37,849	979,762	1,155,908
Carvana Co	Stock			433	136,454	182,735
Casey's General Stores Inc	Stock			1,993	754,259	1,101,551
Caterpillar Inc	Stock			579	246,538	331,692
Cencora Inc	Stock			2,805	621,798	947,389
CF Industries Holdings Inc	Stock			2,705	218,834	209,205
Check Point Software	Stock			4,226	797,688	784,177
Chemed Corp	Stock			3,090	1,344,056	1,322,087
Chord Energy Corporation	Stock			3,713	369,745	344,195
Churchill Downs Inc	Stock			13,482	1,544,193	1,533,982
Cidara Therapeutics	Stock			3,404	344,706	751,910
Cisco Systems Inc	Stock			26,249	1,671,449	2,021,960
Citigroup Inc	Stock			9,376	663,000	1,094,085
Civitas Resources Inc	Stock			12,722	500,328	344,639
Clean Harbors Inc	Stock			4,896	1,177,282	1,148,014
Cogent Biosciences Inc	Stock			2,475	80,303	87,912
Cognizant Tech Solutions	Stock			24,542	1,895,283	2,036,986
Colliers International	Stock			8,197	1,228,940	1,205,041
Concentrix Corp	Stock			15,066	625,528	626,444
Constellation Energy Corp	Stock			1,663	538,144	587,488
Core Main Inc	Stock			20,317	1,057,195	1,055,874

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Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Common stock (continued):						
Crane Next Co	Stock			24,444	$ 1,181,875	$ 1,150,579
CSX Corp	Stock			9,930	348,135	359,963
Cummins Inc	Stock			712	180,805	363,440
Curtiss-Wright Corp	Stock			3,769	1,644,633	2,077,737
CVS Health Corp	Stock			12,266	866,513	973,430
Dana Inc	Stock			68,661	1,629,945	1,631,385
Davita Inc	Stock			8,225	965,379	934,442
Dell Technologies Inc	Stock			15,389	2,274,664	1,937,167
Devon Energy Corp	Stock			9,606	353,110	351,868
Dillards Inc	Stock			1,645	860,443	997,429
Disney Walt Co	Stock			9,712	1,127,240	1,104,934
Dover Corp	Stock			1,857	234,527	362,561
Dropbox Inc	Stock			72,611	2,137,069	2,018,586
DTE Energy Co	Stock			4,283	583,975	552,421
Dupont De Nemours Inc	Stock			49,466	2,008,924	1,988,533
Eagle Materials Inc	Stock			2,104	451,821	434,855
Eastman Chemical Co	Stock			3,300	228,941	210,639
Eaton Corp	Stock			321	100,586	102,242
Echostar Corp	Stock			10,914	283,906	1,186,352
Elastic	Stock			11,460	880,413	864,542
Eli Lilly Co	Stock			457	351,256	491,129
Emcor Group Inc	Stock			586	172,911	358,509
Emerson Electric Co	Stock			2,700	250,240	358,344
EOG Resources Inc	Stock			3,294	344,504	345,903
Evergy Inc	Stock			7,489	502,500	542,878
Expedia Inc	Stock			8,753	2,448,819	2,479,813
F&G Annuities Life Insurance	Stock			1,081	33,859	33,335
Fabrinet	Stock			4,404	1,398,667	2,005,053
Federal Agricultural Mortgage Corp	Stock			7,547	1,344,066	1,325,027
Fidelis Insurance Holding	Stock			45,209	885,850	884,740
Fidelity National Financial Inc	Stock			18,009	901,265	983,111
Figure Technology Solutions	Stock			2,619	112,841	106,960
First American Financial	Stock			17,037	1,045,787	1,046,753
First Energy Corp	Stock			12,441	529,459	556,984
FirstService Corp	Stock			4,603	722,105	715,905
Five9 Inc	Stock			27,410	540,934	549,571
Franklin Resources Inc	Stock			44,609	1,092,813	1,065,709
Garmin	Stock			5,277	1,033,514	1,070,439
Gates Industrial Corp	Stock			16,853	352,209	361,834
General Healthcare Technologies	Stock			11,732	877,477	962,259
General Motors Co	Stock			13,186	821,497	1,072,286
General Vernova LLC	Stock			1,086	656,093	709,777
Genmab	Stock			2,331	70,887	71,795
Genuine Parts Co	Stock			2,810	368,502	345,518
GFL Environmental Inc	Stock			28,007	1,165,735	1,202,900
Gildan Activewear Inc	Stock			17,267	1,004,362	1,078,497
Gilead Sciences Inc	Stock			8,136	790,214	998,613
Global E Online	Stock			1,022	37,496	40,175
Global Payments Inc	Stock			12,185	985,980	943,119
Goldman Sachs Group Inc	Stock			1,182	594,439	1,038,978
Halliburton Co	Stock			12,339	398,048	348,700
Hartford Insurance Group	Stock			7,567	731,035	1,042,733
Hasbro Inc	Stock			13,470	1,052,089	1,104,540
HCA Healthcare Inc	Stock			2,068	724,426	965,466
Health Equity Inc	Stock			11,063	1,026,410	1,013,481
Heico Corp	Stock			3,160	511,164	797,679
Home Bancshares Inc	Stock			44,892	1,276,145	1,247,100

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Common stock (continued):						
Icon	Stock			4,462	$ 818,264	$ 813,066
Ingredion Inc	Stock			1,891	206,183	208,502
Interdigital Inc	Stock			5,818	1,844,299	1,852,335
Intuit Inc	Stock			3,124	1,808,050	2,069,400
Intuitive Surgical Inc	Stock			975	362,998	552,201
Invesco	Stock			40,034	978,262	1,051,693
IQVIA Holdings Inc	Stock			4,700	1,062,254	1,059,427
Itron Inc	Stock			2,097	253,543	194,727
ITT Corp	Stock			11,694	2,087,248	2,029,026
Jabil Inc	Stock			9,316	1,766,142	2,124,234
Jackson Financial Inc	Stock			9,871	892,710	1,052,742
Jacobs Solutions Inc	Stock			2,735	256,866	362,278
Jazz Pharmaceuticals	Stock			13,213	1,709,706	2,246,210
JB Hunt Transport Services Inc	Stock			4,632	916,138	900,183
Johnson Johnson	Stock			4,568	795,107	945,348
Kadant Inc	Stock			2,910	855,603	829,408
Keysight Technologies	Stock			9,966	2,011,272	2,024,992
KLA Corp	Stock			1,675	1,127,280	2,035,259
Korn Ferry International	Stock			13,972	931,842	922,431
Labcorp Holdings Inc	Stock			3,708	860,036	930,263
Lam Research Corp	Stock			12,544	1,416,603	2,147,282
Las Vegas Sands Corp	Stock			16,172	1,004,560	1,052,635
Lear Corp	Stock			3,165	360,853	362,709
Leidos Holdings Inc	Stock			11,208	2,160,959	2,021,923
Liberty Media Corp	Stock			4,037	214,752	397,685
Life Time Group Holdings	Stock			41,530	1,159,762	1,103,867
Lithia Motors Inc	Stock			2,824	977,721	938,500
Louisiana-Pacific Corp	Stock			2,491	216,205	201,173
LyondellBasell Industries	Stock			4,978	287,073	215,547
Macys Inc	Stock			46,765	1,114,397	1,031,168
Martin Marietta Materials	Stock			552	300,061	343,708
Masco Corp	Stock			5,667	297,216	359,628
Matson Inc	Stock			2,984	396,514	368,673
Mckesson Corp	Stock			1,192	565,958	977,786
Mercado Libre Inc	Stock			264	491,782	531,765
Meta Platforms Inc	Stock			9,154	4,561,482	6,042,464
Metlife Inc	Stock			12,685	867,313	1,001,354
Microsoft Corp	Stock			19,504	6,557,289	9,432,524
Middleby Corp	Stock			2,474	332,333	367,810
MongoDB Inc	Stock			1,433	365,386	601,416
Moog Inc	Stock			7,011	1,768,084	1,707,529
Morgan Stanley	Stock			1,453	243,062	257,951
Mosaic Co	Stock			8,694	229,457	209,438
Mueller Industries Inc	Stock			10,273	1,044,015	1,179,340
Murphy Oil Corp	Stock			10,875	360,887	339,844
Natera Inc	Stock			3,874	325,161	887,495
Nebius Group	Stock			22,848	1,526,090	1,912,492
NetApp Inc	Stock			18,111	1,833,372	1,939,507
Netflix Inc	Stock			10,129	814,595	949,695
New York Times Co	Stock			16,233	908,808	1,126,895
Nextpower Inc	Stock			23,464	1,582,047	2,043,949
Nomad Foods	Stock			58,563	727,991	732,623
NOV Inc	Stock			21,736	326,080	339,734
NRG Energy Inc	Stock			4,002	461,317	637,278
Nucor Corp	Stock			1,300	161,393	212,043
Nvent Electric	Stock			10,479	1,090,817	1,068,544
NVIDIA Corp	Stock			48,307	5,287,600	9,009,256

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Common stock (continued):						
Occidental Petroleum	Stock			8,698	$ 357,947	$ 357,662
Option Care Health Insurance	Stock			48,879	1,583,878	1,557,285
Oshkosh Corp	Stock			2,828	320,648	355,282
Ovintiv Inc	Stock			8,987	388,014	352,201
Owens Corning Inc	Stock			1,858	216,335	207,929
Packaging Corporation of America	Stock			6,175	1,234,049	1,273,470
PagerDuty Inc	Stock			36,798	480,549	482,422
Parker Hannifin Corp	Stock			418	148,886	367,405
Paychex Inc	Stock			17,896	2,186,580	2,007,573
PDF Solutions Inc	Stock			34,012	992,227	970,362
Pfizer Inc	Stock			38,011	989,853	946,474
Pinterest Inc	Stock			34,528	896,585	893,930
Post Holdings Inc	Stock			11,517	1,163,635	1,140,759
PPL Corporation	Stock			16,216	517,375	567,884
Principal Financial Group	Stock			11,610	952,945	1,024,118
Prosperity Bancshares	Stock			19,345	1,375,664	1,336,933
Prudential Financial Inc	Stock			8,979	979,533	1,013,550
Qnity Electronics Inc	Stock			15,259	1,269,068	1,245,897
QXO Inc	Stock			41,020	788,182	791,276
Ralliant Corp	Stock			26,290	1,362,642	1,338,424
Ralph Lauren Corp	Stock			2,921	855,727	1,032,895
Regeneron Pharmaceuticals	Stock			1,309	787,206	1,010,378
Regions Financial Corp	Stock			38,259	788,356	1,036,819
Reinsurance Group of America	Stock			6,881	1,418,731	1,400,008
Reliance Inc	Stock			3,676	1,024,463	1,061,886
Repligen Corp	Stock			2,550	386,068	417,843
Roblox Corp	Stock			3,306	300,963	267,885
Rocket Companies Inc	Stock			29,864	547,972	578,167
Roku Inc	Stock			3,948	403,901	428,319
Royalty Pharma	Stock			27,426	955,911	1,059,741
Ryder System Inc	Stock			1,919	241,418	367,277
S&P Global Inc	Stock			883	393,550	461,447
Sea Limited	Stock			8,304	1,104,957	1,059,341
Seagate Technology Holding	Stock			7,035	1,139,207	1,937,369
Sensata Technologies	Stock			19,714	667,522	656,279
Shell	Stock			4,819	298,715	354,100
Shift4 Payments Inc	Stock			12,978	838,614	817,225
Shopify Inc	Stock			2,627	337,147	422,868
SLB Limited	Stock			8,894	353,258	341,352
SLM Corp	Stock			39,230	1,084,933	1,061,564
SM Energy Co	Stock			18,635	497,893	348,475
Snap-On Inc	Stock			1,053	282,948	362,864
Snowflake Inc	Stock			411	71,239	90,157
Solstice Advanced Materials	Stock			19,092	946,324	927,489
Solventum Corp	Stock			11,936	912,089	945,809
Somnigroup International	Stock			16,212	1,419,356	1,447,408
Sonoco Products Company	Stock			4,911	243,507	214,316
SouthState Bank Corp	Stock			13,118	1,243,556	1,234,535
Southwest Gas Holdings	Stock			6,744	517,981	539,655
Sphere Entertainment	Stock			1,057	75,113	100,500
Spotify Technology	Stock			1,565	780,404	908,811
SSC Technologies Holding	Stock			41,586	3,628,056	3,635,448
State Street Corp	Stock			8,179	768,994	1,055,173
Steel Dynamics Inc	Stock			1,260	124,662	213,507
Stifel Financial Corp	Stock			7,388	952,399	925,125
Supernus Pharmaceuticals Inc	Stock			13,343	545,181	663,147
Synchrony Financial Co	Stock			12,533	620,012	1,045,628

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Common stock (continued):						
Synnex Corp	Stock			22,022	$ 3,383,173	$ 3,308,365
Taiwan Semiconductor Manufacturing Co	Stock			10,937	1,924,073	3,323,645
Talen Energy Corp	Stock			8,187	2,496,791	3,068,815
Tapestry Inc	Stock			8,809	810,472	1,125,526
TE Connectivity	Stock			8,892	1,516,693	2,023,019
TechniPFMC	Stock			34,074	1,454,871	1,518,337
Teleflex Inc	Stock			7,741	910,616	944,712
Telephone and Data Systems	Stock			35,226	1,414,828	1,444,266
Tenet Healthcare Corp	Stock			4,969	727,756	987,440
Tesla Inc	Stock			5,560	1,932,562	2,500,443
Timken Co	Stock			4,261	342,289	358,478
TKO Group Holdings Insurance	Stock			1,095	169,897	228,855
T-Mobile Us Inc	Stock			2,782	501,290	564,857
TopBuild Corp	Stock			860	316,094	358,783
TotalEnergies	Stock			5,302	316,427	346,857
TransUnion	Stock			10,368	898,459	889,056
Travel Plus Leisure Co	Stock			13,733	903,674	968,588
TTM Technologies	Stock			24,813	1,748,242	1,712,097
Twilio Inc	Stock			2,494	292,714	354,747
Uber Technologies Inc	Stock			13,430	1,143,680	1,097,365
UFP Industries Inc	Stock			2,295	213,551	208,960
UGI Corp	Stock			41,873	1,518,356	1,567,306
United Airlines Holdings Inc	Stock			1,025	93,373	114,616
United Parcel Service Inc	Stock			3,688	394,376	365,813
United Rentals Inc	Stock			663	386,945	536,580
United Therapeutics Corp	Stock			1,971	634,684	960,370
UnitedHealth Group Inc	Stock			438	141,675	144,588
Unity Software Inc	Stock			3,479	147,391	153,667
Unum Group	Stock			13,654	805,815	1,058,185
Urban Outfitters Inc	Stock			13,406	883,983	1,008,935
US Foods Holding Corp	Stock			10,804	579,437	813,757
Valley National Bancorp	Stock			88,281	912,412	1,031,122
Verizon Communications Inc	Stock			13,496	571,740	549,692
Viatris Inc	Stock			83,723	825,025	1,042,351
Viper Energy Inc	Stock			23,933	918,388	924,531
Vistra Energy Corp	Stock			3,354	583,162	541,100
Vontier Corporation	Stock			38,743	1,445,290	1,440,464
Voya Financial Inc	Stock			14,086	1,065,977	1,049,266
Warby Parker Inc	Stock			1,689	49,418	36,803
Weatherford International	Stock			4,412	330,158	345,283
Western Alliance Bancorporation	Stock			14,158	1,130,245	1,190,263
Western Digital Corp	Stock			19,258	2,525,704	3,317,575
Wex Inc	Stock			5,626	861,786	838,161
Wynn Resorts Limited	Stock			8,640	1,074,458	1,039,651
Zions Bancorporation	Stock			17,681	790,574	1,035,045
Zoom Communications	Stock			23,497	1,987,033	2,027,556
Total common stock					268,531,693	309,672,311
Limited partnerships and funds:						
American Core Realty Fund				168	16,203,992	20,158,951
Boyd Watterson State Government Fund, LP				49,542	49,322,355	48,887,562
Corbin ERISA Opportunity Fund, LP				10,289,853	10,289,853	34,832,846
EnTrust Capital Diversified Fund Ltd				44,686	579,661	956,172
EnTrust Global Special Opportunities E Fund Ltd				39,480	39,480,098	42,945,811
First Eagle International Value Fund, LP				12,282	25,201,703	46,205,635
GCM Grosvenor Private Credit Fund, LP				5,158	5,158,007	5,269,279
Grosvenor Secondary Opportunities Feeder Fund II, LP				18,597,802	18,597,802	29,434,760

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Limited partnerships and funds (continued):							
Grosvenor Secondary Opportunities Feeder Fund III, LP					14,121,343	$ 14,121,343	$ 17,590,400
NB Crossroads Fund 24 Plan LP					9,750,000	9,750,000	11,976,457
U.S. Real Estate Investment Fund, LLC					67,350	66,674,683	78,143,471
Total limited partnerships and funds						255,379,497	336,401,344
Common collective trusts:							
ASB Allegiance Real Estate Fund					15,928	8,826,791	23,488,661
Northern Trust Collective Russell 1000 Growth Index Fund - Lending					28,848	75,000,000	75,362,157
Segall Bryant & Hamill Quality High Yield Trust					8,704,244	85,531,730	104,973,177
Total common collective trusts						169,358,521	203,823,995
103-12 investment entity:							
Johnston International Equity Group Trust					790,029	23,067,767	47,703,377
Municipal bonds:							
Colorado Housing and Financing Authority	Bond	11/01/28	0.046	%	195,000	195,000	199,189
Dallas Fort Worth Texas International Airport	Bond	11/01/26	0.023		250,000	250,000	246,918
New York State Urban Development Corp	Bond	03/15/28	0.033		335,000	327,941	332,055
Oregon State Department of Transportation	Bond	11/15/28	0.013		165,000	140,248	154,354
Raleigh North Carolina Combined Enterprise Syste	Bond	03/01/26	0.023		260,000	260,000	259,394
Virginia State Resources Authority Infrastructure	Bond	11/01/28	0.025		265,000	265,000	256,329
Total municipal bonds						1,438,189	1,448,239
Total investments						$ 876,222,797	$ 1,057,888,041

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

UFCW Local 1262 and Employers Pension Fund

Schedule of Reportable Transactions

Year Ended December 31, 2025

Form 5500, Schedule H, Item 4j

E.I.N. 22-6074414
Plan No. 001

(a) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain or (Loss)
* First American Government Obligations Fund	$159,675,721	N/A	$ 159,675,721	$ 159,675,721	N/A
	N/A	$ 159,035,059	159,035,059	159,035,059	$ -
* First American Treasury Obligations Fund	362,096,037	N/A	362,096,037	362,096,037	N/A
	N/A	349,858,073	349,858,073	349,858,073	-
* First American US Treasury Money Market Fund	30,973,478	N/A	30,973,478	30,973,478	N/A
	N/A	32,036,359	32,036,359	32,036,359	-
Northern Trust Collective Russell 1000 Growth Index Fund - Lending	75,000,000	N/A	75,000,000	75,000,000	N/A
Wells Fargo Treasury Plus Money Market Fund	86,047,210	N/A	86,047,210	86,047,210	N/A
	N/A	84,652,091	84,652,091	84,652,091	-

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

Schedule MB, line 6 – Statement of Plan Provisions

1. Participation

Each full-time employee for whom an employer is required to make contributions to the Plan after the applicable probationary period. Part-time employees become a member upon the later of age 21 and the first anniversary of their date of hire.

2. Credited Service

(i) Prior Credited Service - Each person who was a Member and an Employee on January 1, 1976 shall be granted Credited Service for service performed prior to such date until January 1, 1976 under the provisions of the Plan as in effect on December 31, 1975.

(ii) Credited Service: Beginning January 1, 1976, Plan Participants shall receive one month of Credited Service for each month for which an Employer is obligated to make a contribution to the Plan on his behalf.

3. Vesting Service

Vesting Service is earned based on Hours of Service from the Employee's last date of hire to January 1, 1976, plus Service on or after January 1, 1976 in accordance with the following schedule:

Hours of Service in the Plan Year	Vesting Service
1,000 Hours or more	1 Year
750 Hours to 999	½ Year
500 Hours to 749	¼ Year
0 Hours to 499	0 Years

4. Normal Retirement

Eligibility: Later of the date Participant attains age 65 or completes five years of plan participation.

Benefit: The monthly benefit at normal retirement is a dollar amount multiplied by Benefit Service. The applicable dollar amounts are shown below:

(i) Effective for full-time Members retiring on or after May 1, 2002, the Retirement Pension shall be an amount per annum equal to $540 multiplied by the Member's years of Credited Service.

(ii) Effective for part-time Members retiring on or after May 1, 2002, the Retirement Pension shall be an amount per annum equal to $540 multiplied by the Member's years of Credited Service multiplied by the ratio of the contribution rate for Part-Time Employees to the contribution rate for Full-Time Employees.

The ratio shall not be less than ½ for any employee hired on or before April 16, 2005.

For employees of Pathmark, the above-described benefit formula was changed for Credited Service earned on and after January 1, 2015, to an annual amount equal to $378.00 multiplied by the Member's years of post-2015 Credited Service for Full-Time Members and $189.00 (if hired before April 16, 2005) or $126.00 (if hired after April 16, 2005) for Part-Time Members.

Schedule MB, line 6 – Statement of Plan Provisions

5. Early Retirement

Eligibility: Participant retiring from active status at the earliest of (i), (ii), and (iii) below and who apply within 90 days of his or her last day of work:

(i) Age 55 and completion of 10 years of Vesting Service;
(ii) Age 62 and completion of five years of Vesting Service;
(iii) Completion of 30 years of Vesting Service.
   a. After September 1, 2009, those attaining 30 years of service also need to be age 55.
   b. For hires after April 16, 2005, only (i) and (ii) above apply.

A deferred vested participant is eligible to receive his or her benefit under early retirement if the participant applies within 90 days after becoming eligible for an Early Retirement Benefit as outline above. Otherwise, a deferred vested participant is not eligible to receive his or her benefit prior to age 65.

Benefit: For participants with more than 30 years of Vesting Service who were hired on or before April 16, 2005: The Normal Retirement Benefit as described above.

For participants with less than 30 years of Vesting Service: The Normal Retirement Benefit reduced by one-half of one percent (½%) for each month by which the commencement date precedes age 62.

For participants who retire from deferred vested status: The Normal Retirement Benefit reduced by actuarial equivalent reductions for each month by which the commencement date precedes age 65.

6. Disability Retirement

Eligibility: A participant who becomes totally and permanently disabled prior to January 2015, and is at least age 50 with 10 years of Vesting Service.

Benefit: The Accrued Benefit at date of disability payable at age 65.

None, effective January 1, 2015.

7. Deferred Vested Pension

Eligibility: Completion of five years of Vesting Service.

Benefit: The Accrued Benefit at date of termination payable at age 65.

8. Pre-Retirement Spouse's Benefits

Eligibility: The beneficiary of either (1) an active employee eligible for a vested benefit who dies before benefit payments have started or (2) a terminated member entitled to a vested benefit who dies before benefit payments commence.

a) Death while Active Participant with five years of Vesting Service:
50% of the reduced benefit payable to the member as if the member had retired the day before death and elected a 50% Joint and Survivor benefit.

b) Deaths while not Active Participant but Eligible for Deferred Vested Benefit:
50% of the reduced benefit payable to the member as if the member had elected a 50% Joint and Survivor benefit payable at the member's earliest commencement date.

Schedule MB, line 6 – Statement of Plan Provisions

9. Normal Form of Pension

Single: Unreduced Life Annuity.
Married: Reduced 50% Joint & Survivor Benefit.

10. Changes to Plan Provisions Since Last Valuation

None.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment H to 2025 Form 5500 Schedule MB

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

Distribution Of Active Members By Age And Service As Of January 1, 2025

Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben	No.	Average Accrued Mon. Ben
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	1	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	3	N/A	8	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	3	N/A	60	167.00	100	320.00	95	544.00	44	771.00	4	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	1	N/A	18	N/A	69	344.00	155	548.00	81	790.00	57	983.00	2	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	23	149.00	53	315.00	106	568.00	73	795.00	92	1,012.00	69	1,203.00	0	N/A	0	N/A	0	N/A
50 to 54	1	N/A	23	139.00	67	316.00	106	552.00	102	767.00	72	1,003.00	117	1,245.00	75	1,424.00	9	N/A	0	N/A
55 to 59	2	N/A	31	157.00	98	304.00	128	546.00	136	784.00	106	1,010.00	100	1,225.00	87	1,471.00	99	1,654.00	6	N/A
60 to 64	0	N/A	41	177.00	118	310.00	139	553.00	125	780.00	130	1,012.00	88	1,245.00	145	1,471.00	170	1,697.00	112	1,897.00
65 to 69	0	N/A	36	185.00	97	304.00	112	561.00	74	770.00	79	1,011.00	62	1,231.00	48	1,459.00	43	1,698.00	114	2,006.00
70 & up	0	N/A	25	190.00	43	282.00	55	539.00	27	767.00	15	N/A	11	N/A	11	N/A	14	N/A	29	2,206.00
Total	**8**	**N/A**	**262**	**166.00**	**653**	**313.00**	**898**	**552.00**	**662**	**779.00**	**555**	**1,007.00**	**449**	**1,232.00**	**366**	**1,461.00**	**335**	**1,681.00**	**261**	**1,977.00**

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

Support for the Plan's Critical status can be found in the attached 2025 PPA certification.

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

Pursuant to Code Section 432(b)(3)(A)(ii) and ERISA Section 305(e)(3)(A)(ii), the Board of Trustees adopted their 2024 Rehabilitation Plan to forestall insolvency as defined in ERISA Section 4245. The Trustees determined that after exhaustion of all reasonable measures, the Fund is not reasonably expected to emerge from Critical status by the end of its Rehabilitation Period.

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

Plan Name: UFCW Local 1262 & Employers Pension Fund; Plan Sponsor EIN: 22-6074414 / 001
Schedule MB, Line 4b – Illustrations Supporting Actuarial Certification of Status

Form **15315** (February 2024)	Department of the Treasury - Internal Revenue Service **Annual Certification for Multiemployer Defined Benefit Plans**	OMB Number 1545-2111

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

For calendar plan year 2025 or fiscal plan year beginning 1/1/2025 and ending 12/31/2025

Part I – Basic Plan Information

1a. Name of plan	1b. Three-digit plan number (PN)
UFCW Local 1262 and Employers Pension Fund	001
1c. Plan sponsor's name	**1d. Employer identification number (EIN)**
Trustee UFCW Local 1262 Pension Fund	22-6074414
1e. Plan sponsor's telephone number	**1f. Plan sponsor's address, city, state, ZIP code**
(973) 778-5800	1389 Broad Street, Clifton, NJ 07013

Part II – Plan Actuary's Information

2a. Plan actuary's name	2b. Plan actuary's firm name
Christian Benjaminson	Cheiron, Inc.

2c. Plan actuary's firm address, city, state, ZIP code
701 East Gate Drive, Suite 330
Mount Laurel, NJ 08054

2d. Plan actuary's enrollment number	2e. Plan actuary's telephone number
23-07015	(703) 893-1456

Part III – Plan Status

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

- ☐ Neither endangered nor critical
- ☐ Endangered
- ☐ Seriously endangered
- ☒ Critical
- ☐ Critical and declining
- ☐ Not endangered due to special rule in IRC Section 432(b)(5)
- ☐ Critical due to election under IRC Section 432(b)(4)
- ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)

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

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

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☐	☒	☐

Part V – Sign Here

Statement by Enrolled Actuary

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

Actuary's signature	Date
Christian Benjaminson	3/31/2025

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment A to 2025 Form 5500 Schedule MB

Schedule MB, Line 3(d) – Withdrawal Liability

Below is a schedule of withdrawal liability amounts paid for the 2025 plan year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
1/1/2025	$ 0	$ 0	$ 0
2/1/2025	4,757	0	4,757
3/1/2025	5,475	0	5,475
4/1/2025	0	0	0
5/1/2025	4,757	0	4,757
6/1/2025	0	0	0
7/1/2025	0	0	0
8/1/2025	4,757	0	4,757
9/1/2025	5,475	0	5,475
10/1/2025	10,950	0	10,950
11/1/2025	4,757	0	4,757
12/1/2025	10,232	0	10,232
Total	**$ 51,160**	**$ 0**	**$ 51,160**

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment J to 2025 Form 5500 Schedule MB

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

SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF JANUARY 1, 2025

With 431(d) Extensions Effective 1/1/2009 and 1/1/2016

Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
1. Plan Amendment	1/1/1991	23,635,091	30	$ 1,519,278	1	$ 1,519,278
2. Plan Amendment	1/1/1993	518,637	30	96,881	3	34,502
3. Plan Amendment	1/1/1995	5,390,661	30	1,613,364	5	367,742
4. Plan Amendment	1/1/1996	2,945,261	30	1,035,113	6	202,955
5. Plan Amendment	1/1/1998	10,457,391	30	4,674,727	8	731,651
6. Assumption Change	1/1/2000	1,296,059	30	688,533	10	91,618
7. Plan Amendment	1/1/2001	46,245,252	30	26,337,531	11	3,282,516
8. Plan Amendment	1/1/2002	12,950,656	30	7,840,049	12	922,503
9. Amendment Balance	1/1/2002	20,083,906	30	12,158,369	12	1,430,619
10. Plan Amendment	1/1/2003	10,364,675	30	6,622,510	13	740,550
11. Plan Amendment	1/1/2003	36,062,331	30	23,042,027	13	2,576,634
12. Assumption Change	1/1/2005	11,214,261	30	7,852,589	15	805,768
13. Experience Loss	1/1/2006	15,856,932	15	1,344,578	1	1,344,578
14. Assumption Change	1/1/2006	3,044,605	30	2,217,146	16	219,348
15. Experience Loss	1/1/2007	6,544,711	15	1,093,459	2	565,218
16. Assumption Change	1/1/2007	11,597,128	30	8,748,948	17	837,488
17. Experience Loss	1/1/2009	62,161,705	15	20,044,855	4	5,530,659
18. Assumption Change	1/1/2011	38,168,919	15	15,493,724	6	3,037,867
19. Experience Loss	1/1/2011	25,626,228	15	10,402,329	6	2,039,593
20. Assumption Change	1/1/2012	1,501,644	15	708,013	7	122,780

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment J to 2025 Form 5500 Schedule MB

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

SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF JANUARY 1, 2025

				With 431(d) Extensions Effective 1/1/2009 and 1/1/2016		
Type of Base	**Date Established**	**Initial Amount**	**Initial Amortization Years**	**1/1/2025 Outstanding Balance**	**Remaining Amortization Years**	**Beginning of Year Amortization Amount**
CHARGES						
21. Experience Loss	1/1/2012	17,935,808	15	8,456,593	7	1,466,494
22. Assumption Change	1/1/2013	4,162,687	15	2,224,396	8	348,145
23. Experience Loss	1/1/2014	62,204,477	15	36,970,751	9	5,303,280
24. Experience Loss	1/1/2016	164,851	15	116,685	11	14,543
25. Assumption Change	1/1/2019	7,903,159	15	5,653,426	9	810,957
26. Experience Loss	1/1/2020	2,558,503	15	1,972,992	10	262,532
27. Experience Loss	1/1/2023	17,525,691	15	16,082,013	13	1,798,343
28. Experience Loss	1/1/2024	12,602,434	15	12,100,925	14	1,293,158
29. Experience Loss	1/1/2025	26,323,924	15	26,323,924	15	2,701,145
TOTAL CHARGES				$ 263,435,728		$ 40,402,464

SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF JANUARY 1, 2025

Type of Base	**Date Established**	**Initial Amount**	**Initial Amortization Years**	**1/1/2025 Outstanding Balance**	**Remaining Amortization Years**	**Beginning of Year Amortization Amount**
CREDITS						
1. Combined Credits	1/1/2016	$ 223,655,427	10.78	$ 48,992,417	1.78	$ 28,259,698
2. Experience Gain	1/1/2017	4,634,641	15	2,742,386	7	475,569
3. Experience Gain	1/1/2018	20,145,915	15	13,207,993	8	2,067,208
4. Experience Gain	1/1/2021	20,619,316	15	16,976,175	11	2,115,785
5. Experience Gain	1/1/2022	28,199,049	15	24,591,384	12	2,893,555
6. Assumption Change	1/1/2025	8,244,339	15	8,244,339	15	845,966
TOTAL CREDITS				$ 114,754,694		$ 36,657,781
NET CHARGE				$ 148,681,034		$ 3,744,683

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

Changes:

1. The RPA '94 current liability interest rate was changed from 3.29% to 4.01% to comply with appropriate guidance.

2. The RPA '94 current liability mortality table changed from the 2024 generational mortality table to the 2025 generational mortality table to comply with appropriate guidance.

3. The interest rate used to determine the withdrawal liability on a PBGC basis changed from 5.06% for the first 20 years, and 4.37% thereafter to the ERISA §4044 30-year yield curve as of December 31, 2024.

4. The rates of mortality used to determine the withdrawal liability on a PBGC basis changed from the 2024 to the 2025 Morality Table under ERISA §4044.

5. The administrative expense assumption was increased from $3,100,000 to $3,200,000 payable at the beginning of the year to best reflect recent experience.

6. For the expense assumption under FASB ASC 960, the ratio of the present value of future administrative expense to Accrued Liability increased from 3.60% to 3.70%.

7. Following an experience study for the period between January 1, 2021 and December 31, 2024, the following demographic actuarial assumptions were updated to better reflect recent experience and account for future trends:
    - Mortality,
    - Termination,
    - Retirement,
    - Post-Termination Retirement,
    - Retirement Service Load, and
    - Percentage Married.

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

A. Actuarial Assumptions

1. Interest Rates (compounded annually)

Funding & Accounting purposes
7.00% per year
Current Liability under RPA 1994
4.01% per year

Withdrawal Liability purposes:
The liabilities use a blended rate of the ERISA §4044 30-year yield curve as of December 31, 2024 (PBGC basis) and 6.60% per year (Adjusted Plan Basis)

Low-Default-Risk Obligation Measure:
ERISA §4044 30-year yield curve as of December 31, 2024

2. Administrative Expenses

$3,200,000, payable beginning of year.

For financial disclosure under FASB ASC 960, the present value of future administrative expense, based on projected cash flow and expenses increasing 2% per year, is assumed to be 3.70% of Accrued Liability.

3. Rate of Mortality

Funding & ASC 960:
- Non-Annuitants: Pri-2012 Blue Collar Employee Mortality Table with generational mortality improvement using IRS 2024 Adjusted Scale MP-2021

- Healthy Annuitants: Pri-2012 Blue Collar Non-Disabled Mortality Table (adjusted 120% for males and 105% for females) with generational mortality improvement using IRS 2024 Adjusted Scale MP-2021

- Disabled Annuitants: Pri-2012 Disabled Retiree Mortality Table with generational mortality improvement using IRS 2024 Adjusted Scale MP-2021

RPA ’94 Current Liability:
2025 Generational Mortality Table as prescribed under IRS regulations

Withdrawal Liability purposes:
Mortality Table as prescribed under ERISA §4044 for plans terminating during calendar year 2025 (PBGC basis) and same mortality as used for Funding & ASC 960 (Adjusted Plan Basis)

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

4. Rates of Termination

Illustrative rates of termination are shown below:

Employment Service					
More than 5 Years			Less than 5 Years		
Age	Full-Time	Part-Time	Attained Service	Full-Time	Part-Time
30	12.0%	16.0%	< 1 year	20%	30%
35	7.5%	10.0%	1 year	20%	30%
40	5.5%	9.0%	2 years	15%	20%
45	4.5%	8.5%	3 years	10%	15%
50	3.5%	8.0%	4 years	10%	15%
55	2.5%	6.0%			
60	2.0%	4.5%			
65	1.0%	3.5%			

5. Rates of Retirement

Age	Service Less Than 30	Service Greater or Equal to 30*
55	2%	15%
56-59	2%	5%
60-61	3%	5%
62-64	8%	10%
65	12%	25%
66-69	12%	20%
70	15%	30%
71	100%	100%

*Note that the service greater than or equal to 30 rates only apply to participants hired before April 16, 2005.

6. Rates of Post-Termination Retirement

Age	Rate
65	50%
66-72	10%
73-79	80% are assumed to retire immediately, 20% are assumed deceased
80	100% are assumed deceased

In addition, terminated vested participants commencing benefits after Normal Retirement Date collect an actuarially increased benefit.

7. Rates of Disability

Illustrative rates of disablement are shown below:

Age	Male	Female
25	0.047%	0.048%
30	0.067%	0.083%
35	0.100%	0.126%
40	0.157%	0.179%
45	0.253%	0.261%
50	0.415%	0.427%
55	0.751%	0.745%
60	1.133%	0.996%
64	1.434%	1.104%

8. Retirement Service Load

Accrued Liability is loaded with 1% of the active and terminated vested liability.

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

9. Form of Payment

If married, 50% joint and survivor, otherwise single life annuity

10. Percentage Married 70% of male employees
60% of female employees

11. Spouse's Age Wives three years younger than husbands

12. Justifications for Assumptions

In accordance with Actuarial Standard of Practice No. 27:

- the rationale for our 7.00% discount rate is based on the Trustees risk preference, the Plan's current asset allocation, and the investment manager's capital market outlook.

- the demographic assumptions used in this report were based on an experience study covering the period from January 1, 2021 through December 31, 2024. The new assumptions represent the actuary's best estimate of future experience.

13. Disclosures Regarding Models Used

Cheiron utilizes and relies upon ProVal, an actuarial valuation software leased from Winklevoss Technologies for the intended purpose of calculating liabilities, normal costs, and projected benefit payments. As part of the review process for this report, we have performed a number of tests to verify that the results are reasonable and appropriate. We are not aware of any material inconsistencies, unreasonable output resulting from the aggregation of assumptions, material limitations or known weaknesses that would affect this report.

Projections in this report were developed using P-Scan, our proprietary tool for the intended purpose of developing projections. The model is also used to stress test the impact of volatile asset returns and membership declines over the projection period. While the assumptions individually are reasonable for the underlying report that supports the projections, specifically for projection purposes, they are also considered reasonable in the aggregate.

14. Changes in Assumptions Since Last Valuation

The RPA '94 current liability interest rate was changed from 3.29% to 4.01% to comply with appropriate guidance.

The RPA '94 current mortality table was changed from the 2024 generational mortality table to the 2025 generational mortality table to comply with appropriate guidance.

The interest rate used to determine the withdrawal liability on a PBGC basis changed from 5.06% for the first 20 years, and 4.37% thereafter to the ERISA §4044 30-year yield curve as of December 31, 2024.

The rates of mortality used to determine the withdrawal liability on a PBGC basis changed from the 2024 to the 2025 Morality Table under ERISA §4044.

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

The administrative expense assumption was increased from $3,100,000 to $3,200,000 payable at the beginning of the year to best reflect recent experience.

For the expense assumption under FASB ASC 960, the ratio of the present value of future administrative expense to Accrued Liability increased from 3.60% to 3.70%.

Following an experience study for the period between January 1, 2021 and December 31, 2024, the following demographic actuarial assumptions were updated to better reflect recent experience and account for future trends:

- Mortality,
- Termination,
- Retirement,
- Post-Termination Retirement,
- Retirement Service Load, and
- Percentage Married.

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

B. Actuarial Methods

1. Actuarial Cost Method

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

2. Asset Valuation Method

The valuation assets are based on a market-related value calculated as follows: (a) for each of the four years preceding the valuation date the difference between the actual return on the market value of assets and the expected return based on the valuation earnings assumption is determined; (b) the market-related value as of the valuation date is equal to the market value of assets minus the sum of 80% of the above difference for the year preceding the valuation date, 60% of the second preceding year's difference, 40% of the third preceding year's difference and 20% of the fourth preceding year's difference; and (c) the valuation assets may neither exceed 120% nor be less than 80% of the actual market value.

3. Withdrawal Liability Method

The Plan uses the Presumptive method with the Unfunded Vested Benefits calculated as the difference between the Market Value of Assets and the present value of nonforfeitable benefits valued by averaging the liability on the PBGC Basis (using PBGC prescribed discount rates, mortality, and expense loads) and the liability on the Adjusted Plan Basis (using an interest rate of 6.60%).

4. Amortization Extensions

The Plan's Board of Trustees elected the automatic five-year amortization extension under §431(d) of the Code effective January 1, 2009 and January 1, 2016.

5. Combined Amortization Credits

The Trustees elected to combine the amortization credits on January 1, 2016. The amortization period was determined under Section §431(b)(5) of the Code.

6. Changes in Actuarial Methods Since the Last Valuation

None.

Schedule MB, Line 4f – Cash Flow Projections

Year Beginning January 1,	Employer Contributions	Benefit Payments	Administrative Expenses	Net Cash Flow
2025	$ 25,156,000	$ 97,420,000	$ 3,271,000	$ (75,535,000)
2026	25,462,000	92,379,000	3,336,000	(70,254,000)
2027	25,786,000	96,332,000	3,403,000	(73,950,000)
2028	24,306,000	99,720,000	3,471,000	(78,885,000)
2029	22,919,000	102,589,000	3,540,000	(83,210,000)
2030	21,619,000	104,517,000	3,611,000	(86,510,000)
2031	20,399,000	105,946,000	3,683,000	(89,231,000)
2032	19,254,000	106,594,000	3,757,000	(91,097,000)
2033	18,178,000	106,537,000	3,832,000	(92,191,000)
2034	17,168,000	106,326,000	3,909,000	(93,067,000)
2035	16,219,000	105,814,000	3,987,000	(93,582,000)
2036	15,326,000	104,882,000	4,067,000	(93,623,000)
2037	14,486,000	103,622,000	4,148,000	(93,284,000)
2038	13,695,000	101,987,000	4,231,000	(92,523,000)
2039	12,950,000	100,020,000	4,316,000	(91,386,000)
2040	12,249,000	97,619,000	4,402,000	(89,772,000)
2041	11,588,000	94,898,000	4,490,000	(87,800,000)
2042	10,965,000	92,069,000	4,580,000	(85,684,000)
2043	10,378,000	88,979,000	4,672,000	(83,273,000)
2044	9,823,000	85,791,000	4,765,000	(80,732,000)
2045	9,300,000	82,583,000	4,860,000	(78,143,000)

Based on the 2025 PPA Certification, the plan is projected to become insolvent in the 2049 plan year. Above is a cash flow projection from the 2025 PPA Certification.

Key assumptions are listed below; see the 2025 PPA certification for further information:

- Excludes investment returns
- Projection of future contributions based on the Trustees' estimate of future industry activity of annual membership declines of 5.0% for full-time and 10.0% for part-time and contribution increases specified in the 2025 Rehabilitation Plan
- Reflects contribution rate increases for the current collective bargaining agreement and no future increases thereafter
- Administrative Expenses increased 2.0% per year

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

The liabilities use a blended rate of the ERISA §4044 30-year yield curve as of December 31, 2024 (PBGC basis) and 6.60% per year (Adjusted Plan Basis)

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment G to 2025 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$ 5,090,528	$ 4,924,378	$ 74,531,664	$ 84,546,570
2026	9,028,950	4,042,721	72,547,237	85,618,908
2027	12,697,905	5,889,985	70,504,103	89,091,993
2028	16,033,017	8,014,566	68,370,364	92,417,947
2029	19,009,572	10,252,502	66,130,750	95,392,824
2030	21,519,720	12,250,006	63,801,253	97,570,979
2031	23,652,221	14,084,022	61,403,890	99,140,133
2032	25,630,800	15,977,731	58,907,431	100,515,962
2033	27,062,585	17,634,243	56,307,154	101,003,982
2034	28,203,840	19,465,853	53,638,066	101,307,759
2035	29,103,065	21,141,655	50,942,124	101,186,844
2036	29,746,720	22,754,325	48,217,992	100,719,037
2037	30,216,212	24,275,440	45,451,801	99,943,453
2038	30,507,034	25,435,418	42,654,400	98,596,852
2039	30,448,820	26,405,004	39,837,891	96,691,715
2040	30,265,307	27,081,431	37,015,703	94,362,441
2041	29,951,292	27,532,833	34,202,561	91,686,686
2042	29,568,943	27,912,968	31,414,530	88,896,441
2043	29,000,076	28,179,964	28,668,896	85,848,936
2044	28,359,617	28,309,763	25,983,840	82,653,220
2045	27,604,717	28,352,706	23,378,129	79,335,552
2046	26,750,048	28,273,152	20,870,610	75,893,810
2047	25,868,359	28,101,111	18,479,555	72,449,025
2048	24,826,063	27,816,249	16,222,033	68,864,345
2049	23,931,056	27,394,966	14,113,128	65,439,150

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment G to 2025 Form 5500 Schedule MB

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	$ 22,882,343	$ 27,001,495	$ 12,165,114	$ 62,048,952
2051	21,760,652	26,458,442	10,386,754	58,605,848
2052	20,597,792	25,933,221	8,782,851	55,313,864
2053	19,403,060	25,349,852	7,354,143	52,107,055
2054	18,215,076	24,743,158	6,097,380	49,055,614
2055	17,037,902	23,958,704	5,005,740	46,002,346
2056	15,748,347	23,073,300	4,069,411	42,891,058
2057	14,474,894	22,097,479	3,276,344	39,848,717
2058	13,258,625	21,133,825	2,613,025	37,005,475
2059	12,105,396	20,114,072	2,065,167	34,284,635
2060	11,021,519	19,114,690	1,618,309	31,754,518
2061	10,003,230	18,078,166	1,258,303	29,339,699
2062	9,047,786	17,037,303	971,711	27,056,800
2063	8,160,316	15,908,416	746,147	24,814,879
2064	7,341,065	14,711,209	570,477	22,622,751
2065	6,586,778	13,526,219	434,942	20,547,939
2066	5,893,197	12,396,665	331,205	18,621,067
2067	5,257,367	11,325,631	252,282	16,835,280
2068	4,675,547	10,312,358	192,469	15,180,374
2069	4,143,959	9,354,897	147,216	13,646,072
2070	3,658,969	8,451,248	112,955	12,223,172
2071	3,217,125	7,599,574	86,942	10,903,641
2072	2,815,229	6,798,207	67,089	9,680,525
2073	2,450,422	6,045,739	51,843	8,548,004
2074	2,120,140	5,341,147	40,050	7,501,337

Notes on the Expected Annual Benefit Payments:

- Based on the 2025 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants, or expected expenses

Plan Name: UFCW Local 1262 & Employers Pension Fund
Plan Sponsor EIN: 22-6074414 / 001
Attachment I to 2025 Form 5500 Schedule MB

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$ 25,156,000	$ 0	$ 25,156,000
2026	25,462,000	0	25,462,000
2027	25,786,000	0	25,786,000
2028	24,306,000	0	24,306,000
2029	22,919,000	0	22,919,000
2030	21,619,000	0	21,619,000
2031	20,399,000	0	20,399,000
2032	19,254,000	0	19,254,000
2033	18,178,000	0	18,178,000
2034	17,168,000	0	17,168,000

Contributions used in the certification of the status in line 4(b).

NAME OF PLAN: UFCW LOCAL 1262 & EMPLOYERS PENSION FUND

NAME OF PLAN SPONSOR: TRUSTEES UFCS LOCAL 1262 PENSION FUND

EIN: 22-6074414
PLAN NUMBER: 001

ATTACHMENT TO 2025 FORM 5500

SCHEDULE R, LINE 13e – INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

SHOPRITE SUPERMARKETS, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58 Base unit measure: Other, Part-Time Month Worked

STOP & SHOP
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58 Base unit measure: Other, Part-Time Month Worked

SAKER SUPERMARKETS, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58 Base unit measure: Other, Part-Time Month Worked

GLASS GARDENS, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58 Base unit measure: Other, Part-Time Month Worked

INSERRA SUPERMARKETS, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58 Base unit measure: Other, Part-Time Month Worked

VILLAGE SUPER MARKET, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58 Base unit measure: Other, Part-Time Month Worked

RONETCO MARKETS, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58
Base unit measure: Other, Part-Time Month Worked

S/R HUNTERDON CITY & CLINTON
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58
Base unit measure: Other, Part-Time Month Worked

SUNRISE MARKET, INC.
Contribution Rate (in dollars and cents) $631.64 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $210.58
Base unit measure: Other, Part-Time Month Worked

FOODTOWN
Contribution Rate (in dollars and cents) $615.00 Base unit measure: Other, Full-Time Month Worked
Contribution Rate (in dollars and cents) $204.00
Base unit measure: Other, Part-Time Month Worked

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.)

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

C If the plan is a collectively-bargained plan, check here ▶ [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 LOCAL 1262 & EMPLOYERS PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1964

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRUSTEES UFCW LOCAL 1262 PENSION FUND

1389 BROAD STREET

CLIFTON NJ 07013-4221

2b Employer Identification Number (EIN) 22-6074414

2c Plan Sponsor's telephone number 973-778-5800

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	x Harvey Whille **Signature of plan administrator**	10/13/2026 Date	HARVEY WHILLE Enter name of individual signing as plan administrator
SIGN HERE	**Signature of employer/plan sponsor**	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	**Signature of DFE**	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	25,554
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	4,449
a (2) Total number of active participants at the end of the plan year	**6a(2)**	4,073
b Retired or separated participants receiving benefits	**6b**	8,979
c Other retired or separated participants entitled to future benefits	**6c**	11,111
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	24,163
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1,040
f Total. Add lines **6d** and **6e**	**6f**	25,203
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	20

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

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)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) - Number Attached ____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
UFCW Local 1262 and Employers Pension Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees UFCW Local 1262 Pension Fund

D Employer Identification Number (EIN)
22-6074414

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

1a	Enter the valuation date: Month 1 Day 1 Year 2025		
b	Assets		
	(1) Current value of assets	1b(1)	998,632,881
	(2) Actuarial value of assets for funding standard account	1b(2)	1,054,984,714
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	1,200,740,284
	(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)	1,200,740,284
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	1,793,570,816
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	15,121,284
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	83,089,692
	(3) Expected plan disbursements for the plan year	1d(3)	87,856,677

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

Christi Benjaminson
Signature of actuary

10/7/2026
Date

Christian E. Benjaminson, FSA, EA
Type or print name of actuary

26-07015
Most recent enrollment number

Cheiron, Inc.
Firm name

(703)893-1456
Telephone number (including area code)

701 East Gate Drive, Suite 330
Mount Laurel NJ 08054
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	998,632,881
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		9,750	877,886,876
(2) For terminated vested participants		11,465	435,941,127
(3) For active participants:			
(a) Non-vested benefits			13,629,474
(b) Vested benefits			466,113,339
(c) Total active		4,449	479,742,813
(4) Total		25,664	1,793,570,816
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	55.68 %

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	24,993,244				

	Totals ►	**3(b)**	24,993,244	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	51,160

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	87.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] 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 [X] 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 [X] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2049

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** [X] 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 [X] No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9FP	9FP
d Valuation liability interest rate	**6d**	7.00 %	7.00%
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.5%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.6%	
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)**	3,200,000	
(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	26,323,924	2,701,145
4	-8,244,339	-845,966

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)**	5
(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**	-5,732,097

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**	11,989,600

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)**	263,435,728		40,402,464
(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**	3,667,444
e Total charges. Add lines 9a through 9d			**9e**	56,059,508
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	2,925,464
g Employer contributions. Total from column (b) of line 3			**9g**	24,993,244
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	114,754,694		36,657,781
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	3,645,591
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	232,214,040		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	577,542,035		
(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**	68,222,080
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	12,162,572
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**	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No