

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH & WELFARE
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH & WELFARE TRUST FUND
2b Employer Identification Number (EIN): 94-3218766
2c Plan Sponsor's telephone number: 916-538-7291
2d Business code (see instructions): 424500

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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows include Mike Fursman (plan administrator) and James Beard (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	212
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	212
	<b>6a(2)</b>	215
	<b>6b</b>	63
	<b>6c</b>	
	<b>6d</b>	278
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	9

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4D 4E 4H 4L 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>9</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**KAISER FOUNDATION HEALTH PLAN INC**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-1340523</b>	<b>0000</b>	<b>34459</b>	<b>399</b>	<b>08/01/2023</b>	<b>07/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
<b>0</b>	<b>0</b>

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

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

**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3358295
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HEALTH NET**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>95-4402957</b>	<b>0000</b>	<b>6200</b>	<b>26</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

**b** Balance at the end of the previous year ..... **7b**

**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
 (2) Dividends and credits ..... **7c(2)**  
 (3) Interest credited during the year ..... **7c(3)**  
 (4) Transferred from separate account..... **7c(4)**  
 (5) Other (specify below) ..... **7c(5)**  
 ▶

(6) Total additions ..... **7c(6)** 0

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d**

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
 (2) Administration charge made by carrier ..... **7e(2)**  
 (3) Transferred to separate account..... **7e(3)**  
 (4) Other (specify below) ..... **7e(4)**  
 ▶

(5) Total deductions ..... **7e(5)** 0

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	134841
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF CALIFORNIA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-1461312</b>	<b>0000</b>	<b>02455</b>	<b>447</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....			<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....		<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....			<b>9b(3)</b>
(4) Claims charged .....			<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	20710	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	20710
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....			<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....			<b>9d(1)</b>
(2) Claim reserves .....			<b>9d(2)</b>
(3) Other reserves.....			<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....			<b>9e</b>
<b>10</b> Nonexperience-rated contracts:			
<b>a</b> Total premiums or subscription charges paid to carrier .....		<b>10a</b>	140450
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....		<b>10b</b>	97511

Specify nature of costs.

**CLAIMS PAID BY PROVIDER**

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**NEWPORT DENTAL PLAN**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>95-3539992</b>	<b>0000</b>	<b>NP3082 500C</b>	<b>22</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
<b>0</b>	<b>0</b>

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

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

**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions.....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions.....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	14449
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF CALIFORNIA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-1461312</b>	<b>0000</b>	<b>75145-00001</b>	<b>31</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input checked="" type="checkbox"/> Dental    | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges.....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves.....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	7987
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNITEDHEALTHCARE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-2739571</b>	<b>79413</b>	<b>0717403</b>	<b>24</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

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

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

- 8** Benefit and contract type (check all applicable boxes)
- |  |  |   |  |
|--|--|---|--|
| <b>a</b> <input type="checkbox"/> Health (other than dental or vision)         | <b>b</b> <input checked="" type="checkbox"/> Dental    | <b>c</b> <input type="checkbox"/> Vision                    | <b>d</b> <input type="checkbox"/> Life insurance     |
| <b>e</b> <input type="checkbox"/> Temporary disability (accident and sickness) | <b>f</b> <input type="checkbox"/> Long-term disability | <b>g</b> <input type="checkbox"/> Supplemental unemployment | <b>h</b> <input type="checkbox"/> Prescription drug  |
| <b>i</b> <input type="checkbox"/> Stop loss (large deductible)                 | <b>j</b> <input type="checkbox"/> HMO contract         | <b>k</b> <input type="checkbox"/> PPO contract              | <b>l</b> <input type="checkbox"/> Indemnity contract |
| <b>m</b> <input type="checkbox"/> Other (specify) ▶                            |  |   |  |

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges.....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves.....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>
<b>10</b> Nonexperience-rated contracts:		
<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	16743
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNITEDHEALTHCARE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>36-2739571</b>	<b>79413</b>	<b>SRSUP</b>	<b>4</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	16580
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**BLUE SHIELD OF CALIFORNIA**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>94-0360524</b>	<b>47732</b>	<b>W0067190</b>	<b>215</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
---	--

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

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

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2082792
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>		<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**UNITEDHEALTHCARE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>11-3283886</b>	<b>60093</b>	<b>S5921</b>	<b>4</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**NONE**

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	18456
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

N/A

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**DODGE & COX**

**94-1441976**

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

**CALIFORNIA PHYSICIAN'S SERVICE**

**94-0360524**

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

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

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

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

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

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

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

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

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

TOTAL TRUST, LLC

26-0048379

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	158697	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EIDE BAILLY LLP

45-0250958

(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	95399	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL CO.

94-1503999

(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?
16 50	NONE	55220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

WEINBERG, ROGER & ROSENFELD

94-2458080

(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	40500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
21 50	NONE	15886	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**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.

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>	<b>B</b> Three-digit plan number (PN)	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3218766</b>	

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 1400793	900816
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 406745	385450
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 44772	43682
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 53490	62630
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 1701023	2474622
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 1044026	1207911
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 705522	815935
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	5356371	5891046
<b>Liabilities</b>			
g Benefit claims payable .....	1g	1989	2350
h Operating payables .....	1h	30496	8713
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	734167	826990
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	766652	838053
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	4589719	5052993

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	4965814	
(B) Participants .....	2a(1)(B)	436562	
(C) Others (including rollovers) .....	2a(1)(C)		
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		5402376
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	17968	
(B) U.S. Government securities .....	2b(1)(B)	69519	
(C) Corporate debt instruments .....	2b(1)(C)	49553	
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		137040
(2) Dividends:			
(A) Preferred stock .....	2b(2)(A)		
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	12212	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		12212
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)	2767835	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	2785707	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		-17872
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)	39935	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		128200
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5701891

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	25299	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	4776390	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4801689
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	158697	
(3) Recordkeeping fees.....	<b>2i(3)</b>	65499	
(4) IQPA audit fees.....	<b>2i(4)</b>	29900	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5037	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	15886	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	40500	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	25081	
(11) Other expenses .....	<b>2i(11)</b>	96328	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		436928
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5238617

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		463274
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: EIDE BAILLY LLP

(2) EIN: 45-0250958

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

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

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

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

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

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



Financial Statements  
June 30, 2024 and 2023

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Northern California UFCW Wholesale Health and Welfare Trust Fund

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June 30, 2024 and 2023

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## Independent Auditor's Report

The Board of Trustees  
Northern California UFCW Wholesale  
Health and Welfare Trust Fund  
Concord, California

### Opinion

We have audited the financial statements of Northern California UFCW Wholesale Health and Welfare Trust Fund, an employee benefit plan subject to the Employee Retirement Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations 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 and benefit obligations of Northern California UFCW Wholesale Health and Welfare Trust Fund as of June 30, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations 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 Northern California UFCW Wholesale Health and Welfare Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

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

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

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

### **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 Northern California UFCW Wholesale Health and Welfare Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Northern California UFCW Wholesale Health and Welfare Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

## Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

The image shows a handwritten signature in cursive script that reads "Eide Bailly LLP".

Walnut Creek, California  
April 4, 2025

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Statements of Net Assets Available for Benefits

June 30, 2024 and 2023

	2024	2023
Assets		
Investments at fair value	\$ 4,561,098	\$ 3,504,061
Receivables		
Employer contributions	385,450	406,745
Accrued interest	25,178	15,798
Other receivable	1,398	9,147
	412,026	431,690
Other assets	17,106	19,827
Cash	900,816	1,400,793
Total assets	5,891,046	5,356,371
Liabilities		
Accounts payable	8,713	30,496
Net Assets Available for Benefits	\$ 5,882,333	\$ 5,325,875

## Northern California UFCW Wholesale Health and Welfare Trust Fund

Statements of Changes in Net Assets Available for Benefits  
Years Ended June 30, 2024 and 2023

	2024	2023
<b>Additions</b>		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 150,263	\$ (6,745)
Interest and dividends	149,252	103,361
	299,515	96,616
Less investment expenses	(20,923)	(18,778)
	278,592	77,838
<b>Contributions</b>		
Employer	4,965,814	4,843,084
Retiree	436,562	527,803
	5,402,376	5,370,887
Total additions	5,680,968	5,448,725
<b>Deductions</b>		
Premiums paid		
Medical		
Kaiser Foundation Health Plan	2,345,380	2,593,154
Blue Shield of California	1,996,314	1,773,149
Health Net	134,841	142,839
United Healthcare	35,035	60,582
Dental		
Delta Dental - PPO	131,203	105,389
Newport Dental	15,703	18,640
United Healthcare	16,743	18,144
Delta Care - PMI	7,987	8,867
	4,683,206	4,720,764
Claims paid		
Vision Service Plan	15,299	8,034
Death and dismemberment	10,000	-
	25,299	8,034
Total benefits	4,708,505	4,728,798

Northern California UFCW Wholesale Health and Welfare Trust Fund  
 Statements of Changes in Net Assets Available for Benefits  
 Years Ended June 30, 2024 and 2023

	2024	2023
Operating expenses		
Administrative expenses		
Plan administration	\$ 158,697	\$ 117,720
Vision administration fee	3,231	3,487
	161,928	121,207
Professional services		
Benefit consultant	55,220	65,195
Legal	40,500	42,198
Auditing	95,399	74,766
	191,119	182,159
General expenses		
Insurance	18,325	15,727
Travel expense	25,081	7,330
Commercial banking	355	915
Sub-office expense	5,171	5,299
Postage and printing	3,544	972
Miscellaneous	10,482	7,738
	62,958	37,981
Total operating expenses	416,005	341,347
Total deductions	5,124,510	5,070,145
Net Increase	556,458	378,580
Net Assets Available for Benefits		
Beginning of year	5,325,875	4,947,295
End of year	\$ 5,882,333	\$ 5,325,875

# Northern California UFCW Wholesale Health and Welfare Trust Fund

## Statements of Benefit Obligations

June 30, 2024 and 2023

	2024	2023
Amounts Currently Payable		
Insurance premiums due to insurers	\$ 800,840	\$ 701,009
Premiums advanced by retirees	26,150	33,158
Claims payable	2,350	1,989
Total benefit obligations	\$ 829,340	\$ 736,156

Northern California UFCW Wholesale Health and Welfare Trust Fund

Statements of Changes in Benefit Obligations

Years Ended June 30, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
Amounts Currently Payable		
Balance at beginning of the year	\$ 736,156	\$ 728,832
Claims and premiums reported and approved for payment	4,801,689	4,736,122
Claims and premiums paid	<u>(4,708,505)</u>	<u>(4,728,798)</u>
Total benefit obligations at end of year	<u>\$ 829,340</u>	<u>\$ 736,156</u>

**Note 1 - Description of the Plan**

The following brief description of the Northern California UFCW Wholesale Health and Welfare Trust Fund (the Plan) is provided for general information purposes only. Participants should refer to the summary plan description for more complete description of the Plan's provisions.

**General**

The Plan, a multiemployer health and welfare plan, was established on June 9, 1995, for the purpose of providing health care and group life benefits to eligible participants covered by the collective bargaining agreements between employers represented by the San Francisco Employers Council, other employers and UFCW Locals. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board consisting of equal representation from the participating employers and the UFCW Local Unions.

**Benefits**

The Plan provides health benefits including accidental death and dismemberment, medical, vision and dental benefits for active and retired participants. All medical and dental benefits are insured with premiums paid by the Plan. All vision and accidental death and dismemberment claims are self-funded by the Plan.

**Contributions and Eligibility**

Participating employers are required to pay an hourly contribution to the Plan for each compensable hour of employment worked by covered employees. Employer contributions on behalf of each participant are credited to a reserve (accumulated eligibility credits) maintained for the participant under the Plan. The principal hourly employer contribution rate in effect for the Plan is \$10.05 and \$9.75 for the years ended June 30, 2024 and 2023, respectively.

Retirees' self-pay rates fluctuate depending upon the retiree's age and the benefit program chosen.

Prior to August 1, 2002, an employee and his or her dependents become eligible for coverage on the first day of the second calendar month following a calendar month in which the employee has completed a minimum of 80 hours. For employees hired on or after August 1, 2002, an employee and his or her dependents become eligible for coverage by working a minimum of 80 hours in each of three consecutive months for a contributing employer. There is a lag month; Eligibility begins on the first day of the month after the lag month. Once the participant is initially eligible, his or her eligibility can be maintained by continuously working a minimum of 80 hours from month to month. As a result of the eligibility provisions of the Plan, hours worked by participants through June 30 produce August eligibility for active participants.

Retirees are required to submit payments before the 15th of the month prior to the month of coverage. Therefore, payments received after May 15 are considered to be advance payments for July coverage and are carried as benefit obligations. After meeting retirement status qualifications, retirees may obtain coverage by fully funding the Plan with retiree self-payments.

The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act.

## **Note 2 - Summary of Significant Accounting Policies**

### **Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, benefit obligations, and changes therein and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

### **Employer Contributions, Contributions Receivable, and Allowance for Credit Losses**

The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a rate per hour for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. Management of the Plan evaluates participating employers' contributions receivable periodically for potential credit losses based on historical experience as well as current and reasonable and supportable forecasted economic conditions. As of June 30, 2024 and 2023, there was no allowance taken.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise due to these payroll audits and are recorded as contributions when collected.

### **Payment of Benefits**

Claims and premiums are recorded when paid. Premiums paid are recorded as premium payments in the accompanying statements of changes in net assets available for benefits. Claim payments are recorded as claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of changes in net assets available for benefits. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. The Plan's Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians.

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

The classification of investment earnings reported in the statements of changes in the net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

### **Expenses**

Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net depreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

### **Current Benefit Obligations**

As a result of eligibility provisions of the Plan, hours worked by participants through June 30 produce eligibility through August 31 for active participants. Accordingly, insurance premiums and claims incurred are accrued on the basis of hours worked through June 30 and eligibility through August 31 and are included in the accompanying statements of benefit obligations as amounts currently payable.

Retirees earn coverage by submitting self-payment by the 15th of the month prior to month in which they are covered. Amounts received by year end for coverage after year end are reported as premiums advanced by retirees in the accompanying statements of benefit obligations.

### **Concentrations of Credit Risk**

The Plan holds assets in various certificates of deposit and money market deposit accounts, the balances of which are periodically in excess of federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At June 30, 2024 and 2023, the Plan had approximately \$673,000 and \$1,200,000, respectively, in excess of FDIC-insured limits.

### Adoption of New Accounting Standard

As of July 1, 2023, the Plan adopted Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* (ASU 2016-13), which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The CECL model is applicable to the measurement of credit losses on financial assets measured at amortized cost, including contribution receivables. CECL requires entities to measure all expected credit losses for financial assets held at the reporting date based on historical experience, current conditions, and reasonable and supportable forecasts. This standard provides financial statement users with more decision-useful information about the expected losses on financial instruments.

The Plan adopted ASU 2016-13 using the modified retrospective review method for all financial assets measured at amortized cost. Results for reporting periods beginning after July 1, 2023, are presented under Topic 326 while prior period amounts continue to be reported in accordance with previously applicable GAAP. The adoption of the new standard did not materially impact the Plan's financial statements. See Accounting Policies Notes for further disclosure of the Plan's Contributions Receivable.

### Subsequent Events

The Plan has evaluated subsequent events through April 4, 2025, the date which the financial statements were available to be issued.

### Note 3 - 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 under the FASB ASC 820 are described as follows:

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.

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Notes to Financial Statements

June 30, 2024 and 2023

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

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

U.S. government securities – valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuer with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024 and 2023.

	2024			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 62,630	\$ -	\$ -	\$ 62,630
U.S. government securities	-	2,474,622	-	2,474,622
Corporate bonds	-	1,207,911	-	1,207,911
Mutual fund	815,935	-	-	815,935
	<b>\$ 878,565</b>	<b>\$ 3,682,533</b>	<b>\$ -</b>	<b>\$ 4,561,098</b>
Investments at fair value	<b>\$ 878,565</b>	<b>\$ 3,682,533</b>	<b>\$ -</b>	<b>\$ 4,561,098</b>
	2023			
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ 53,490	\$ -	\$ -	\$ 53,490
U.S. government securities	-	1,701,023	-	1,701,023
Corporate bonds	-	1,044,026	-	1,044,026
Mutual fund	705,522	-	-	705,522
	<b>\$ 759,012</b>	<b>\$ 2,745,049</b>	<b>\$ -</b>	<b>\$ 3,504,061</b>
Investments at fair value	<b>\$ 759,012</b>	<b>\$ 2,745,049</b>	<b>\$ -</b>	<b>\$ 3,504,061</b>

**Note 4 - Tax Status**

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS) dated July 24, 1995, stating that the Plan is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (IRC). In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Plan is tax-exempt. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

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

**Note 5 - Related Party and Parties-in-Interest Transactions**

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under the ERISA.

UFCW Locals 5 and 8 are parties to the collective bargaining agreements which provide for health and welfare benefits for its eligible members. Additionally, the UFCW Locals provide health and welfare information services to the participants in the Plan, which reimburses the local unions for costs relating to the provision of this service. During the years ended June 30, 2024 and 2023, the Plan reimbursed the UFCW Locals a total of \$5,171 and \$5,299, respectively.

**Note 6 - Risks and Uncertainties**

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

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Notes to Financial Statements

June 30, 2024 and 2023

## Note 7 - Reconciliation of the Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2024 and 2023 to the Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 5,882,333	\$ 5,325,875
Benefit obligations currently payable	(829,340)	(736,156)
Net assets available for benefits per Form 5500	\$ 5,052,993	\$ 4,589,719

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the year ended June 30, 2024:

Total Benefits Paid per the Financial Statements	\$ 4,708,505
Add - amounts currently payable at end of year	829,340
Less - amounts currently payable at beginning of year	(736,156)
Total Benefits Paid per the Form 5500	\$ 4,801,689

Claims and premiums that have been processed and approved for payment at year-end, but not paid are not considered liabilities under generally accepted accounting principles and, therefore, are not presented as liabilities in the accompanying financial statements but are recorded on the Form 5500 as a liability.

## Note 8 - Priorities Upon Plan Termination

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the Plan may be terminated at any time by the Trustees by an instrument in writing executed by mutual consent, subject to the provisions of the Plan Agreement. Upon the termination, any monies remaining in the Plan after the payment of all expenses and obligations of the Plan, shall be paid or used for the continuance of one or more benefits in accordance with the provisions of this Plan until such Plan is exhausted. No assets of the Plan may revert to the signatory employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2024

EIN: 94-3218766

Plan No: 501

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Money Market Mutual Fund				
US Bank Money Market	Money Market Mutual Fund	\$ 62,630	\$ 62,630	
Total Money Market Mutual Fund		62,630	62,630	
US Government Securities				
F H L M C Gd	4.000% 10/01/31	4,982	4,603	
F H L M C	6.641% 05/01/37	2,920	2,964	
F H L M C	7.185% 11/01/35	918	935	
F H L M C	6.088% 11/01/39	1,202	1,146	
F H L M C Gd	6.500% 09/01/37	234	235	
F H L M C Gd	6.500% 11/01/37	140	139	
F H L M C Gd	6.500% 02/01/38	957	944	
F H L M C Gd	5.500% 01/01/35	2,213	2,046	
F H L M C	2.884% 07/01/52	20,928	20,156	
F H L M C	4.209% 09/01/52	5,939	5,851	
F H L M C	5.835% 10/01/44	1,931	1,905	
F H L M C	5.863% 11/01/44	2,696	2,637	
F H L M C	4.261% 08/01/44	1,547	1,512	
F H L M C	6.000% 12/01/32	-	2,682	
F H L M C	2.000% 11/01/50	21,050	16,136	
F H L M C	2.500% 11/01/51	15,630	12,537	
F H L M C	3.500% 06/01/52	14,361	13,543	
F H L M C	3.000% 06/01/52	46,653	45,777	
F H L M C	3.500% 12/01/52	10,664	10,654	
F H L M C	3.500% 08/01/53	23,043	22,403	
F H L M C	4.000% 03/01/53	9,774	9,966	
F H L M C	5.500% 03/01/54	11,738	11,755	
F H L M C	2.500% 02/01/51	12,240	9,795	
F H L M C	2.000% 03/01/51	35,806	36,813	
F H L M C	3.500% 08/01/52	17,022	17,043	
F H L M C Gd	4.500% 03/01/47	1,516	1,362	
F H L M C	5.870% 11/01/44	1,135	1,113	
F H L M C	5.981% 02/01/45	1,320	1,300	
F H L M C	2.000% 07/01/50	56,379	43,121	
F H L M C	2.000% 10/01/50	42,616	32,608	
F H L M C	2.500% 01/01/52	14,282	13,675	
F H L M C	3.000% 02/01/52	31,853	29,136	
F H L M C	3.500% 04/01/52	37,931	37,689	
F H L M C	3.500% 04/01/52	73,919	68,075	
F H L M C	5.500% 07/01/53	68,994	68,424	
F H L M C	2.500% 06/01/41	113,369	94,471	
F H L M C	7.321% 10/01/46	1,018	1,010	

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2024

EIN: 94-3218766

Plan No: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	F N M A Gtd	7.500% 11/25/40	\$ 4,984	\$ 4,638
	G N M A Gtd	2.500% 04/25/50	24,689	23,873
	F N M A	6.000% 10/01/32	2,571	2,619
	F N M A	6.500% 02/01/38	482	453
	F N M A	5.975% 11/01/38	2,277	2,164
	F N M A	5.902% 06/01/39	308	293
	F N M A	4.500% 01/01/25	49	46
	F N M A	6.637% 05/01/44	951	938
	F N M A	4.500% 10/01/34	625	562
	F N M A	6.236% 04/01/44	821	801
	F N M A	6.123% 06/01/42	2,534	2,440
	F N M A	4.500% 02/01/45	2,383	2,113
	F N M A	3.500% 09/01/31	2,933	2,668
	F N M A	7.056% 07/01/46	2,387	2,411
	F N M A	4.500% 05/01/45	3,090	2,773
	F N M A	4.500% 02/01/46	2,778	2,495
	F N M A	7.422% 02/01/46	853	846
	F N M A	4.000% 10/01/34	6,646	5,945
	F N M A	6.000% 03/01/33	1,490	1,509
	F N M A	5.500% 06/01/33	1,723	1,593
	F N M A	6.50001% 07/25/42	2,568	2,496
	F N M A	5.000% 09/25/40	22,016	22,673
	F N M A	3.328% 07/01/47	2,674	2,680
	F N M A	4.500% 06/01/48	42,094	44,089
	F N M A	4.000% 01/01/47	2,810	2,521
	F N M A	3.500% 04/01/52	4,678	4,636
	F N M A	4.500% 11/01/48	2,867	2,598
	F N M A	4.500% 12/01/48	1,342	1,213
	F N M A	2.500% 07/01/50	21,479	16,999
	F N M A	2.500% 07/01/50	43,509	34,538
	F N M A	2.500% 07/01/50	43,294	34,172
	F N M A	2.000% 07/01/50	46,683	35,778
	F N M A	2.000% 08/01/50	36,822	28,269
	F N M A	2.000% 09/01/50	17,911	13,687
	F N M A	2.000% 12/01/50	16,618	12,693
	F N M A	3.500% 06/01/52	51,891	47,538
	F N M A	3.500% 08/01/52	17,005	15,334
	F N M A	3.500% 01/01/51	56,758	51,650
	F N M A	2.500% 02/01/51	11,343	8,987
	F N M A	2.500% 12/01/51	24,318	19,540
	F N M A	3.000% 03/01/52	14,187	12,483
	F N M A	3.500% 10/01/52	20,174	19,392
	F N M A	3.500% 08/01/52	168,434	169,096

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2024

EIN: 94-3218766

Plan No: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	F N M A	5.500% 10/01/53	\$ 16,234	\$ 16,160
	F N M A	5.500% 05/01/54	13,631	13,635
	F N M A	2.500% 10/01/50	51,790	40,657
	F N M A	2.000% 02/01/51	12,259	9,413
	F N M A	6.653% 02/01/35	115	119
	F N M A	6.000% 04/01/35	3,123	3,173
	F N M A	5.930% 10/01/34	585	609
	F N M A	5.695% 02/01/35	2,336	2,398
	F N M A	7.000% 03/01/37	1,295	1,206
	F N M A	4.000% 11/01/30	2,556	2,336
	F N M A	4.500% 01/01/31	1,512	1,374
	F N M A	3.500% 03/01/37	2,276	2,069
	F N M A	2.500% 08/01/41	13,736	11,389
	F N M A	2.000% 12/01/41	11,252	11,082
	F N M A	3.500% 04/01/52	19,174	18,598
	F N M A	3.500% 05/01/52	87,231	87,643
	F N M A	4.000% 07/01/52	10,023	9,931
	F N M A	4.000% 08/01/52	15,006	14,922
	F N M A	6.500% 08/01/39	483	456
	G N M A	5.823% 06/20/68	19,614	19,821
	S B A Gtd Dev	5.710% 06/01/27	458	456
	US Treasury	0.750% 04/30/26	156,479	146,023
	US Treasury	0.750% 05/31/26	68,548	63,989
	US Treasury	0.625% 07/31/26	28,892	26,678
	US Treasury	4.000% 06/30/28	9,895	9,848
	US Treasury	4.000% 07/31/30	67,413	66,704
	US Treasury	4.875% 10/31/28	372,129	371,815
	United States Treas	4.375% 11/30/30	10,077	10,008
	US Treasury	3.750% 12/31/30	29,549	28,981
	US Treasury	3.750% 12/31/28	49,854	48,723
	US Treasury	4.125% 03/31/31	14,823	14,803
	US Treasury	4.625% 04/30/31	70,528	71,126
	Illinois ST	5.100% 06/01/33	15,296	13,852
	Texas Nat Gas	5.102% 04/01/35	24,483	24,222
			2,647,624	2,474,622
	Total US Government Securities			
	Corporate Bonds			
	At T Inc Glbl	2.750% 06/01/31	\$ 8,432	8,563
	Abbvie Inc	3.200% 11/21/29	17,052	13,764
	American Elec Pwr	5.200% 01/15/29	29,897	29,838
	American Elec Pwr	5.699% 08/15/25	4,978	5,004
	Anheuser Busch Inbev	3.500% 06/01/30	22,337	18,580

# Northern California UFCW Wholesale Health and Welfare Trust Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2024

EIN: 94-3218766

Plan No: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Anthem Inc	2.375% 01/15/25	5,140	4,914
	Anthem Inc	2.250% 05/15/30	10,293	8,568
	Bat Capital Corp	6.421% 08/02/33	\$ 10,234	\$ 10,455
	Bat Capital Corp	2.259% 03/25/28	3,932	4,480
	Bat Capital Corp	2.726% 03/25/31	10,039	8,433
	Bat Capital Corp	4.742% 03/16/32	23,914	23,723
	Bank of America Mtn	2.496% 02/13/31	15,460	12,965
	Bank of America Mtn	4.948% 07/22/28	25,420	24,799
	Bank of America Mtn	6.204% 11/10/28	25,470	25,746
	Bank New York Mtn	5.802% 10/25/28	10,000	10,189
	Bank New York Mtn	6.371% 10/25/29	15,194	15,678
	Berkshire Hathaway	3.700% 07/15/30	27,201	27,896
	Boston Properties LP	2.900% 03/15/30	15,966	12,726
	Boston Properties LP	3.250% 01/30/31	12,550	12,678
	Boston Properties LP	6.750% 12/01/27	10,112	10,258
	Cigna Corp	4.375% 10/15/28	17,945	14,566
	Cvs Health Corp	4.300% 03/25/28	15,334	13,519
	Cvs Health Corp	3.750% 04/01/30	4,766	4,601
	Capital One	4.200% 10/29/25	5,601	4,897
	Capital One Finl	4.927% 05/10/28	10,000	9,858
	Capital One	6.312% 06/08/29	15,000	15,348
	Capital One	7.624% 10/30/31	5,233	5,504
	Charter Comm Opt LLC	4.908% 07/23/25	3,155	2,971
	Charter	4.200% 03/15/28	38,643	37,802
	Charter	5.050% 03/30/29	4,831	4,808
	Charter	6.100% 06/01/29	4,997	5,016
	Citigroup Inc	4.125% 07/25/28	28,515	23,998
	Citigroup Inc	4.412% 03/31/31	30,292	28,592
	Citigroup Inc	5.610% 09/29/26	10,000	9,995
	Coca Cola Co	1.450% 06/01/27	19,976	18,268
	Comcast Corp	5.350% 11/15/27	14,993	15,163
	Commonwealth Edison	2.550% 06/15/26	32,640	33,346
	Dow Chemical Co	4.800% 11/30/28	5,998	4,951
	Exelon Corp	3.350% 03/15/32	4,308	4,384
	Exxon Mobil	3.482% 03/19/30	17,331	13,985
	Exxon Mobil	2.610% 10/15/30	10,591	8,774
	Fedex Corp	4.250% 05/15/30	11,966	9,602
	Florida Pwr Lt Co	5.050% 04/01/28	14,981	15,055
	Ford Cr Auto Owner	4.650% 02/15/28	9,999	9,907
	Goldman Sachs Group	3.615% 03/15/28	29,708	28,685
	Hca Inc	4.125% 06/15/29	16,131	14,204
	Jpmorgan Chase Mtn	4.250% 10/01/27	11,702	9,747

Northern California UFCW Wholesale Health and Welfare Trust Fund

Schedule H, Line 4i – Schedule of Assets Held at End of Year

June 30, 2024

EIN: 94-3218766

Plan

No: 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Jpmorgan Chase Co	2.956% 05/13/31	25,503	26,293
	Jpmorgan Chase Co	4.080% 04/26/26	5,000	4,934
	Kinder Morgan Inc	4.300% 03/01/28	40,088	33,979
	Lyb L P	2.250% 10/01/30	\$ 9,920	\$ 8,447
	McDonalds Corp Mtn	3.500% 07/01/27	4,976	4,792
	Nextera Energy Cap	1.900% 06/15/28	4,334	4,421
	Nextera Energy Cap	4.625% 07/15/27	14,994	14,755
	Occidental Petroleum	2.900% 08/15/24	4,681	4,976
	Oracle Corporation	2.800% 04/01/27	30,288	28,166
	Philip Morris Intl	5.125% 11/17/27	24,878	24,994
	Philip Morris Intl	5.375% 02/15/33	14,836	14,894
	Procter Gamble co	2.800% 03/25/27	4,987	4,754
	Relx Capital Inc	3.000% 05/22/30	21,945	17,944
	Schwab Charles Corp	5.643% 05/19/29	15,000	15,197
	Schwab Charles Corp	6.196% 11/17/29	15,155	15,601
	Southern Co	2.700% 08/01/24	5,023	4,993
	Southern Co	2.700% 08/01/27	5,023	4,988
	State Str Corp	5.820% 11/04/28	25,226	25,507
	State Str Corp	5.104% 05/18/26	15,000	14,936
	T Mobile USA Inc	3.875% 04/15/30	35,958	32,719
	Union Pacific Rr Co	5.082% 01/02/29	1,490	1,336
	Unitedhealth Group	4.200% 05/15/32	4,987	4,706
	Verizon	4.329% 09/21/28	17,533	14,585
	Verizon	2.550% 03/21/31	12,211	12,744
	Virginia Elec Pwr Co	3.750% 05/15/27	34,654	33,708
	Vmware Inc	1.400% 08/15/26	4,992	4,604
	Wells Fargo Co Mtn	4.100% 06/03/26	5,001	4,870
	Wells Fargo Company	4.300% 07/22/27	17,202	14,604
	Wells Fargo Mtn	4.150% 01/24/29	10,116	9,614
	Wells Fargo Co Mtn	2.393% 06/02/28	31,441	32,235
	Wells Fargo Co Mtn	3.908% 04/25/26	10,000	9,850
	The Williams	3.500% 11/15/30	10,966	9,059
	Petroleos Mexicanos	4.250% 01/15/25	36,560	39,425
	Pfizer Invt	4.450% 05/19/28	14,982	14,737
	Transcanada	4.100% 04/15/30	44,977	37,741
	Total Corporate Bonds		1,278,184	1,207,911
	Mutual Fund			
	Dodge Cox Stock Fund I		597,182	815,935
	Total Investments		\$ 4,585,620	\$ 4,561,098

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

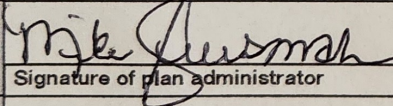
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

**Part II Basic Plan Information** - enter all requested information

<b>1a</b> Name of plan <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> 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) <b>NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH &amp; WELFARE</b>  <b>1000 BURNETT AVE SUITE 110</b>  <b>CONCORD CA 94520</b>	<b>1c</b> Effective date of plan <b>07/01/1995</b>  <b>2b</b> Employer Identification Number (EIN) <b>94-3218766</b>  <b>2c</b> Plan Sponsor's telephone number <b>916-538-7291</b>  <b>2d</b> Business code (see instructions) <b>424500</b>

**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.

<b>SIGN HERE</b>		<b>April 15<sup>th</sup>, 2025</b>	MIKE FURSMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			JAMES BEARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)  
v. 230728

# 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

### 2023

**This Form is Open to Public Inspection**

### Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

### Part II Basic Plan Information - enter all requested information

<b>1a</b> Name of plan NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH & WELFARE	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	07/01/1995
<b>2a</b> 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) NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH & WELFARE  1000 BURNETT AVE SUITE 110  CONCORD CA 94520	<b>2b</b> Employer Identification Number (EIN)	94-3218766
	<b>2c</b> Plan Sponsor's telephone number	916-538-7291
	<b>2d</b> Business code (see instructions)	424500

**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.

<b>SIGN HERE</b>			MIKE FURSMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>James Beard</i>	<i>4/8/2025</i>	JAMES BEARD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)  
v. 230728

00679804  
 31- -12-B -77 -188-04  
 1200 -24-03818-04



NO CAL UFCW WHOLESALE H&W DODGE&COX  
 ACCOUNT 6746130800

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 Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>BEGINNING MARKET VALUE</b>					<b>3,519,858.43</b>		
<b>COMPARATIVE VALUE (5%)</b>					<b>175,992.92</b>		
<b>CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE</b>							
Issue: 3140XJ5H2 - FNMA Fs3547		3.500%	8/01/52				
12/13/2023	B	200,356.780	.8820		- 176,721 *	176,721	
Issue: 91282CJF9 - U S Treasury Nt		4.875%	10/31/28				
11/27/2023	B	645,000.000	1.0195		- 657,598 *	657,598	
12/04/2023	S	- 195,000.000	1.0254		199,944 *	198,809	1,135
Issue: 991070749 - US Bank Money Market (Mmda) It&c							
11/22/2023	B	800,000.000	1.0000		- 800,000 *	800,000	
11/27/2023	S	- 648,723.820	1.0000		648,724 *	648,724	
12/01/2023	B	286,629.400	1.0000		- 286,629 *	286,629	
12/13/2023	S	- 267,030.340	1.0000		267,030 *	267,030	
<b>GRAND TOTAL</b>				<b>0</b>	<b>3,036,646</b>	<b>3,035,511</b>	<b>1,135</b>

**CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE**

Broker: Citigroup Global Markets Inc.

Issue: 91282CHJ3 - U S Treasury Nt		3.750%	6/30/30				
07/27/2023	B	14,000.000	.9817		- 13,744	13,744	
Issue: 91282CGZ8 - U S Treasury Nt		3.500%	4/30/30				
07/31/2023	B	9,000.000	.9618		- 8,656	8,656	

00679804  
31- -12-B -77 -188-04  
1200 -24-03818-04



NO CAL UFCW WHOLESALE H&W DODGE&COX  
ACCOUNT 6746130800

Page 447 of 461  
Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/14/2023	Issue: 3132DWEQ2 - F H L M C #Sd8243 B	3.500% 8/01/52 20,025.160	.8845		- 17,713	17,713	
11/17/2023	Issue: 808513CJ2 - Schwab Charles Corp B	6.196% 11/17/29 5,000.000	1.0000		- 5,000	5,000	
12/04/2023	Issue: 808513CJ2 - Schwab Charles Corp B	6.196% 11/17/29 10,000.000	1.0155		- 10,155	10,155	
12/04/2023	Issue: 89352HBA6 - Transcanada B	4.100% 4/15/30 5,000.000	.9229		- 4,614	4,614	
12/13/2023	Issue: 3140XJ5H2 - FNMA Fs3547 B	3.500% 8/01/52 200,356.780	.8820		- 176,721 *	176,721	
<b>Total For Citigroup Global Markets Inc.</b>				<b>0</b>	<b>236,603</b>	<b>236,603</b>	<b>0</b>

Broker: J.P. Morgan Securities LLC

07/14/2023	Issue: 91282CDM0 - U S Treasury Nt S	0.500% 11/30/23 - 16,000.000	.9820		15,713	15,598	115
08/01/2023	Issue: 91282CHR5 - U S Treasury Nt B	4.000% 7/31/30 8,000.000	.9945		- 7,956	7,956	
09/11/2023	Issue: 91282CAZ4 - U S Treasury Nt S	0.375% 11/30/25 - 15,000.000	.9068		13,602	14,965	- 1,363
10/06/2023	Issue: 91282CAZ4 - U S Treasury Nt S	0.375% 11/30/25 - 25,000.000	.9064		22,660	24,941	- 2,281
10/10/2023	Issue: 31398T4W8 - F N M A Gtd Remic B	5.000% 9/25/40 25,472.110	.9508		- 24,218	24,218	
10/12/2023	Issue: 3132DPQE1 - F H L M C #Sd2253 B	3.500% 12/01/52 12,526.270	.8864		- 11,103	11,103	
11/27/2023	Issue: 91282CJF9 - U S Treasury Nt B	4.875% 10/31/28 645,000.000	1.0195		- 657,598 *	657,598	

NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH AND WELFARE TRUST FUND  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 EIN 94-3218766 PN 501  
 FOR THE YEAR ENDED JUNE 30, 2024

00679804  
 31- -12-B -77 -188-04  
 1200 -24-03818-04



NO CAL UFCW WHOLESALE H&W DODGE&COX  
 ACCOUNT 6746130800

Page 448 of 461  
 Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2023	Issue: 14040HDC6 - Capital One B	7.624% 10/30/31 5,000.000	1.0467		- 5,233	5,233	
12/04/2023	Issue: 06051GLC1 - Bk Of America Mtn B	6.204% 11/10/28 20,000.000	1.0235		- 20,470	20,470	
05/30/2024	Issue: 91282CKN0 - U S Treasury Nt S	4.625% 4/30/31 - 20,000.000	.9997		19,994	20,151	- 157
<b>Total For J.P. Morgan Securities LLC</b>				<b>0</b>	<b>798,547</b>	<b>802,233</b>	<b>- 3,686</b>
Broker: Morgan Stanley & Co. LLC							
08/14/2023	Issue: 31418EDE7 - F N M A #Ma4600 B	3.500% 4/01/52 22,250.900	.9131		- 20,318	20,318	
10/25/2023	Issue: 06406RBT3 - Bank New York Mtn B	6.317% 10/25/29 10,000.000	1.0000		- 10,000	10,000	
12/01/2023	Issue: 91282CJF9 - U S Treasury Nt S	4.875% 10/31/28 - 85,000.000	1.0284		87,414	86,660	754
12/01/2023	Issue: 91282CGZ8 - U S Treasury Nt S	3.500% 4/30/30 - 9,000.000	.9564		8,608	8,656	- 48
12/01/2023	Issue: 91282CJG7 - U S Treasury Nt S	4.875% 10/31/30 - 10,000.000	1.0355		10,355	10,178	177
12/01/2023	Issue: 91282CHT1 - U S Treasury Nt S	3.875% 8/15/33 - 75,000.000	.9688		72,659	70,126	2,533
12/01/2023	Issue: 91282CAZ4 - U S Treasury Nt S	0.375% 11/30/25 - 5,000.000	.9198		4,599	4,988	- 389
12/01/2023	Issue: 91282CHJ3 - U S Treasury Nt S	3.750% 6/30/30 - 102,000.000	.9696		98,904	100,366	- 1,462
12/04/2023	Issue: 91282CJF9 - U S Treasury Nt S	4.875% 10/31/28 - 195,000.000	1.0254		199,944 *	198,809	1,135

00679804  
31- -12-B -77 -188-04  
1200 -24-03818-04



NO CAL UFCW WHOLESALE H&W DODGE&COX  
ACCOUNT 6746130800

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Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/04/2023	Issue: 87264ABF1 - T Mobile USA Inc B	3.875% 4/15/30 15,000.000	.9204		- 13,806	13,806	
01/16/2024	Issue: 3140MA4R2 - F N M A #Bu8931 B	3.500% 4/01/52 5,437.560	.8938		- 4,860	4,860	
01/16/2024	Issue: 3132DSAT9 - F H L M C #Sd4518 B	3.500% 8/01/53 25,930.020	.9108		- 23,617	23,617	
03/13/2024	Issue: 31418EGJ3 - F N M A #Ma4700 B	4.000% 7/01/52 11,018.520	.9241		- 10,183	10,183	
03/20/2024	Issue: 025537AY7 - American Elec Pwr B	5.200% 1/15/29 30,000.000	.9966		- 29,897	29,897	
04/11/2024	Issue: 31418EHJ2 - F N M A #Ma4732 B	4.000% 8/01/52 16,469.060	.9212		- 15,171	15,171	
05/14/2024	Issue: 161175CQ5 - Charter B	6.100% 6/01/29 5,000.000	.9994		- 4,997	4,997	
<b>Total For Morgan Stanley &amp; Co. LLC</b>				<b>0</b>	<b>615,332</b>	<b>612,632</b>	<b>2,700</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>1,650,482</b>	<b>1,651,468</b>	<b>- 986</b>

**CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE**

11/24/2023	Issue: 256219106 - Dodge Cox Stock Fund I B	602.565	232.3400		- 140,000	140,000	
<b>Total For Buys</b>				<b>0</b>	<b>140,000</b>	<b>140,000</b>	<b>0</b>
09/26/2023	R	10.341	225.2900		- 2,330	2,330	
12/19/2023	R	67.886	240.8800		- 16,352	16,352	

NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH AND WELFARE TRUST FUND  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 EIN 94-3218766 PN 501  
 FOR THE YEAR ENDED JUNE 30, 2024

00679804  
 31- -12-B -77 -188-04  
 1200 -24-03818-04



NO CAL UFCW WHOLESALE H&W DODGE&COX  
 ACCOUNT 6746130800

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 Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/25/2024	R	81.754	254.1500		- 20,778	20,778	
06/25/2024	R	14.927	257.1500		- 3,838	3,838	
<b>Total For Reinvestments</b>				<b>0</b>	<b>43,298</b>	<b>43,298</b>	<b>0</b>
10/18/2023	S	- 393.425	228.7600		90,000	68,626	21,374
05/23/2024	S	- 309.502	258.4800		80,000	58,082	21,918
<b>Total For Sells</b>				<b>0</b>	<b>170,000</b>	<b>126,708</b>	<b>43,292</b>
<b>Total Dodge Cox Stock Fund I</b>				<b>0</b>	<b>353,298</b>	<b>310,006</b>	<b>43,292</b>
Issue: 3140XJ5H2 - FNMA Fs3547		3.500% 8/01/52					
12/13/2023	B	200,356.780	.8820		- 176,721 *	176,721	
<b>Total For Buys</b>				<b>0</b>	<b>176,721</b>	<b>176,721</b>	<b>0</b>
01/25/2024	S	- 2,138.720	1.0000		2,139	1,886	252
02/26/2024	S	- 357.110	1.0000		357	315	42
03/25/2024	S	- 395.340	1.0000		395	349	47
04/25/2024	S	- 3,103.140	1.0000		3,103	2,737	366
05/28/2024	S	- 1,362.430	1.0000		1,362	1,202	161
06/25/2024	S	- 2,038.770	1.0000		2,039	1,798	241
<b>Total For Sells</b>				<b>0</b>	<b>9,395</b>	<b>8,287</b>	<b>1,109</b>

NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH AND WELFARE TRUST FUND  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total FNMA Fs3547</b>		<b>3.500% 8/01/52</b>		<b>0</b>	<b>186,116</b>	<b>185,008</b>	<b>1,109</b>
Issue: 91282CHJ3 - U S Treasury Nt 3.750% 6/30/30							
07/26/2023	B	17,000.000	.9875		- 16,788	16,788	
07/26/2023	B	29,000.000	.9860		- 28,593	28,593	
07/27/2023	B	14,000.000	.9817		- 13,744	13,744	
07/28/2023	B	15,000.000	.9827		- 14,740	14,740	
07/31/2023	B	27,000.000	.9815		- 26,500	26,500	
<b>Total For Buys</b>				<b>0</b>	<b>100,365</b>	<b>100,365</b>	<b>0</b>
12/01/2023	S	- 102,000.000	.9696		98,904	100,366	- 1,462
<b>Total For Sells</b>				<b>0</b>	<b>98,904</b>	<b>100,366</b>	<b>- 1,462</b>
<b>Total U S Treasury Nt</b>		<b>3.750% 6/30/30</b>		<b>0</b>	<b>199,269</b>	<b>200,731</b>	<b>- 1,462</b>
Issue: 91282CJF9 - U S Treasury Nt 4.875% 10/31/28							
11/27/2023	B	645,000.000	1.0195		- 657,598 *	657,598	
<b>Total For Buys</b>				<b>0</b>	<b>657,598</b>	<b>657,598</b>	<b>0</b>
12/01/2023	S	- 85,000.000	1.0284		87,414	86,660	754
12/04/2023	S	- 195,000.000	1.0254		199,944 *	198,809	1,135

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>Total For Sells</b>				<b>0</b>	<b>287,358</b>	<b>285,469</b>	<b>1,889</b>
<b>Total U S Treasury Nt</b>		<b>4.875% 10/31/28</b>		<b>0</b>	<b>944,956</b>	<b>943,067</b>	<b>1,889</b>

Issue: 991070749 - US Bank Money Market (Mmda) It&c

07/03/2023	B	155.690	1.0000		- 156	156	
07/05/2023	B	32.930	1.0000		- 33	33	
07/14/2023	B	15,722.120	1.0000		- 15,722	15,722	
07/17/2023	B	2,561.580	1.0000		- 2,562	2,562	
07/20/2023	B	477.970	1.0000		- 478	478	
07/24/2023	B	1,393.900	1.0000		- 1,394	1,394	
07/25/2023	B	13,320.890	1.0000		- 13,321	13,321	
07/25/2023	B	21,637.390	1.0000		- 21,637	21,637	
08/01/2023	B	6,921.350	1.0000		- 6,921	6,921	
08/02/2023	B	44.370	1.0000		- 44	44	
08/15/2023	B	1,652.840	1.0000		- 1,653	1,653	
08/15/2023	B	106.010	1.0000		- 106	106	
08/17/2023	B	7.780	1.0000		- 8	8	
08/18/2023	B	18,099.780	1.0000		- 18,100	18,100	
08/21/2023	B	98.620	1.0000		- 99	99	
08/25/2023	B	10,861.120	1.0000		- 10,861	10,861	
09/01/2023	B	1,200.340	1.0000		- 1,200	1,200	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/05/2023	B	46.420	1.0000		- 46	46	
09/15/2023	B	2,279.560	1.0000		- 2,280	2,280	
09/18/2023	B	592.750	1.0000		- 593	593	
09/19/2023	B	261.150	1.0000		- 261	261	
09/20/2023	B	203.770	1.0000		- 204	204	
09/21/2023	B	515.930	1.0000		- 516	516	
09/25/2023	B	11,981.020	1.0000		- 11,981	11,981	
09/25/2023	B	48.740	1.0000		- 49	49	
09/26/2023	B	1.620	1.0000		- 2	2	
09/29/2023	B	280.500	1.0000		- 281	281	
10/02/2023	B	1,919.360	1.0000		- 1,919	1,919	
10/03/2023	B	44.930	1.0000		- 45	45	
10/06/2023	B	22,692.950	1.0000		- 22,693	22,693	
10/16/2023	B	2,083.830	1.0000		- 2,084	2,084	
10/16/2023	B	463.280	1.0000		- 463	463	
10/18/2023	B	90,000.000	1.0000		- 90,000	90,000	
10/25/2023	B	1,349.030	1.0000		- 1,349	1,349	
10/30/2023	B	105.000	1.0000		- 105	105	
10/31/2023	B	832.500	1.0000		- 833	833	
11/02/2023	B	58.420	1.0000		- 58	58	
11/06/2023	B	436.500	1.0000		- 437	437	
11/10/2023	B	401.450	1.0000		- 401	401	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/15/2023	B	2,725.690	1.0000		- 2,726	2,726	
11/20/2023	B	1,463.360	1.0000		- 1,463	1,463	
11/21/2023	B	240.000	1.0000		- 240	240	
11/22/2023	B	300.000	1.0000		- 300	300	
11/22/2023	B	800,000.000	1.0000		- 800,000 *	800,000	
11/30/2023	B	468.750	1.0000		- 469	469	
12/01/2023	B	286,629.400	1.0000		- 286,629 *	286,629	
12/01/2023	B	87.810	1.0000		- 88	88	
12/04/2023	B	3,008.220	1.0000		- 3,008	3,008	
12/08/2023	B	473.400	1.0000		- 473	473	
12/15/2023	B	841.880	1.0000		- 842	842	
12/15/2023	B	715.210	1.0000		- 715	715	
12/19/2023	B	25,750.000	1.0000		- 25,750	25,750	
12/20/2023	B	326.530	1.0000		- 327	327	
12/26/2023	B	11,547.700	1.0000		- 11,548	11,548	
01/02/2024	B	1,579.120	1.0000		- 1,579	1,579	
01/03/2024	B	137.570	1.0000		- 138	138	
01/16/2024	B	94.660	1.0000		- 95	95	
01/22/2024	B	1,172.740	1.0000		- 1,173	1,173	
01/23/2024	B	245.400	1.0000		- 245	245	
01/24/2024	B	207.500	1.0000		- 208	208	
01/25/2024	B	16,042.540	1.0000		- 16,043	16,043	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/30/2024	B	243.750	1.0000		- 244	244	
01/31/2024	B	1,778.760	1.0000		- 1,779	1,779	
02/01/2024	B	30,820.960	1.0000		- 30,821	30,821	
02/02/2024	B	379.090	1.0000		- 379	379	
02/13/2024	B	187.200	1.0000		- 187	187	
02/15/2024	B	1,389.810	1.0000		- 1,390	1,390	
02/20/2024	B	170.390	1.0000		- 170	170	
02/26/2024	B	12,592.310	1.0000		- 12,592	12,592	
02/26/2024	B	199.170	1.0000		- 199	199	
03/01/2024	B	752.500	1.0000		- 753	753	
03/04/2024	B	41.100	1.0000		- 41	41	
03/08/2024	B	64,201.540	1.0000		- 64,202	64,202	
03/15/2024	B	2,129.750	1.0000		- 2,130	2,130	
03/15/2024	B	52.510	1.0000		- 53	53	
03/18/2024	B	592.750	1.0000		- 593	593	
03/19/2024	B	26,214.150	1.0000		- 26,214	26,214	
03/21/2024	B	515.930	1.0000		- 516	516	
03/25/2024	B	14,296.850	1.0000		- 14,297	14,297	
03/29/2024	B	280.500	1.0000		- 281	281	
04/01/2024	B	13,888.390	1.0000		- 13,888	13,888	
04/01/2024	B	1,082.940	1.0000		- 1,083	1,083	
04/02/2024	B	54.080	1.0000		- 54	54	

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**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/15/2024	B	2,664.780	1.0000		- 2,665	2,665	
04/22/2024	B	231.750	1.0000		- 232	232	
04/25/2024	B	17,898.580	1.0000		- 17,899	17,899	
04/25/2024	B	603.250	1.0000		- 603	603	
04/26/2024	B	733.050	1.0000		- 733	733	
04/29/2024	B	105.000	1.0000		- 105	105	
04/30/2024	B	9,675.170	1.0000		- 9,675	9,675	
05/02/2024	B	41.560	1.0000		- 42	42	
05/06/2024	B	727.500	1.0000		- 728	728	
05/10/2024	B	1,021.850	1.0000		- 1,022	1,022	
05/15/2024	B	2,305.590	1.0000		- 2,306	2,306	
05/17/2024	B	1,105.330	1.0000		- 1,105	1,105	
05/20/2024	B	1,496.480	1.0000		- 1,496	1,496	
05/21/2024	B	240.000	1.0000		- 240	240	
05/22/2024	B	300.000	1.0000		- 300	300	
05/23/2024	B	80,000.000	1.0000		- 80,000	80,000	
05/24/2024	B	7,073.050	1.0000		- 7,073	7,073	
05/28/2024	B	433.770	1.0000		- 434	434	
05/30/2024	B	20,189.160	1.0000		- 20,189	20,189	
05/31/2024	B	477.500	1.0000		- 478	478	
06/03/2024	B	1,873.780	1.0000		- 1,874	1,874	
06/03/2024	B	970.940	1.0000		- 971	971	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/04/2024	B	56.130	1.0000		- 56	56	
06/10/2024	B	473.400	1.0000		- 473	473	
06/17/2024	B	1,843.430	1.0000		- 1,843	1,843	
06/20/2024	B	284.320	1.0000		- 284	284	
06/25/2024	B	17,887.120	1.0000		- 17,887	17,887	
06/25/2024	B	93.350	1.0000		- 93	93	
<b>Total For Buys</b>				<b>0</b>	<b>1,727,626</b>	<b>1,727,626</b>	<b>0</b>
07/12/2023	S	- 9,266.320	1.0000		9,266	9,266	
07/26/2023	S	- 7,717.510	1.0000		7,718	7,718	
07/27/2023	S	- 13,782.040	1.0000		13,782	13,782	
07/28/2023	S	- 9,861.280	1.0000		9,861	9,861	
07/31/2023	S	- 1,455.440	1.0000		1,455	1,455	
08/03/2023	S	- 3,637.090	1.0000		3,637	3,637	
08/09/2023	S	- 7,942.210	1.0000		7,942	7,942	
08/14/2023	S	- 20,158.770	1.0000		20,159	20,159	
09/11/2023	S	- 5,836.740	1.0000		5,837	5,837	
09/14/2023	S	- 17,738.180	1.0000		17,738	17,738	
10/10/2023	S	- 24,250.230	1.0000		24,250	24,250	
10/11/2023	S	- 14,016.590	1.0000		14,017	14,017	
10/12/2023	S	- 11,116.750	1.0000		11,117	11,117	
10/20/2023	S	- 36,934.910	1.0000		36,935	36,935	

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10/26/2023	S	- 3,805.000	1.0000		3,805	3,805	
11/09/2023	S	- 10,190.180	1.0000		10,190	10,190	
11/13/2023	S	- 42,447.400	1.0000		42,447	42,447	
11/16/2023	S	- 71.240	1.0000		71	71	
11/17/2023	S	- 4,359.370	1.0000		4,359	4,359	
11/24/2023	S	- 140,000.000	1.0000		140,000	140,000	
11/27/2023	S	- 648,723.820	1.0000		648,724 *	648,724	
12/13/2023	S	- 267,030.340	1.0000		267,030 *	267,030	
12/14/2023	S	- 10,094.070	1.0000		10,094	10,094	
01/11/2024	S	- 29,582.830	1.0000		29,583	29,583	
01/16/2024	S	- 25,888.170	1.0000		25,888	25,888	
01/29/2024	S	- 4,233.000	1.0000		4,233	4,233	
02/05/2024	S	- 50,038.960	1.0000		50,039	50,039	
03/13/2024	S	- 80,269.130	1.0000		80,269	80,269	
03/20/2024	S	- 20,916.960	1.0000		20,917	20,917	
04/03/2024	S	- 14,828.120	1.0000		14,828	14,828	
04/11/2024	S	- 31,635.080	1.0000		31,635	31,635	
05/13/2024	S	- 23,194.310	1.0000		23,194	23,194	
05/14/2024	S	- 4,997.200	1.0000		4,997	4,997	
05/28/2024	S	- 74,868.620	1.0000		74,869	74,869	
06/11/2024	S	- 11,756.160	1.0000		11,756	11,756	
06/13/2024	S	- 35,837.030	1.0000		35,837	35,837	

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<b>Total For Sells</b>				<b>0</b>	<b>1,718,479</b>	<b>1,718,479</b>	<b>0</b>
<b>Total US Bank Money Market (Mmda) It&amp;c</b>				<b>0</b>	<b>3,446,105</b>	<b>3,446,105</b>	<b>0</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>5,129,744</b>	<b>5,084,917</b>	<b>44,828</b>

**CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE**

Broker: Citigroup Global Markets Inc.

12/13/2023	Issue: 3140XJ5H2 - FNMA Fs3547 B	3.500% 8/01/52 200,356.780	.8820		- 176,721 *	176,721	
<b>Total For Citigroup Global Markets Inc.</b>				<b>0</b>	<b>236,603</b>	<b>236,603</b>	<b>0</b>

Broker: J.P. Morgan Securities LLC

11/27/2023	Issue: 91282CJF9 - U S Treasury Nt B	4.875% 10/31/28 645,000.000	1.0195		- 657,598 *	657,598	
<b>Total For J.P. Morgan Securities LLC</b>				<b>0</b>	<b>798,547</b>	<b>802,233</b>	<b>- 3,686</b>

Broker: Morgan Stanley & Co. LLC

08/14/2023	Issue: 31418EDE7 - F N M A #Ma4600 B	3.500% 4/01/52 22,250.900	.9131		- 20,318	20,318	
10/25/2023	Issue: 06406RBT3 - Bank New York Mtn B	6.317% 10/25/29 10,000.000	1.0000		- 10,000	10,000	
12/01/2023	Issue: 91282CJF9 - U S Treasury Nt S	4.875% 10/31/28 - 85,000.000	1.0284		87,414	86,660	754

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 Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/01/2023	Issue: 91282CGZ8 - U S Treasury Nt S	3.500% 4/30/30 - 9,000.000	.9564		8,608	8,656	- 48
12/01/2023	Issue: 91282CJG7 - U S Treasury Nt S	4.875% 10/31/30 - 10,000.000	1.0355		10,355	10,178	177
12/01/2023	Issue: 91282CHT1 - U S Treasury Nt S	3.875% 8/15/33 - 75,000.000	.9688		72,659	70,126	2,533
12/01/2023	Issue: 91282CAZ4 - U S Treasury Nt S	0.375% 11/30/25 - 5,000.000	.9198		4,599	4,988	- 389
12/01/2023	Issue: 91282CHJ3 - U S Treasury Nt S	3.750% 6/30/30 - 102,000.000	.9696		98,904	100,366	- 1,462
12/04/2023	Issue: 91282CJF9 - U S Treasury Nt S	4.875% 10/31/28 - 195,000.000	1.0254		199,944 *	198,809	1,135
12/04/2023	Issue: 87264ABF1 - T Mobile USA Inc B	3.875% 4/15/30 15,000.000	.9204		- 13,806	13,806	
01/16/2024	Issue: 3140MA4R2 - F N M A #Bu8931 B	3.500% 4/01/52 5,437.560	.8938		- 4,860	4,860	
01/16/2024	Issue: 3132DSAT9 - F H L M C #Sd4518 B	3.500% 8/01/53 25,930.020	.9108		- 23,617	23,617	
03/13/2024	Issue: 31418EGJ3 - F N M A #Ma4700 B	4.000% 7/01/52 11,018.520	.9241		- 10,183	10,183	
03/20/2024	Issue: 025537AY7 - American Elec Pwr B	5.200% 1/15/29 30,000.000	.9966		- 29,897	29,897	
04/11/2024	Issue: 31418EHJ2 - F N M A #Ma4732 B	4.000% 8/01/52 16,469.060	.9212		- 15,171	15,171	
05/14/2024	Issue: 161175CQ5 - Charter B	6.100% 6/01/29 5,000.000	.9994		- 4,997	4,997	
<b>Total For Morgan Stanley &amp; Co. LLC</b>				<b>0</b>	<b>615,332</b>	<b>612,632</b>	<b>2,700</b>

NORTHERN CALIFORNIA UFCW WHOLESALE HEALTH AND WELFARE TRUST FUND  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
EIN 94-3218766 PN 501  
FOR THE YEAR ENDED JUNE 30, 2024

00679804  
31- -12-B -77 -188-04  
1200 -24-03818-04



NO CAL UFCW WHOLESALE H&W DODGE&COX  
ACCOUNT 6746130800

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Period from July 1, 2023 to June 30, 2024

**FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)**

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
<b>GRAND TOTAL</b>				<b>0</b>	<b>1,449,651</b>	<b>1,446,951</b>	<b>2,700</b>