

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/1968
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND 345 SOUTHPOINTE BLVD STE 200 CANONSBURG, PA 15317-8571
2b	Employer Identification Number (EIN) 23-7083247
2c	Plan Sponsor's telephone number 724-743-4260
2d	Business code (see instructions) 445110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/27/2025	EDWARD AUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/28/2025	KERI BROWN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5268
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4888 6a(2) 4876 6b 370 6c 0 6d 5246 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 69

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 4B 4D 4E 4F

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND	D Employer Identification Number (EIN) 23-7083247	

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.
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1 Coverage Information:

(a) Name of insurance carrier
DEARBORN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2598882	71129	MG19135	5082	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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	0
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	0

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) ▶ **POOLED AD & D**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	227665
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND	D Employer Identification Number (EIN) 23-7083247

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.
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1 Coverage Information:

(a) Name of insurance carrier
HIGHMARK FREEDOM BLUE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1294723	54771	028241	159	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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	0
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	0

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) ▶ **FREEDOM BLUE / KHPW-HMO**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	508917
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND	D Employer Identification Number (EIN) 23-7083247	

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	
THE VANGUARD GROUP, INC.	
23-1945930	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HIGHMARK	
23-1294723	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
EATON VANCE	TWO INTERNATIONAL PLACE BOSTON, MA 02110

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LEGG MASON INVESTOR SERVICES, LLC	100 INTERNATIONAL DRIVE BALTIMORE, MD 21202

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

BOYD WATTERSON GSA FUND, LP

1301 EAST 9TH STREET, SUITE 2900
CLEVELAND, OH 44114

(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

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

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

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

HIGHMARK

23-1294723

(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?
12 49 62	NONE	2214463	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

UNITED CONCORDIA COMPANIES, INC.

25-1687586

(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?
12	NONE	175836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHERYL HAMERSKI

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	127611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LORI REDSHAW

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	72747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNA LAPACIK

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	65836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANGELA CHAPLEY

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	62139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHARON KASENIC

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	56020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAELE ANDRISON

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	56020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOSTER & FOSTER, INC.

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	50010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DEBRA CONGIE

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	48375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROL TAYLOR

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	48375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEYER, UNKOVIC & SCOTT

25-1008021

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	43818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KIMBERLY PATOSKY

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	41902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONNIE CHURCHEL

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	40301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH KOLLAR

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	37253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	30704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICLAUDIO & KRAMER, LLC

27-0889793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONTINENTAL REAL ESTATE CORP

1270 SOLDIERS FIELD ROAD
BOSTON, MA 02135-1003

(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?
52 28	NONE	29155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARINER INSTITUTIONAL, LLC

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVENUE, SUITE 1300W
BETHESDA, MD 20814

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	21257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEAN EREDITARIO

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	20300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALEXANDER BAGNELL

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	20140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEJANIRA OKORN

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	16669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC ADVISORS

25-1197336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 52 63 68 62	NONE	15980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NATIONAL VISION ADMINISTRATORS, LLC

1200 ROUTE 46 WEST
CLIFTON, NJ 07013

(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?
12	NONE	15571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARD AUER

23-7083247

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	NONE	8581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUMRX, INC.

33-0441200

(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?
12 50 62 99	NONE	7554	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

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

TWIN CAPITAL MANAGEMENT

3244 WASHINGTON ROAD SUITE 202
MCMURRAY, PA 15317

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6713	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND	D Employer Identification Number (EIN) 23-7083247	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	21709	-156966
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10903	6301
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1264983	1302378
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4438089	2737089
(2) U.S. Government securities	1c(2)	0	2300471
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	5499517	7557365
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	5495402	7523425
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	6284792	5351065
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29358529	28655819
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	0	7735

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	974675	852925
f Total assets (add all amounts in lines 1a through 1e)	1f	53348599	56137607
Liabilities			
g Benefit claims payable	1g	6545333	7871003
h Operating payables	1h	72491	82819
i Acquisition indebtedness	1i		
j Other liabilities	1j	1975251	1876794
k Total liabilities (add all amounts in lines 1g through 1j)	1k	8593075	9830616
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	44755524	46306991

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	48432893	
(B) Participants	2a(1)(B)	534964	
(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)		48967857
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	124618	
(B) U.S. Government securities	2b(1)(B)	2875	
(C) Corporate debt instruments	2b(1)(C)	286871	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	15	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		414379
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	98686	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1358689	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1457375
(3) Rents	2b(3)		79647
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4115482	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3964706	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		150776
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1047425	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3314833
c Other income	2c		8636
d Total income. Add all income amounts in column (b) and enter total	2d		55440928

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	118124	
(2) To insurance carriers for the provision of benefits.....	2e(2)	48555423	
(3) Other	2e(3)	3723983	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		52397530
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	705983	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	126217	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	50010	
(8) Legal fees	2i(8)	43818	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19342	
(11) Other expenses	2i(11)	516561	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1491931
j Total expenses. Add all expense amounts in column (b) and enter total	2j		53889461

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1551467
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ 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: **DICLAUDIO & KRAMER, LLC**

(2) EIN: **27-0889793**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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.)

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

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

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

UFCW, LOCAL 1776KS, WESTERN DIVISION
AND EMPLOYERS' HEALTH FUND
FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2024 AND 2023

MAY 23, 2025

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees

UFCW, Local 1776KS, Western Division and Employers' Health Fund

Opinion

We have audited the financial statements of UFCW, Local 1776KS, Western Division and Employers' Health Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of September 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 UFCW, Local 1776KS, Western Division and Employers' Health Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its 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 UFCW, Local 1776KS, Western Division and Employers' Health 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 UFCW, Local 1776KS, Western Division and Employers' Health Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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 UFCW, Local 1776KS, Western Division and Employers' Health 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 UFCW, Local 1776KS, Western Division and Employers' Health 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.



DiClaudio & Kramer, LLC

McMurray, Pennsylvania
May 23, 2025

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS	SEPTEMBER 30,	
	<u>2024</u>	<u>2023</u>
Investments		
Mutual Funds	\$ 28,655,819	\$ 29,358,529
Real Estate Limited Partnership & LLC	5,351,065	6,284,792
U.S. Government Securities	2,300,471	-
Corporate Bonds	7,557,365	5,499,517
Common Stocks	7,523,425	5,495,402
Foreign Bonds	7,735	-
Cash Equivalents	<u>262,010</u>	<u>232,674</u>
	51,657,890	46,870,914
Accrued Interest	<u>199,513</u>	<u>160,151</u>
Total Investments	51,857,403	47,031,065
Employer Contributions Receivables	6,301	10,903
Cash	2,318,113	4,227,124
Dental Reserve Deposit	75,000	75,000
Fixed Assets - less accumulated depreciation of \$ 179,897 and \$ 164,421	23,684	39,160
Other Assets		
Operating Lease Right of Use Assets	650,433	748,890
Other receivables	1,102,865	1,104,832
Prepaid benefits	41,872	43,266
Prepaid expenses	<u>61,936</u>	<u>68,359</u>
	1,857,106	1,965,347
TOTAL ASSETS	56,137,607	53,348,599
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	82,819	72,491
Current Portion of Operating Lease Liabilities	<u>129,785</u>	<u>118,349</u>
TOTAL CURRENT LIABILITIES	212,604	190,840
LONG TERM LIABILITIES		
Operating Lease Liabilities (less current portion)	520,648	630,541
Withdrawal Liability Payable	<u>1,226,361</u>	<u>1,226,361</u>
TOTAL LONG TERM LIABILITIES	1,747,009	1,856,902
TOTAL LIABILITIES	1,959,613	2,047,742
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 54,177,994</u>	<u>\$ 51,300,857</u>

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEAR ENDED SEPTEMBER 30,	
	<u>2024</u>	<u>2023</u>
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Employer Contributions	\$ 48,432,893	\$ 45,559,340
Participant Contributions	534,964	590,353
Liquidated Damages and Interest	6,580	3,101
	<u>48,974,437</u>	<u>46,152,794</u>
Investments		
Investment Income	2,009,418	1,678,719
Appreciation (Depreciation) in Investments	4,457,073	1,121,937
Less Investment Expenses	(126,217)	(122,021)
	<u>6,340,274</u>	<u>2,678,635</u>
Miscellaneous Income	<u>-</u>	<u>-</u>
TOTAL ADDITIONS	55,314,711	48,831,429
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Blue Cross/Blue Shield	46,436,773	40,731,125
Prescription Benefits	4,178,809	4,567,999
Dental	1,125,035	1,071,648
Freedom Blue	376,613	398,272
Community Blue	132,304	135,630
Disability Benefits	124,795	140,307
Vision Care	159,097	172,726
Life and AD&D	228,104	208,788
Other Benefits	433,147	459,417
Medicare Part D Subsidy	(117,572)	(86,144)
Less other reimbursements and refunds	<u>(2,005,245)</u>	<u>(1,907,618)</u>
TOTAL BENEFITS	51,071,860	45,892,150
Withdrawal Liability Expense	47,304	47,304
PCORI Fees	18,150	17,128
Office and Administrative Expenses and Professional Fees (Net of Charges to Other Plans)(See Sch. A)	<u>1,300,260</u>	<u>1,351,879</u>
TOTAL DEDUCTIONS	52,437,574	47,308,461
NET INCREASE (DECREASE) IN NET ASSETS	2,877,137	1,522,968
NET ASSETS AVAILABLE FOR BENEFITS- Beginning of Year	<u>51,300,857</u>	<u>49,777,889</u>
NET ASSETS AVAILABLE FOR BENEFITS- End of Year	<u><u>\$ 54,177,994</u></u>	<u><u>\$ 51,300,857</u></u>

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF BENEFIT OBLIGATIONS

	SEPTEMBER 30,	
	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims Payable		
Blue Cross/Blue Shield	\$ 932,534	\$ 1,138,495
Prescription Benefits	171,110	209,448
Life and AD&D	18,921	19,330
Vision Care	10,744	10,445
Dental	33,994	40,058
Other Benefits	80,700	92,557
	<u>1,248,003</u>	<u>1,510,333</u>
Claims Incurred But Not Reported		
Blue Cross/Blue Shield	<u>6,623,000</u>	<u>5,035,000</u>
	<u>7,871,003</u>	<u>6,545,333</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	<u>-</u>	<u>-</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>7,871,003</u>	<u>6,545,333</u>
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current Retirees and Dependents	17,837,000	14,537,000
Other Participants Fully Eligible for Benefits	8,759,000	7,395,000
Other Participants Not Yet Fully Eligible for Benefits	12,495,000	9,618,000
	<u>39,091,000</u>	<u>31,550,000</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 46,962,003</u></u>	<u><u>\$ 38,095,333</u></u>

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

	YEAR ENDED SEPTEMBER 30,	
	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Balance at Beginning of Year	\$ 6,545,333	\$ 6,492,683
Benefits Incurred		
Blue Cross/Blue Shield	47,818,811	40,783,804
Prescription Benefits	4,140,472	4,578,336
Dental	1,118,971	1,067,059
Freedom Blue	376,613	398,272
Community Blue	132,304	135,630
Disability Benefits	118,124	127,105
Vision Care	159,396	171,066
Life and AD&D	227,695	210,551
Other Benefits	427,961	466,739
Medicare Part D Subsidy	(117,572)	(86,144)
Less Other Reimbursements and Refunds	(2,005,245)	(1,907,618)
Total Benefits Incurred	52,397,530	45,944,800
Claims Paid	(51,071,860)	(45,892,150)
BALANCE AT END OF YEAR	7,871,003	6,545,333
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	-	-
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	7,871,003	6,545,333
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	31,550,000	34,060,354
Actuarial Experience (Gain) Loss	816,000	(1,277,000)
Benefits Earned Net of Benefits Paid	(1,156,000)	(1,145,000)
Interest	1,835,000	1,819,000
Plan Amendments	-	-
Changes in Actuarial Assumptions	6,046,000	(1,907,354)
	7,541,000	(2,510,354)
BALANCE AT END OF YEAR	39,091,000	31,550,000
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	\$ 46,962,003	\$ 38,095,333

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE A - DESCRIPTION OF PLAN

The UFCW, Local 1776KS, Western Division and Employers' Health Fund was formed in 1968 for the purpose of providing health benefits to the employees of contributing employers who have entered into collective bargaining agreements with the United Food and Commercial Workers Labor Union or who have participation agreements. The plan provides medical, surgical, disability, dental, death, hospital, prescription, and vision care benefits for eligible members. The fund is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). The foregoing description of the Fund provides only general information. Employees should refer to the Plan's booklet for a more complete description of the Plan's provisions. Copies of the booklet are available from the Fund office.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING - The financial statements have been prepared on the accrual basis of accounting.

Adoption of FASB ASC 842 – Effective October 1, 2022, the Plan adopted FASB ASC 842, Leases. The Plan determines if an arrangement contains a lease at inception based on whether the Plan has the right to control the asset during the contract period and other facts and circumstances. The Plan elected the package of practical expedients permitted under the transition guidance within the new standard, which among other things, allowed it to carry forward the historical lease classification. The adoption of FASB ASC 842 resulted in the recognition of right-of-use assets of \$ 862,346 and operating lease liabilities of \$ 862,346 as of October 1, 2022. Results for periods beginning prior to October 1, 2022, continue to be reported in accordance with our historical accounting treatment. The adoption of FASB ASC 842 did not have a material impact on the Plan's changes in net assets.

INVESTMENT VALUATION AND INCOME RECOGNITION – Investments are stated at fair value. 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.

FIXED ASSETS/DEPRECIATION - All fixed assets are recorded at cost and are depreciated using the straight-line method over the estimated useful lives of the related assets.

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

REVENUE RECOGNITION - Employer contributions are recognized as revenue whenever earned by the participants based upon a fixed rate per month for each participant in accordance with the terms of coverage. For contributions receivable that were not subsequently collected by the date of this audit an allowance for doubtful accounts has been recorded.

NOTE C - INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan and Trust qualify under Section 501(c)(9) of the Internal Revenue Code and are, therefore, not subject to tax under present income tax law.

NOTE D - PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses until exhausted.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

(continued)

NOTE E – SUBSEQUENT EVENTS

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through May 23, 2025, the day the financial statements were approved and authorized for use.

NOTE F - ADMINISTRATIVE CHARGES AND COST REIMBURSEMENTS

Under agreements, the Health Fund shares administrative costs consisting of payroll, payroll related costs, office rent, postage and other office expenses with other UFCW, Local 1776KS, Western Division and Employers' Benefit Funds. The shared costs are apportioned among the funds monthly according to formulas based on services and costs incurred. The reimbursed costs represent refunded costs from other related UFCW benefit funds. The Health Fund has also entered into an administrative services agreement with the Bud Lutty Charitable Scholarship Trust, which calls for an administrative charge based on a fixed fee per participant in exchange for certain services rendered. Effective January 2024, the Trust pays actual costs rather than the fixed fee per participant. At September 30, 2024 and 2023, reimbursements receivable from these related Plans were \$ 25,623 and \$ 23,184, respectively.

NOTE G – ASB ALLEGIANCE REAL ESTATE FUND, LP

A portion of the Plan's investments are in ASB Allegiance Real Estate Fund, LP, a limited partnership organized in the state of Delaware. Chevy Chase Trust Company serves as the Fund manager. The Fund invests primarily in real estate related investments.

The ASB Allegiance Real Estate Fund, LP is valued quarterly and any withdrawal requests require a 30 day notice. To withdraw, in whole or part from the ASB Allegiance Real Estate Fund, LP, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly redemption date. At September 30, 2024 and 2023, the fair value of the Plan's investment in the Partnership was \$ 1,986,387 and \$ 2,531,663 respectively.

NOTE H – U.S. REAL ESTATE INVESTMENT FUND, LLC

A portion of the Plan's investments are in U.S. Real Estate Investment Fund, LLC, a limited liability company organized in the state of Delaware. Intercontinental Real Estate Corporation serves as the Fund manager. The Fund invests primarily in real estate related investments.

The U.S. Real Estate Investment Fund, LLC is valued quarterly and any withdrawal requests require a 90 day notice. To withdraw, in whole or part from the U.S. Real Estate Investment Fund, LLC, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly redemption date. At September 30, 2024 and 2023, the fair value of the Plan's investment in the Investment fund was \$ 2,429,124 and \$ 2,733,542 respectively.

NOTE I – BOYD WATTERSON GSA FUND, LP

A portion of the Plan's investments are in Boyd Watterson GSA Fund, LP, a limited partnership. Boyd Watterson Asset Management, LLC is the investment manager of the partnership and has full investing authority over the assets of the Partnership. The Partnership invests primarily in real estate.

The Boyd Watterson GSA Fund, LP is valued quarterly and any withdrawal requests require a 60 day notice. To withdraw, in whole or part from the Boyd Watterson GSA Fund, LP, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly redemption date. At September 30, 2024 and 2023, the fair value of the Plan's investment in the Partnership was \$ 935,554 and \$ 1,019,587 respectively.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

(continued)

NOTE J - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

Inputs other than quoted prices that are observable for the asset or liability;

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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 September 30, 2024 and 2023:

Cash Equivalents - The carrying value of cash equivalents approximates fair value.

U.S. Government Obligations - The estimated fair value of U.S. government securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing U.S. government securities, the Plan has classified U.S. government securities as Level 2 investments.

Corporate Bonds and Foreign Bonds - The estimated fair value of corporate and foreign bonds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing corporate and foreign bonds, the Plan has classified corporate and foreign bonds as Level 2 investments.

Common Stocks - Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies - Mutual Funds are valued at the net asset value of shares held by the plan at year end.

Real Estate Limited Partnerships - Valued at the Plan's partnership percentage of the total value of the partnership reported at fair value.

Real Estate Limited Liability Company - Valued at unit values provided by the respective LLC based on the estimated fair value of the investments held by the LLC.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

(continued)

NOTE J – FAIR VALUE MEASUREMENTS-(continued)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2024:

Description	09/30/2024	Fair value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	\$ 262,010	\$ 262,010	\$ -	\$ -
U.S. Gov't Obligations	2,300,471	-	2,300,471	-
Corporate Debt	7,557,365	-	7,557,365	-
Foreign Bonds	7,735	-	7,735	-
Common Stocks	7,523,425	7,523,425	-	-
Registered Investment Co.	28,655,819	28,655,819	-	-
Assets in				
Fair Value Hierarchy	46,306,825	36,441,254	9,865,571	-
Investments measured at				
Net Asset Value (a)				
Real Estate LLC	2,429,124	-	-	-
Real Estate Partnerships	2,921,941	-	-	-
	5,351,065	-	-	-
Investments at Fair Value	\$ 51,657,890	\$ 36,441,254	\$ 9,865,571	\$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2023:

Description	09/30/2023	Fair value Measurements at Reporting Date Using:		
		Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	\$ 232,674	\$ 232,674	\$ -	\$ -
Corporate Debt	5,499,517	-	5,499,517	-
Common Stocks	5,495,402	5,495,402	-	-
Registered Investment Co.	29,358,529	29,358,529	-	-
Assets in				
Fair Value Hierarchy	40,586,122	35,086,605	5,499,517	-
Investments measured at				
Net Asset Value (a)				
Real Estate LLC	2,733,542	-	-	-
Real Estate Partnerships	3,551,250	-	-	-
	6,284,792	-	-	-
Investments at Fair Value	\$ 46,870,914	\$ 35,086,605	\$ 5,499,517	\$ -

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

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023
(continued)

NOTE K – PLAN BENEFIT OBLIGATIONS

1. **Amounts Currently Payable To Or For Participants** – The amount reported as amounts currently payable to or for participants represents benefits incurred prior to September 30th and paid in the subsequent year.
2. **Postretirement Benefit Obligations** – The amount reported as the postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participants and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For September 30, 2024 measurement purposes, for non-Medicare, a 5.0 percent annual rate of increase in the per capita cost of covered health care benefits was assumed for the year ending September 30, 2025, and then to remain at that level thereafter; for Freedom Blue, Community Blue, and Medicare Supplement Plans, a 4.5 percent annual rate of increase in the per capita cost of covered health care benefits was assumed for the year ending September 30, 2025, and then to remain at that level thereafter.

The following were other significant assumptions used in the valuations as September 30, 2024 and 2023:

Weighted-average discount rate	2024: 5.00% - 2023: 5.87%
Retirement age	Age 62-50%, Ages 63,64-10%, Age 65-100%
Mortality	2024: Healthy Life: RP-2014 Blue Collar Healthy Mortality Tables, Scale MP-2021; Disabled Life: RP-2014 Disabled Retiree, Scale MP-2021 2023: Healthy Life: RP-2014 Blue Collar Healthy Mortality Tables, Scale MP-2021; Disabled Life: RP-2014 Disabled Retiree, Scale MP-2021
Retiree Contribution	Freedom Blue or Community Blue any amount over the Fund's subsidy of \$30 per month. Giant Eagle Meat cutters contribute varying amounts based on years of service.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of September 30, 2024 and 2023 by \$ 4,813,000 and \$ 3,829,000, respectively.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023
(continued)

NOTE L - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended September 30, 2024 and 2023.

	<u>Sept. 30, 2024</u>	<u>Sept. 30, 2023</u>
Net Assets Available for Benefits per Form 5500	\$ 46,306,991	\$ 44,755,524
Benefit Obligations Currently Payable	<u>7,871,003</u>	<u>6,545,333</u>
Net Assets Available for Benefits Per Financial Statements	<u>\$ 54,177,994</u>	<u>\$ 51,300,857</u>

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

Benefits Paid for Participants Per the Financial Statements	\$ 51,071,860
Add: Amounts Currently Payable at End of Year	7,871,003
Less: Amounts Currently Payable at Beginning of Year	<u>(6,545,333)</u>
Benefits Paid for Participants Per Form 5500	<u>\$ 52,397,530</u>

Amounts currently payable for participants are recorded on Form 5500 for benefit payments that have been incurred or processed and approved for payment prior to September 30, but not yet paid as of the date.

NOTE M – THE MEDICARE MODERNIZATION ACT

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the MMA) was enacted on December 8, 2003. Among many changes, this legislation created Medicare prescription drug coverage beginning January 1, 2006.

Beginning in 2006, the Act allowed plans to receive a tax-free federal subsidy for retiree medical prescription drug benefits that are considered at least actuarially equivalent to the new Medicare Part D benefits. The subsidy was equal to 28% of drug costs between \$250 and \$5,000 for each plan's participant. The \$250 and \$5,000 amounts were indexed in 2007 and subsequent years based on cost increases of the Medicare prescription drug program. The Act also makes changes to Medicare reimbursement for Medicare Advantage (MA) plans and allows plans to coordinate benefits with Part D.

Actuarial analysis has determined that the Plan's prescription drug plan is actuarially equivalent in 2024 and 2023 would likely be in all future years. It was assumed that the Plan will receive the subsidy and the projected impact of the subsidy was included in the calculation of the Postretirement Benefit Obligations at September 30, 2024 and 2023.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023
(continued)

NOTE N – MULTI-EMPLOYER DEFINED BENEFIT PENSION PLAN

The Plan participates in the UFCW International Union - Industry Pension Fund. The plan covers all employees in accordance with signed participation agreements. UFCW International Union - Industry Pension Fund is a multi-employer defined benefit pension plan provided for under the collective bargaining agreement between the International Union and its signatory employers. The risks of participating in multi-employer plans are different from single employer plans in the following aspects:

- 1) Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers.
- 2) If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- 3) If the Plan chooses to stop participating in the multi-employer defined benefit pension plan, it may be required to pay the plan an amount based on the unfunded status of the plan, referred to as withdrawal liability.

Information regarding the Plan's participation in the UFCW International Union - Industry Pension Fund is as follows:

- 1) The Fund's legal name is "United Food & Commercial Workers International Union – Industry Pension Fund".
- 2) The Fund's federal identification number and plan number are 51-6055922 and 001 respectively.
- 3) For the Plan's year ended September 30, 2024, the most recent available certified zone status provided by the Fund (plan year beginning July 1, 2023) indicated the Plan was certified green.
- 4) For the Plan's years ended September 30, 2023, the most recent available certified zone status provided by the Fund (plan year beginning July 1, 2022) indicated the Plan was certified green.
- 5) As of September 30, 2024, the Fund is not required to adopt a funding improvement plan.
- 6) The Plan did not pay a surcharge to the Fund.
- 7) The Plan participates in the Fund under a participation agreement which does not have an expiration date. Currently, there is not an increase in current contribution levels required under the participation agreement or by the Fund.
- 8) During the years ended September 30, 2024 and 2023, the Plan contributed to the Fund \$ 15,224 and \$ 15,437 respectively. These contributions did not represent more than 5 % of the total contributions to the Fund in either year.

NOTE O - MULTI-EMPLOYER WELFARE BENEFIT PLANS

The Plan participates in the UFCW, Local 1776KS, Western Division and Employers Health Fund, which is a multi-employer defined benefit welfare plan. Contributions to the fund for the years ended September 30, 2024 and 2023 were \$ 238,914 and \$ 218,157 respectively.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023
(continued)

NOTE P – WITHDRAWAL LIABILITY

The Fund withdrew from the UFCW, Local 1776KS, Western Division and Employers' Pension Fund effective July 31, 2009. As a result, the Fund was assessed a withdrawal liability of \$ 1,226,361. The withdrawal liability assessment requires the Fund to make monthly payments in the amount of \$ 3,942 indefinitely.

For the years ended September 30, 2024 and 2023, the Fund made twelve monthly payments of \$ 3,942 totaling \$ 47,304. This amount is recorded as Withdrawal Liability Expense in the Statement of Changes in Net Assets Available for Benefits.

NOTE Q – CASH DEPOSITS IN EXCESS OF INSURED LIMITS

The Plan maintains cash balances at one financial institution in Pennsylvania. Accounts at the financial institution are insured by the Federal Deposit Insurance Corporation up to \$ 250,000. At September 30, 2024 and 2023 the Plan's uninsured cash balances equaled \$ 2,251,683 and \$ 3,981,049 respectively.

NOTE R - RISKS AND UNCERTAINTIES

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

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

NOTE S - LEASES

The Plan recognizes and measures its leases in accordance with FASB ASC 842, Leases. The Plan recognizes a lease liability and right of use asset at the commencement of the lease. The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variables depend on a rate or index. The discount rate is the implicit rate if it is readily determinable or otherwise the Plan uses either its incremental borrowing rate or the risk-free rate of return if elected. The risk-free rate of return is the rate investors expect to earn from an investment that carries zero risk over a period of time, such as a government treasury bill. The right of use asset is subsequently measured throughout the lease term at the of remeasured lease liability, plus (minus) and any prepaid (accrued) lease payments, less any unamortized balance of lease incentives received. We do not record leases with an initial term of 12 months or less in the lease liability calculation.

The Plan has obligations as a lessee for office space, equipment and a vehicle with initial noncancelable terms in excess of one year. The Plan classified these leases as operating leases. The office space lease agreement is with the United Food and Commercial Workers Union, Local 1776KS. The agreement, dated July 1, 2019, had an initial period of five years and has one renewal option of five years, which has been exercised with the remaining term included in the calculation of the lease liability. The final lease option expires June 30, 2029. The Plan has elected to use the risk-free rate of return for its office lease. The equipment lease has a term of sixty three months with no renewal provision. The vehicle lease has a term of thirty nine months with no renewal provision.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

(continued)

NOTE 5 - LEASES-(continued)

	YEAR ENDED SEPTEMBER 30,	
	2024	2023
<u>The components of lease cost</u>		
Operating lease cost	\$ 145,179	\$ 145,936
Short-term lease cost	-	-
Variable lease cost	-	-
Total lease cost	<u>\$ 145,179</u>	<u>\$ 145,936</u>

Other information related to leases is as follows:

Supplemental cash flow information

Cash paid for amounts included in the measurement of lease liabilities:

Operating cash flow from operating leases	<u>\$ 145,179</u>	<u>\$ 145,936</u>
Right of use assets obtained in exchange for lease obligations	<u>\$ -</u>	<u>\$ -</u>
Reductions of Right of use assets resulting from a reduction of lease liabilities	<u>\$ -</u>	<u>\$ -</u>

Weighted average remaining lease term

Operating Leases	4.66 years	5.67 years
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Weighted average discount rate

Operating Leases	4.02%	4.00%
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Amounts disclosed for right of use assets obtained in exchange for lease obligations and reductions to right of use assets resulting from reductions to lease obligations include amounts added to or reduced from the carrying amount of right of use assets resulting from new leases, lease modifications or reassessments.

Maturities of lease liabilities under operating leases as of September 30, 2024 are as follows:

	2025	\$ 153,036
	2026	150,033
	2027	151,606
	2028	148,720
	2029	111,540
	Thereafter	-
Total undiscounted lease payments		714,935
Less imputed interest		(64,502)
Total Lease Liabilities		<u>\$ 650,433</u>

Amounts reported in the statement of net assets available for benefits are as follows:

	YEAR ENDED SEPTEMBER 30,	
	2024	2023
Operating Lease Right of Use Assets	\$ 650,433	\$ 748,890
Current Portion of Operating Lease Liabilities	\$ 129,785	\$ 118,349
Long Term Portion of Operating Lease Liabilities	\$ 520,648	\$ 630,541

Schedule A

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
SCHEDULE OF OFFICE AND ADMINISTRATIVE EXPENSES
AND PROFESSIONAL FEES

	<u>YEAR ENDED SEPTEMBER 30,</u>	
	<u>2024</u>	<u>2023</u>
OFFICE AND ADMINISTRATIVE EXPENSE		
Salaries and wages	\$ 705,983	\$ 703,506
Data processing	55,385	51,109
Employee benefits	256,526	236,126
Rent	136,045	135,200
Payroll taxes	57,591	62,967
Postage	67,339	86,460
Supplies	4,142	4,760
Telephone	8,395	7,817
Depreciation	15,476	16,749
Insurance	38,727	39,712
Printing	40,341	79,291
Office equipment leases and maintenance	12,433	13,467
Trustees meetings	815	-
Trustees educational conferences	18,527	21,062
Miscellaneous Expense	46,879	34,812
	<u>1,464,604</u>	<u>1,493,038</u>
Less Administrative Charges and Cost Reimbursements		
UFCW, Local 1776KS, WD and Employers Pension Fund	217,482	193,976
UFCW, Local 1776KS, WD and Employers Legal Fund	65,378	57,386
Bud Luty Charitable Scholarship Trust	5,312	7,374
	<u>288,172</u>	<u>258,736</u>
OFFICE AND ADMINISTRATIVE COST (NET)	1,176,432	1,234,302
PROFESSIONAL FEES		
Medicare Part D Analysis Fee	2,010	1,975
Legal	43,818	35,412
Consulting and Actuarial	48,000	48,150
Payroll Audits	-	2,040
Auditing	30,000	30,000
	<u>123,828</u>	<u>117,577</u>
TOTAL PROFESSIONAL FEES	123,828	117,577
	<u><u>\$ 1,300,260</u></u>	<u><u>\$ 1,351,879</u></u>

See auditor's report and notes to financial statements.

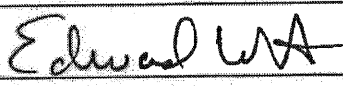
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning <u>10/01/2023</u> and ending <u>09/30/2024</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND 345 SOUTHPOINTE BLVD STE 200 CANONSBURG PA 15317-8571	2b Employer Identification Number (EIN) 23-7083247 2c Plan Sponsor's telephone number 724-743-4260 2d Business code (see instructions) 445110

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

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

SIGN HERE		<u>5/27/25</u>	EDWARD AUER UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>5/28/25</u>	KERI BROWN EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5,268
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	4,888
a(2) Total number of active participants at the end of the plan year		6a(2)	4,876
b Retired or separated participants receiving benefits		6b	370
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c		6d	5,246
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	69
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 4B 4D 4E 4F			

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) - Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ A (Insurance Information) - Number Attached <u>2</u> (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
UFCW, Local 1776KS, Western Division
and Employers' Health Fund
Canonsburg, PA

We have audited the financial statements of the UFCW, Local 1776KS, Western Division and Employers' Health Fund as of and for the year ended September 30, 2024, and our report thereon dated May 23, 2025 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of September 30, 2024 and the schedule of reportable transactions for the year ended September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
May 23, 2025

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

REPORTABLE (5%) TRANSACTIONS

Federal I.D. - 23-7083247
Plan No. - 501

YEAR ENDED SEPTEMBER 30, 2024

FORM 5500, SCHEDULE H, PART IV, QUESTION J

I. Individual Transactions:

(a) Identity Party involved	(b)Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f)Expenses incurred with transaction	(g) Cost of asset	(h)Current value of asset on transaction date	(i) Net gain or (loss)
Western Asset Core Bond	Mutual Fund	N/A	\$ 3,867,462	N/A	N/A	\$ 4,300,080	\$ 3,867,462	\$(432,618)
II. Series of Transactions:								
Description of Investment	Total Number of Purchases		Total Number of Sales		Total Value of Purchases	Total Value of Sales		Net Gain or Loss
Vanguard Instl Index Fd	8		2		\$ 190,868		\$ 2,500,000	\$ 1,380,543
Western Asset Core Bond Fund	12		1		\$ 149,779		\$ 3,867,462	\$(432,618)



INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
UFCW, Local 1776KS, Western Division
and Employers' Health Fund
Canonsburg, PA

We have audited the financial statements of the UFCW, Local 1776KS, Western Division and Employers' Health Fund as of and for the year ended September 30, 2024, and our report thereon dated May 23, 2025 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of September 30, 2024 and the schedule of reportable transactions for the year ended September 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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DiClaudio & Kramer, LLC

McMurray, Pennsylvania
May 23, 2025

UFCW LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
ASSETS HELD FOR INVESTMENT PURPOSES
SEPTEMBER 30, 2024

Federal I.D. - 23-7083247
Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(c) Description of investment including maturity date,
rate of interest, collateral, par or maturity value

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	(d) Cost	(e) Current Value
	<u>Interest - Bearing Cash:</u>							
	Federated Hermes US Treasury Cash	Money Market	N/A	N/A	N/A	N/A	\$ 262,010	\$ 262,010
	<u>U.S. Government Securities:</u>							
	(See attached pages 19-27)						2,318,221	2,300,471
	<u>Corporate Bonds:</u>							
	(See attached pages 28-56)						7,557,643	7,557,365
	<u>Common Stocks:</u>							
	(See attached pages 56-67)						4,244,456	7,523,425
	<u>Registered Investment Companies:</u>							
	Eaton Vance Floating Rate Fd	Mutual Fund	N/A	N/A	N/A	787,727	7,037,731	6,601,155
	Vanguard Short Term Bond	Mutual Fund	N/A	N/A	N/A	962,514	10,146,662	9,913,896
	Vanguard Extended Market Index	Mutual Fund	N/A	N/A	N/A	19,366	2,594,268	2,673,334
	Vanguard Total Bond Market Index	Mutual Fund	N/A	N/A	N/A	403,263	4,147,677	3,980,204
	Vanguard Institutional Index	Mutual Fund	N/A	N/A	N/A	11,573	2,014,561	5,487,230
							25,939,899	28,655,819
	<u>Real Estate Limited Partnership & LLC:</u>							
	ASB Allegiance Real Estate FD, LP	Limited Ptnshp	N/A	N/A	N/A	1,585	1,844,407	1,986,387
	Boyd Watterson GSA Fund, LP	Limited Ptnshp	N/A	N/A	N/A	936	1,133,052	935,554
	U.S. Real Estate Investment Fund, LLC	LLC	N/A	N/A	N/A	2,092	2,666,872	2,429,124
							5,644,331	5,351,065
	<u>Other Investment:</u>							
	State of Israel	Foreign Bond	N/A	09/18/33	5.50	7,000	7,855	7,735
							<u>\$ 45,974,415</u>	<u>\$ 51,657,890</u>

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

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Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION J

(a)	(b) & (c) Identity & Description	(e)	(d)
US government securities			
	FEDERAL HOME LOAN MTG CORP	\$61,360.31	\$61,360.31
	GOLD POOL 608737	\$91,664.00	\$92.87
	03.000% DUE 12/01/2046		
	RATING: N/A		
	[3128MJZB9]		
	20-75-010-***4249		
	FEDERAL HOME LOAN BANK	10,728.70	10,728.70
	BND	107.1630	107.29
	05.000% DUE 03/11/2039		
	RATING: AAA		
	[3130B13Y1]		
	20-75-010-***4249		
	FEDERAL HOME LOAN BANK	33,345.90	33,345.90
	BND	30,000	111.15
	05.250% DUE 03/11/2044		
	RATING: AAA		
	[3130B14P5]		
	20-75-010-***4249		
	FEDERAL HOME LOAN BANK	65,000.00	65,000.00
	BND CALL 03/18/2025	64,953.23	100.00
	05.120% DUE 09/18/2031	99,928.00	
	RATING: AAA		
	[3130B2PA7]		
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP	92,310.74	93,007.91
	POOL SD0844	95,482.00	96.20
	03.500% DUE 07/01/2047		
	RATING: N/A		
	[3132DM5D3]		
	20-75-010-***4249		

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

Federal I.D. - 23-7083247
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description	(e)	(d)
	FEDERAL HOME LOAN MTG CORP	77,201.58	77,940.05
	POOL SD1193	94,363.0	95.27
	03.500% DUE 07/01/2051		
	RATING: N/A		
	[3132DNKE2]		
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP	77,493.31	78,641.87
	POOL SD7540	87,500.0	88.80
	02.500% DUE 05/01/2051		
	RATING: N/A		
	[3132DVLV5]		
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP	22,058.98	22,412.48
	POOL SD8211	82,752.0	84.08
	02.000% DUE 05/01/2052		
	RATING: N/A		
	[3132DWDQ3]		
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP	47,344.68	47,237.18
	POOL SD3619	102,514.0	102.28
	05.500% DUE 09/01/2053		
	RATING: N/A		
	[3132E0AU6]		
	20-75-010-***4249		
	FEDERAL FARM CREDIT BANK	38,414.25	38,529.81
	BNDS CALL 09/26/2024	85,365.0	85.62
	02.150% DUE 03/14/2033		
	RATING: AAA		
	[3133EMJ45]		
	20-75-010-***4249		

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identify & Description	(e)		(d)
	FEDERAL FARM CREDIT BANK	76,290.30	0.17 %	76,290.30
	BND\$ CALL 06/16/2022	87,000		87.69
	01.880% DUE 06/16/2031			
	RATING: AAA			
	(3133EMK27)			
	20-75-010-***4249			
	FEDERAL FARM CREDIT BANK	17,372.88	0.04 %	17,372.88
	BND\$ CALL 07/24/2024	20,000		86.86
	01.670% DUE 03/03/2031			
	RATING: AAA			
	(3133EMSA1)			
	20-75-010-***4249			
	FEDERAL FARM CREDIT BANK	37,980.00	0.09 %	37,980.00
	BND\$ CALL 09/26/2024	45,000		84.40
	02.000% DUE 04/14/2033			
	RATING: AAA			
	(3133EMS78)			
	20-75-010-***4249			
	FEDERAL FARM CREDIT BANK	19,114.37	0.05 %	19,114.37
	BND\$ CALL 10/02/2024	22,000		86.88
	01.790% DUE 07/21/2031			
	RATING: AAA			
	(3133EMT77)			
	20-75-010-***4249			
	FEDERAL FARM CREDIT BANK	18,983.03	0.05 %	18,983.03
	BND\$ CALL 12/02/2021	22,000		86.29
	01.730% DUE 09/02/2031			
	RATING: AAA			
	(3133EM4F6)			
	20-75-010-***4249			

UFCW, LOCAL 1776 KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

Federal I.D. - 23-7083247
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description	(e)	(d)
	FEDERAL FARM CREDIT BANK	38,635.96	38,635.96
	BND\$ CALL 09/23/2022	44,000	87.81
	01.570% DUE 09/23/2030		
	RATING: AAA		
	(3133EM6A5)		
	20-75-010-***4249		
	FEDERAL FARM CREDIT BANK	19,584.50	19,584.50
	BND\$ CALL 02/16/2022	23,000	85.15
	02.430% DUE 11/16/2034		
	RATING: AAA		
	(3133ENEA4)		
	20-75-010-***4249		
	FEDERAL FARM CREDIT BANK	38,259.92	38,258.40
	BND\$ CALL 05/29/2025	100.6840	100.68
	05.520% DUE 05/29/2029		
	RATING: AAA		
	(3133ERFLO)		
	20-75-010-***4249		
	FEDERAL FARM CREDIT BANK	38,361.00	38,361.00
	BND\$ CALL 07/17/2025	38,000	100.95
	05.840% DUE 07/17/2034		
	RATING: AAA		
	(3133ERLE9)		
	20-75-010-***4249		
	FEDERAL FARM CREDIT BANK	56,102.75	56,102.75
	BND\$ CALL 08/05/2026	55,000	102.01
	05.600% DUE 08/05/2039		
	RATING: AAA		
	(3133ERMZ1)		
	20-75-010-***4249		

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description	(e)	(d)
	FEDERAL HOME LOAN MTG CORP	75,924.96	75,924.96
	POOL RB5230	74,311.020	102.17
	05.500% DUE 05/01/2043		
	RATING: N/A		
	(3133KYY37)		
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP	14,067.86	14,067.86
	NTS CALL 01/29/2023	17,000	82.75
	01.500% DUE 10/29/2032		
	RATING: AAA		
	(3134GWZW9)		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	48,402.90	48,402.90
	NTS CALL 03/14/2023	63,090	76.83
	01.630% DUE 09/14/2035		
	RATING: AAA		
	(3136G43S0)		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	86,440.13	86,440.13
	POOL BC4764	93,071.470	92.88
	03.000% DUE 10/01/2046		
	RATING: N/A		
	(3140F0JJ4)		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	77,926.43	78,919.83
	POOL CB0609	87,494.0	88.61
	02.500% DUE 05/01/2051		
	RATING: N/A		
	(3140QKVB1)		
	20-75-010-***4249		

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description	(e)	(d)
	FEDERAL NATL MTG ASSN	53,572.61	53,572.61
	POOL CB1597	59,002.700	90.80
	02.500% DUE 09/01/2041		
	RATING: N/A		
	[3140QLX35]		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	97,241.33	97,580.21
	POOL FS2454	99,4970	99.84
	04.000% DUE 06/01/2038		
	RATING: N/A		
	[314DXHWQ6]		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	74,817.50	75,878.31
	POOL FS5380	83,1800	84.36
	02.000% DUE 05/01/2051		
	RATING: N/A		
	[314DXL652]		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	48,418.16	48,327.30
	POOL FS7405	101,9100	101.72
	05.500% DUE 03/01/2054		
	RATING: N/A		
	[314DXPP8]		
	20-75-010-***4249		
	FEDERAL NATL MTG ASSN	38,253.47	38,713.75
	POOL MA4025	84,8540	85.87
	02.500% DUE 05/01/2050		
	RATING: N/A		
	[31418DPK2]		
	20-75-010-***4249		

UFCW LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

Federal I.D. - 23-7083247
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FORM 5500, SCHEDULE H, PART IV, QUESTION 1

(a)	(b) & (c) Identity & Description	(e)		(d)
	FEDERAL NATL MTG ASSN POOL MA4465 02.000% DUE 11/01/2051 RATING: N/A [31418D6B3]	78,814.08 93,599.950	0.17 %	78,814.08 84.20
	20-75-010-***4249 FEDERAL NATL MTG ASSN POOL MA5040 06.000% DUE 06/01/2053 RATING: N/A [31418E568]	69,704.62 67,942.366	0.16 %	69,704.62 102.59
	20-75-010-***4249 GOVT NATL MTG ASSN II POOL BS8546 02.500% DUE 12/20/2050 RATING: N/A [3617MKP78]	58,253.86 65,893.370	0.13 %	58,253.86 88.41
	20-75-010-***4249 GOVT NATL MTG ASSN II POOL MA7650 03.000% DUE 10/20/2051 RATING: N/A [36179WQB7]	27,824.15 30,120.870	0.06 %	27,824.15 92.37
	20-75-010-***4249 GOVT NATL MTG ASSN II POOL MA8428 05.000% DUE 11/20/2052 RATING: N/A [36179XLH7]	79,917.55 79,285.738	0.18 %	79,917.55 100.80
	20-75-010-***4249			

UFCW LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description	(e)		(d)
	INTL BK RECON & DEV SER MTN	58,737.59	0.13 %	59,164.30
	SEDOL BFFVX47 ISIN US45905UR710	82.7290		83.33
	02.700% DUE 12/28/2037			
	RATING: AAA			
	[45905UR71]			
	20-75-010-***4249			
	INTL BK RECON & DEVELOP	40,501.20	0.09 %	40,287.28
	SER GMTN CALL 08/28/2025	101.2530		100.72
	05.750% DUE 08/26/2033			
	RATING: AAA			
	[45906M4G3]			
	20-75-010-***4249			
	TENN VALLEY AUTHORITY	9,292.20	0.03 %	9,581.20
	UNSC	92.9220		95.81
	04.250% DUE 09/15/2052			
	RATING: AAA			
	[880591EY4]			
	20-75-010-***4249			
	USA TREASURY NOTES	110,058.48	0.24 %	112,948.59
	04.250% DUE 02/15/2054	101.9060		104.58
	RATING: AAA			
	[912810TX6]			
	20-75-010-***4249			
	USA TREASURY NOTES	71,589.54	0.16 %	73,463.67
	04.625% DUE 05/15/2054	108.4690		111.31
	RATING: AAA			
	[912810UA4]			
	20-75-010-***4249			
	USA TREASURY NOTES	80,367.39	0.18 %	80,534.88
	04.125% DUE 08/15/2044	99.2190		99.43
	RATING: AAA			
	[912810UD8]			
	20-75-010-***4249			

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2024

Federal I.D. - 23-7083247
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description	(e)		(d)
	USA TREASURY NOTES	38,970.78		38,970.78
	04.000% DUE 07/31/2029	38,000	0.09 %	102.55
	RATING: AAA			
	(91282CLC3)			
	20-75-010-***4249			
	USA TREASURY NOTES	9,333.63	0.02 %	9,333.63
	04.125% DUE 07/31/2031	9,000		103.71
	RATING: AAA			
	(91282CLD1)			
	20-75-010-***4249			
	USA TREASURY NOTES	38,626.57	0.09 %	38,626.57
	03.875% DUE 08/15/2034	38,000		101.65
	RATING: AAA			
	(91282CLF6)			
	20-75-010-***4249			
	USA TREASURY NOTES	17,159.23	0.04 %	17,159.23
	03.750% DUE 08/31/2031	17,000		100.94
	RATING: N/A			
	(91282CLJ8)			
	20-75-010-***4249			
	USA TREASURY NOTES	16,921.64	0.04 %	16,921.64
	03.375% DUE 09/15/2027	17,000		99.54
	RATING: AAA			
	(91282CLL3)			
	20-75-010-***4249			
	US TREASURY NTS		0.01 %	
	02.125% DUE 05/31/2026	97,4530		
	RATING: AAA			
	(9128286X3)			
	20-75-010-***4249			
Total US government securities		\$2,318,221.29	4.97 %	\$2,318,221.29

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Corporate debt

AT&T INC	\$4,031.92	\$4,024.20	0.01 %	-\$7.72	\$4,031.92
CALL 12/01/2028 UNSC	4,000	\$100.6050			\$100.80
04.350% DUE 03/01/2029					
RATING: BAA2					
[00206RHJ4]					
20-75-010-***4249					
AECOM	161,497.25	165,716.10	0.36 %	4,218.85	161,497.25
SER W1 CALL 12/15/2026	165,000	100.4340			97.88
05.125% DUE 03/15/2027					
RATING: BA2					
[00774CAB3]					
20-75-010-***5966					
ALABAMA POWER CO	8,601.23	8,463.07	0.02 %	- 138.16	8,601.23
CALL 04/01/2049 UNSC	11,000	76.9370			78.19
03.450% DUE 10/01/2049					
RATING: A1					
[010392FT0]					
20-75-010-***4249					
AMERICAN EXPRESS CO	11,475.97	11,453.31	0.03 %	- 22.66	11,475.97
CALL 07/26/2034 UNSC	11,000	104.1210			104.33
VAR% DUE 07/26/2035					
RATING: A2					
[025816DW6]					
20-75-010-***4249					
AMERICAN HONDA FINANCE	11,194.56	11,167.08	0.03 %	- 27.48	11,194.56
SER MTN UNSC	12,000	93.0590			93.29
02.000% DUE 03/24/2028					
RATING: A3					
[02665WDW8]					
20-75-010-***4249					

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	AMERICAN TOWER CORP	11,708.04	11,708.04
	CALL 05/15/2029 UNSC	12,000	97.57
	03.800% DUE 08/15/2029		
	RATING: BAA3		
	[03027XAW0]		
	20-75-010-***4249		
	AMGEN INC	7,506.73	7,506.73
	CALL 09/02/2052 UNSC	7,000	107.24
	05.650% DUE 03/02/2053		
	RATING: BAA1		
	[031162DT4]		
	20-75-010-***4249		
	APPLE INC	9,771.84	9,771.84
	CALL 03/11/2049 UNSC	13,000	75.17
	02.950% DUE 09/11/2049		
	RATING: AAA		
	[037833DQ0]		
	20-75-010-***4249		
	BANK OF AMERICA CORPORATION	42,273.88	42,273.88
	SR UNSEC CALL 03/11/2026 @ 100	44,000	96.08
	VAR% DUE 03/11/2027		
	RATING: A1		
	[060516JQ3]		
	20-75-010-***4249		
	BANK OF MONTREAL	11,128.59	11,128.59
	SEDOL BTF J3X8 SIN US06368L8L34	11,000	101.17
	VAR% DUE 09/10/2030		
	RATING: A2		
	[06368L8L3]		
	20-75-010-***4249		

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	BANK OF NY MELLON CORP	15,520.95	15,589.80
	CALL 07/22/2031 UNSC	103.4730	103.93
	VAR% DUE 07/22/2032		
	RATING: A1		
	[06406RBZ9]		
	20-75-010-***4249		
	BERKSHIRE HATHAWAY ENERG	4,890.60	4,900.10
	CALL 04/15/2030 UNSC	97.8120	98.00
	03.700% DUE 07/15/2030		
	RATING: A3		
	[084659AV3]		
	20-75-010-***4249		
	BOEING CO	24,904.75	24,899.50
	CALL 04/01/2025 UNSC	99.6190	99.60
	04.875% DUE 05/01/2025		
	RATING: BAA3		
	[097023CT0]		
	20-75-010-***4249		
	BOYD GAMING CORP	163,132.20	157,488.50
	CALL 12/01/2022 COGT	98.8680	95.45
	04.750% DUE 12/01/2027		
	RATING: B1		
	[103304BU4]		
	20-75-010-***5966		
	BROADCOM INC	7,984.40	8,007.33
	CALL 12/15/2029 UNSC	99.8050	100.09
	04.350% DUE 02/15/2030		
	RATING: BAA3		
	[11135FCB5]		
	20-75-010-***4249		

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	BURLINGTON NORTH SANTA FE CALL 03/01/2044 @ 100.000 UNSC 04.550% DUE 09/01/2044 RATING: A2 (12189LAU5)	22,858.32 24,000 22,660.32 94,4180	22,858.32 95.24
	20-75-010-***4249 CDW LLC/CDW FINANCE CALL 05/01/2022 COGT 04.125% DUE 05/01/2025 RATING: BAA3 (12513GBE8)	159,319.85 165,000 163,635.45 99,1730	161,277.00 97.74
	20-75-010-***5946 CIGNA GROUP/THE CALL 04/15/2029 UNSC 05.000% DUE 05/15/2029 RATING: BAA1 (125523CT5)	6,202.38 6,000 6,179.52 102,9920	6,202.38 103.37
	20-75-010-***4249 CANADIAN IMPERIAL BANK SEDOL 2L8RBH2 ISIN US13608JAA51 05.260% DUE 04/08/2029 RATING: A2 (13608JAA5)	15,599.10 15,000 15,587.10 103,9140	15,599.10 103.99
	20-75-010-***4249 CAPITAL ONE FINANCIAL CO CALL 11/02/2026 UNSC VAR% DUE 11/02/2027 RATING: BAA1 (14040HCH6)	7,593.20 8,000 7,601.52 95,0190	7,593.20 94.92
	20-75-010-***4249		

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	CAPITAL ONE FINANCIAL CO	9,475.83	
	CALL 06/08/2028 UNSC	9,000	9,475.83
	VAR% DUE 06/08/2029		105.29
	RATING: BAA1		
	[14040HCZ6]		
	20-75-010-***4249		
	CAPITAL ONE FINANCIAL CO	4,108.40	4,108.40
	CALL 07/26/2029 UNSC	4,000	102.71
	VAR% DUE 07/26/2030		
	RATING: BAA1		
	[14040HDG7]		
	20-75-010-***4249		
	CARE CAPITAL PROPERTIES	153,115.20	
	SER WI CALL 05/15/2026	160,000	152,061.30
	05.125% DUE 08/15/2026		95.04
	RATING: BA1		
	[14162VAB2]		
	20-75-010-***5966		
	CARPENTER TECHNOLOGY	129,466.70	
	CALL 07/15/2023 UNSC	130,891.80	129,466.70
	06.375% DUE 07/15/2028	100.6860	99.59
	RATING: B1		
	[14428SAL7]		
	20-75-010-***5966		
	CENTENE CORP	152,115.15	
	SER WI CALL 12/15/2022	165,000	154,792.70
	04.250% DUE 12/15/2027		93.81
	RATING: BA1		
	[15135BAR2]		
	20-75-010-***5966		

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	CENTURY COMMUNITIES	155,836.60	0.34 %	155,836.60
	CALL 07/22/2022 COGT	155,000		100.54
	06.750% DUE 06/01/2027			
	RATING: BA2			
	[156504AL6]			
	20-75-010-***5966			
	CHARTER COMM OPT LLC/CAP	161,396.70	0.36 %	166,885.70
	SER WI CALL 04/23/2025	165,000		101.02
	04.908% DUE 07/23/2025			
	RATING: BA1			
	[161175AY0]			
	20-75-010-***5966			
	CISCO SYSTEMS INC	9,456.75	0.03 %	9,456.75
	CALL 12/26/2030 UNSC	9,000		105.08
	04.950% DUE 02/26/2031			
	RATING: A1			
	[17275RBS0]			
	20-75-010-***4269			
	CITIGROUP INC	6,179.76	0.02 %	6,179.76
	CALL 02/13/2029 UNSC	102.7240		103.00
	VAR% DUE 02/13/2030			
	RATING: A3			
	[172967PF2]			
	20-75-010-***4269			
	CLEVELAND-CLIFFS INC	159,544.70	0.35 %	159,544.70
	CALL 06/01/2022 COGT	160,355.20		99.72
	05.875% DUE 06/01/2027	100.2220		
	RATING: BA3			
	[185899AH4]			
	20-75-010-***5966			

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	CNH EQUIPMENT TRUST	59,990.83	59,990.83
	SERIES 2024 C CLASS A3	99,7650	99.98
	04.030% DUE 01/15/2030		
	RATING: AAA		
	[189783GAD6]		
	20-75-010-***4249		
	Coca-Cola Co/The	14,895.16	14,895.16
	CALL 02/13/2034 UNSC	105.3740	106.39
	05.000% DUE 05/13/2034		
	RATING: A1		
	[191216DR8]		
	20-75-010-***4249		
	COMCAST CORP	17,176.74	17,320.59
	CALL 05/01/2039 UNSC	81.7940	82.48
	03.250% DUE 11/01/2039		
	RATING: A3		
	[20030NCY5]		
	20-75-010-***4249		
	CONOCOPHILLIPS	19,201.78	19,456.95
	CALL 11/15/2052 COGT	101.0620	102.41
	05.300% DUE 05/15/2053		
	RATING: A2		
	[20826FBE5]		
	20-75-010-***4249		
	CON EDISON CO OF NY INC	3,294.72	3,294.72
	CALL 11/15/2053 UNSC	108.3000	109.82
	05.700% DUE 05/15/2054		
	RATING: A3		
	[209111GK3]		
	20-75-010-***4249		

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	CROWN AMER/CAP CORP VI	158,475.90	164,419.20
	CALL 02/01/2021 COGT	165,000	99,6480
	04.750% DUE 02/01/2026		0.36 %
	RATING: BA2		5,943.30
	(228187AB6)		169,101.00
	20-75-010-***5966		102.49
	DCP MIDSTREAM OPERATING	65,109.66	66,161.04
	CALL 04/15/2025 COGT	66,000	100,2440
	05.375% DUE 07/15/2025		0.15 %
	RATING: BAA3		1,051.38
	(23311VAG2)		73,012.50
	20-75-010-***5966		110.63
	JOHN DEERE CAPITAL CORP	6,254.76	6,222.72
	SER MTN UNSC	6,000	103,7120
	04.900% DUE 03/07/2031		0.02 %
	RATING: A1		- 32.04
	(24422EXN4)		6,254.76
	20-75-010-***4249		104.25
	JOHN DEERE CAPITAL CORP	8,083.68	8,056.48
	UNSC	8,000	100,7060
	04.400% DUE 09/08/2031		0.02 %
	RATING: A1		- 27.20
	(24422EXX2)		8,083.68
	20-75-010-***4249		101.05
	WALT DISNEY COMPANY/THE	13,660.00	13,625.44
	CALL 11/13/2039 COGT	16,000	85,1590
	03.500% DUE 05/13/2040		0.03 %
	RATING: A2		- 34.56
	(254687FY7)		13,660.00
	20-75-010-***4249		85.38

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ENTERPRISE PRODUCTS OPER CALL 08/01/2048 COGT 04.800% DUE 02/01/2049 RATING: A3 (29379VBU6)	7,565.52 8,000	0.02 %	7,472.72 93,4090	- 92.80 7,565.52 94.57
20-75-010-***4249 ENTERPRISE PRODUCTS OPER CALL 11/15/2034 COGT 04.950% DUE 02/15/2035 RATING: A3 (29379VCG6)	17,390.09 17,000	0.04 %	17,263.84 101.5520	- 126.25 17,390.09 102.29
20-75-010-***4249 EXXON MOBIL CORPORATION CALL 09/19/2049 UNSC 04.327% DUE 03/19/2050 RATING: AA2 (30231GBG6)	22,835.25 25,000	0.05 %	22,643.50 90.5740	- 191.75 22,835.25 91.34
20-75-010-***4249 META PLATFORMS INC CALL 11/15/2052 UNSC 05.600% DUE 05/15/2053 RATING: AA3 (30303M8Q8)	5,510.00 5,000	0.02 %	5,420.95 108.4190	- 89.05 5,510.00 110.20
20-75-010-***4249 FEDERAL NATL MTG ASSN SERIES 2015 37 CLASS PA 03.000% DUE 06/25/2044 RATING: N/A (3136ANZU4)	6,098.09 6,419.039	0.02 %	6,233.53 97.1100	135.44 6,098.09 95.00
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	FEDERAL HOME LOAN MTG CORP SERIES 4979 CLASS A 02.000% DUE 12/25/2043 RATING: N/A (3137FTWV5)	31,801.31 33,508.135 94,5220	0.07 % - 128.75 31,801.31 94.91
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP SERIES 4988 CLASS A 02.000% DUE 05/25/2046 RATING: N/A (3137FUMY7)	19,361.88 89,6250	0.05 % - 37.13 19,399.01 89.80
	20-75-010-***4249		
	FEDERAL HOME LOAN MTG CORP SERIES 5267 CLASS JA 05.000% DUE 06/25/2047 RATING: N/A (3137H9B57)	63,794.30 63,437.460 99,2330	0.14 % - 843.41 63,794.30 100.56
	20-75-010-***4249		
	FLORIDA POWER & LIGHT CO CALL 10/01/2052 MORT 05.300% DUE 04/01/2053 RATING: AA2 (341081GM3)	10,568.20 10,000 104,4660	0.03 % - 121.60 10,568.20 105.68
	20-75-010-***4249		
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 C CLASS A3 04.760% DUE 07/15/2029 RATING: N/A (34532UAD1)	79,999.46 80,000 99,9360	0.18 % - 50.66 79,999.46 100.00
	20-75-010-***4249		

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	FORD MOTOR COMPANY	13,834.24	13,834.24
	CALL 11/12/2031 UNSC	16,000	86.46
	03.250% DUE 02/12/2032		
	RATING: BA1		
	[345370DA5]		
	20-75-010-***4249		
	FORD MOTOR CREDIT CO LLC	164,578.70	171,394.05
	CALL 10/01/2024 UNSC	170,000	100.82
	04.063% DUE 11/01/2024		
	RATING: BA1		
	[345397ZX4]		
	20-75-010-***5966		
	FOX CORP	18,707.31	18,707.31
	CALL 07/13/2033 UNSC	17,000	110.04
	06.500% DUE 10/13/2033		
	RATING: BAA2		
	[35137LAN5]		
	20-75-010-***4249		
	GLP CAPITAL LP / FIN II	24,239.50	24,864.00
	COGT	25,000	99.46
	05.375% DUE 04/15/2026		
	RATING: BA1		
	[361841AH2]		
	20-75-010-***5966		
	GLP CAPITAL LP / FIN II	137,116.00	150,898.95
	COGT	140,000	107.78
	05.250% DUE 06/01/2025		
	RATING: BA1		
	[361841AJ8]		
	20-75-010-***5966		

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	GXO LOGISTICS INC	70,217.30	70,217.30
	CALL 04/06/2029 UNSC	70,000	100.31
	06.250% DUE 05/06/2029		
	RATING: BA1		
	[36262GAF8]		
	20-75-010-***4249		
	GENERAL MOTORS FINL CO	11,837.40	11,837.40
	CALL 02/06/2029 UNSC	12,000	98.65
	04.300% DUE 04/06/2029		
	RATING: BAA2		
	[37045XDV5]		
	20-75-010-***4249		
	GENERAL MOTORS FINL CO	7,314.09	7,314.09
	CALL 12/07/2028 UNSC	7,000	104.49
	05.800% DUE 01/07/2029		
	RATING: BAA2		
	[37045XEN2]		
	20-75-010-***4249		
	GOLDMAN SACHS GROUP INC	29,053.34	29,053.34
	SR UNSEC CALL 01/27/21 @ 100	34,000	85.45
	VAR% DUE 01/27/2032		
	RATING: A2		
	[38141GXR0]		
	20-75-010-***4249		
	GOLDMAN SACHS GROUP INC	26,784.24	26,784.24
	SR UNSEC CALL 03/09/2026 @ 100	28,000	95.66
	VAR% DUE 03/09/2027		
	RATING: A2		
	[38141GYA6]		
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	GOLDMAN SACHS BANK USA CALL 05/21/2026 UNSC VAR% DUE 09/21/2027 RATING: A1 [38151LAG5] 20-75-010-***4249	9,159.48 9,000 101.6190	0.02 % - 13.77 9,159.48 101.77
	GOVERNMENT NATIONAL MORTGAGE A SERIES 2022 90 CLASS QA 03.500% DUE 11/20/2047 RATING: N/A [38383RE37] 20-75-010-***4249	82,703.25 84,196.419 82,557.96 98.0540	0.18 % - 145.29 82,703.25 98.23
	GOVERNMENT NATIONAL MORTGAGE A SERIES 2024 20 CLASS PC 05.500% DUE 02/20/2054 RATING: N/A [38384JC77] 20-75-010-***4249	34,851.31 34,423.550 35,158.15 102.1340	0.08 % 306.84 34,851.31 101.24
	H.B. FULLER CO CALL 10/15/2023 UNSC 04.250% DUE 10/15/2028 RATING: BA3 [40410KAA3] 20-75-010-***5966	75,016.25 80,000 76,717.60 95.8970	0.17 % 1,701.35 75,016.25 93.77
	HILLENBRAND INC CALL 07/15/2026 COGT 04.500% DUE 09/15/2026 RATING: BA1 [431571AB4] 20-75-010-***5966	146,774.15 155,000 154,225.00 99.5000	0.34 % 7,450.85 171,030.30 110.34

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	JPMORGAN CHASE & CO SR UNSEC CALL 04/22/2026 @ 100 VAR% DUE 04/22/2027 RATING: A1 (46647PCB0)	13,405.28 14,000 13,411.58 95,797.0	0.03 % 6.30 13,405.28 95.75
	20-75-010-***4249 JPMORGAN CHASE & CO CALL 07/24/2028 UNSC VAR% DUE 07/24/2029 RATING: A1 (46647PDU7)	19,706.61 19,000 19,659.30 103,470.0	0.05 % - 47.31 19,706.61 103.72
	20-75-010-***4249 JOHNSON CONTROLS/TYCO FI SEDOL ISIN US477921AA87 05,500% DUE 04/19/2029 RATING: BAA2 (477921AA8)	10,516.80 10,000 10,458.40 104,584.0	0.03 % - 58.40 10,516.80 105.17
	20-75-010-***4249 JOHNSON & JOHNSON CALL 04/01/2031 UNSC 04,900% DUE 04/01/2031 RATING: AAA (478160CV4)	12,693.48 12,000 12,610.80 105,090.0	0.03 % - 82.68 12,693.48 105.78
	20-75-010-***4249 KEURIG DR PEPPER INC SER 10 CALL 01/15/2031 05,200% DUE 03/15/2031 RATING: BAA1 (49271VAU4)	15,750.15 15,000 15,660.60 104,404.0	0.04 % - 89.55 15,750.15 105.00
	20-75-010-***4249		

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(a)	(b) & (c) Identity & Description	(d)	(e)	(f)	(g)
	KROGER CO	10,113.80	10,064.70	0.03 %	10,113.80
	CALL 07/15/2031 UNSC	10,000	100,647.0		101.14
	04.900% DUE 09/15/2031				
	RATING: BAA1				
	[501044DU2]				
	20-75-010-***4249				
	KROGER CO	6,120.66	6,038.40	0.02 %	6,120.66
	CALL 08/15/2054 UNSC	6,000	100,640.0		102.01
	05.500% DUE 09/15/2054				
	RATING: BAA1				
	[501044DW8]				
	20-75-010-***4249				
	LAMAR MEDIA CORP	150,787.75	163,070.80	0.36 %	154,667.70
	SER VI CALL 02/15/2023	170,000	95,924.0		90.98
	03.750% DUE 02/15/2028				
	RATING: BA3				
	[513075BR1]				
	20-75-010-***5966				
	ELI LILLY & CO	6,244.80	6,100.02	0.02 %	6,244.80
	CALL 08/09/2053 UNSC	6,000	101,657.0		104.08
	05.000% DUE 02/09/2054				
	RATING: A1				
	[532457CM8]				
	20-75-010-***4249				
	MCDONALDS CORP	5,845.92	5,823.84	0.02 %	5,845.92
	SER MTN CALL 04/01/2030	6,000	97,064.0		97.43
	03.600% DUE 07/01/2030				
	RATING: BAA1				
	[58013MFQ2]				
	20-75-010-***4249				

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	NEXTERA ENERGY CAPITAL	3,593.24	3,593.24
	CALL 03/01/2030 COGT	4,000	89.83
	02.250% DUE 06/01/2030		
	RATING: BAA1		
	(65339KBR0)		
	20-75-010-***4249		
	NEXTERA ENERGY CAPITAL	15,370.35	15,370.35
	CALL 01/28/2028 COGT	15,000	102.47
	04.900% DUE 02/28/2028		
	RATING: BAA1		
	(65339KCM0)		
	20-75-010-***4249		
	NORTHROP GRUMMAN CORP	9,746.20	9,746.20
	CALL 10/15/2027 UNSC	10,000	97.46
	03.250% DUE 01/15/2028		
	RATING: BAA1		
	(66807BN1)		
	20-75-010-***4249		
	ONEMAIN FINANCE CORP	64,717.05	64,717.05
	CALL 01/15/2024 COGT	70,000	92.45
	03.500% DUE 01/15/2027		
	RATING: BA2		
	(682691AB6)		
	20-75-010-***5966		
	ONEMAIN FINANCE CORP	13,865.70	13,865.70
	CALL 09/15/2024 COGT	15,000	92.44
	03.875% DUE 09/15/2028		
	RATING: BA2		
	(682691AC4)		
	20-75-010-***5966		

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	ORACLE CORP CALL 10/01/2039 UNSC 03.600% DUE 04/01/2040 RATING: BAA2 (68389XBW4) 20-75-010-***4249	13,361.92 16,000 83,1980	13,361.92 83.51
	ORACLE CORP CALL 01/25/2028 UNSC 02.300% DUE 03/25/2028 RATING: BAA2 (68389XCD5) 20-75-010-***4249	11,293.68 12,000 93,9120	11,293.68 94.11
	PNC FINANCIAL SERVICES CALL 06/12/2028 UNSC VAR% DUE 06/12/2029 RATING: A3 (693475BR5) 20-75-010-***4249	7,301.49 7,000 7,286.16 104,0880	7,301.49 104.31
	PACIFIC GAS & ELECTRIC CALL 01/01/2030 MORT 04.550% DUE 07/01/2030 RATING: BAA2 (694308JM0) 20-75-010-***4249	7,946.88 8,000 7,938.24 99,2280	7,946.88 99.34
	PENSKE AUTOMOTIVE GROUP CALL 09/01/2022 COGT 03.500% DUE 09/01/2025 RATING: BA3 (70959WAJ2) 20-75-010-***5966	151,406.40 160,000 157,364.80 98,3530	163,369.00 102.11

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(a)	(b) & (c) Identity & Description	(e)	(d)
	PHILIP MORRIS INTL INC	7,294.00	
	CALL 12/15/2029 UNSC	7,261.80	- 32.20
	05.125% DUE 02/15/2030	103.7400	7,294.00
	RATING: A2		104.20
	[718172DA4]		
	20-75-010-***4249		
	PHILLIPS 66 CO	15,537.30	
	CALL 04/15/2031 COGT	15,511.35	- 25.95
	05.250% DUE 06/15/2031	103.4090	15,537.30
	RATING: A3		103.58
	[718547AU6]		
	20-75-010-***4249		
	PROCTER & GAMBLE CO/THE	11,455.18	
	CALL 10/29/2033 UNSC	11,361.35	- 93.83
	04.550% DUE 01/29/2034	103.2850	11,455.18
	RATING: AA3		104.14
	[742718GG8]		
	20-75-010-***4249		
	ROYAL BANK OF CANADA SER GMTN	7,319.90	
	SEDOL 2LOR2J9 ISIN US78016HWW32	7,279.23	- 40.67
	05.150% DUE 02/01/2034	103.9890	7,319.90
	RATING: A1		104.57
	[78016HWW3]		
	20-75-010-***4249		
	SBA COMMUNICATIONS CORP	160,611.20	
	CALL 02/15/2023 UNSC	170,549.75	9,938.55
	03.875% DUE 02/15/2027	97.4570	180,234.15
	RATING: BA3		102.99
	[78410GAD6]		
	20-75-010-***5966		

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SLM CORP	CALL 09/29/2025 UNSC	28,071.30	0.07 %	1,586.40	30,697.40
04.200% DUE 10/29/2025		30,000			102.32
RATING: BA1					
[78442PGD2]					
20-75-010-***5966					
SLM CORP	CALL 10/02/2026 UNSC	125,771.55	0.31 %	13,624.20	140,087.10
03.125% DUE 11/02/2026		145,000			96.61
RATING: BA1					
[78442PGE0]					
20-75-010-***5966					
CHARLES SCHWAB CORP	CALL 05/19/2028 UNSC	9,431.46	0.03 %	- 34.65	9,431.46
VAR% DUE 05/19/2029		9,000			104.79
RATING: A2					
[808513CD5]					
20-75-010-***4249					
SERVICE CORP INTL	CALL 12/15/2022 UNSC	152,912.10	0.36 %	9,858.75	155,709.05
04.625% DUE 12/15/2027		165,000			94.37
RATING: BA3					
[81756SCD4]					
20-75-010-***5966					
SILGAN HOLDINGS INC	CALL 10/01/2022 UNSC	157,625.78	0.37 %	13,102.47	158,223.48
04.125% DUE 02/01/2028		175,000			90.41
RATING: BA2					
[827048AW9]					
20-75-010-***5966					

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SPRINGLEAF FINANCE CORP COGT 07.125% DUE 03/15/2026 RATING: BAA2 (85172FAN9)		10,160.00 10,000	10,209.20 102,0920	0.03 %	49.20 10,160.00 101.60
20-75-010-***5966 STARBUCKS CORP CALL 12/15/2030 UNSC 04.900% DUE 02/15/2031 RATING: BAA1 (855244BH1)		11,454.08 11,000	11,419.76 103,8160	0.03 %	-34.32 11,454.08 104.13
20-75-010-***4249 STARBUCKS CORP CALL 11/15/2033 UNSC 05.000% DUE 02/15/2034 RATING: BAA1 (855244BJ7)		6,207.72 6,000	6,176.16 102,9360	0.02 %	-31.56 6,207.72 103.46
20-75-010-***4249 STARWOOD PROPERTY TRUST CALL 09/15/2024 UNSC 04.750% DUE 03/15/2025 RATING: BAA3 (85571BAL9)		148,346.25 155,000	154,243.60 99,5120	0.34 %	5,897.35 162,424.55 104.79
20-75-010-***5966 SUNOCO LP/FINANCE CORP SER WI CALL 04/15/2022 06.000% DUE 04/15/2027 RATING: BAA1 (86765LAQ0)		150,230.65 155,000	155,516.15 100,3330	0.34 %	5,285.50 162,343.75 104.74
20-75-010-***5966					

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(a)	(b) & (c) Identity & Description	(e)	(d)
	TEVA PHARMACEUTICALS NE SEDOL 2FV7VL2 ISIN US88167AAK79 06.750% DUE 03/01/2028 RATING: BAZ [88167AAK7] 20-75-010-***5966	25,187.50 25,000 26,056.25 104,2250	25,187.50 100.75
	TEVA PHARMACEUTICAL INDU SEDOL BM92679 ISIN US88167AAP66 04.750% DUE 05/09/2027 RATING: BAZ [88167AAP6] 20-75-010-***5966	57,150.00 60,000 59,154.60 98,5910	57,150.00 95.25
	TORONTO-DOMINION BANK SER MTN SEDOL BNG28J5 ISIN US89114TZV78 03.200% DUE 03/10/2032 RATING: A1 [89114TZV7] 20-75-010-***4249	7,338.88 8,000 7,330.40 91,6300	7,338.88 91.74
	TORONTO-DOMINION BANK SER MTN SEDOL ISIN US89115A2H42 04.693% DUE 09/15/2027 RATING: A1 [89115A2H4] 20-75-010-***4249	13,233.09 13,000 13,206.31 101,5870	13,233.09 101.79
	TORONTO-DOMINION BANK SEDOL 2L8K9V1 ISIN US89115A2Y74 04.994% DUE 04/05/2029 RATING: A1 [89115A2Y7] 20-75-010-***4249	11,356.18 11,000 11,334.84 103,0440	11,356.18 103.24

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(a)	(b) & (c) Identify & Description	(e)	(d)
	TOTAL ENERGIES CAPITAL SA	13,718.90	13,718.90
	SEDOL ISIN US89157XAB73	13,000	105.53
	05.488% DUE 04/05/2054		
	RATING: A1		
	(89157XAB7)		
	20-75-010-***4249		
	TRANSCANADA PIPELINES	3,553.72	3,553.72
	SEDOL ISIN US89352HBC25	4,000	88.84
	02.500% DUE 10/12/2031		
	RATING: BAA2		
	(89352HBC2)		
	20-75-010-***4249		
	UNDER ARMOUR INC	143,608.00	166,151.30
	CALL 03/15/2026 @ 100.000 UNSC	160,000	103.84
	03.250% DUE 06/15/2026		
	RATING: BA3		
	(904311AA5)		
	20-75-010-***5966		
	UNITED AIR 2023-1 A PTT	9,298.69	9,298.69
	PASS	8,798.913	105.68
	05.800% DUE 07/15/2037	9,234.46	
	RATING: A2	104.9500	
	(90932LAJ6)		
	20-75-010-***4249		
	UNITED PARCEL SERVICE	16,966.08	16,966.08
	CALL 02/22/2034 UNSC	16,000	106.04
	05.150% DUE 05/22/2034		
	RATING: A2		
	(911312CD6)		
	20-75-010-***4249		

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	UNITED RENTALS NORTH AM CALL 05/15/2022 COGT 05.500% DUE 05/15/2027 RATING: BA2 [911365BF0]	152,571.03 157,000 100.1620	0.34 % 4,683.31 160,391.56 102.16
	20-75-010-***5966 UNITEDHEALTH GROUP INC CALL 12/15/2029 UNSC 05.300% DUE 02/15/2030 RATING: A2 [91324PEQ1]	5,306.30 5,000 105.4500	0.02 % - 33.80 5,306.30 106.13
	20-75-010-***4249 UNITEDHEALTH GROUP INC CALL 04/15/2034 UNSC 05.150% DUE 07/15/2034 RATING: A2 [91324PFJ6]	16,859.36 16,000 104.3690	0.04 % - 160.32 16,859.36 105.37
	20-75-010-***4249 VERIZON COMMUNICATIONS CALL 05/20/2040 UNSC 02.650% DUE 11/20/2040 RATING: BAA1 [92343VFT6]	19,290.70 26,000 73.6810	0.05 % - 133.64 19,290.70 74.20
	20-75-010-***4249 VICI PROPERTIES LP CALL 01/15/2028 UNSC 04.750% DUE 02/15/2028 RATING: BA1 [925650AB9]	57,906.70 60,000 100.3860	0.14 % 2,324.90 57,906.70 96.51
	20-75-010-***5966		

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	VIRGINIA ELEC & POWER CO CALL 10/01/2052 UNSC 05.450% DUE 04/01/2053 RATING: A2 (927804GL2) 20-75-010-***4249	18,776.88 18,000 103,6380	18,776.88 104.32
	WELLS FARGO & COMPANY SER MTN CALL 03/24/2027 VAR% DUE 03/24/2028 RATING: A1 (95000U2V4) 20-75-010-***4249	9,828.20 10,000 98,1060	9,828.20 98.28
	WELLS FARGO & COMPANY SER MTN CALL 07/25/2032 VAR% DUE 07/25/2033 RATING: A1 (95000U3B7) 20-75-010-***4249	11,134.53 11,000 101,1460	11,134.53 101.22
	WELLS FARGO & COMPANY CALL 07/25/2028 UNSC VAR% DUE 07/25/2029 RATING: A1 (95000U3E1) 20-75-010-***4249	10,426.00 10,000 104,0410	10,426.00 104.26
	WESTERN DIGITAL CORP CALL 11/15/2025 COGT 04.750% DUE 02/15/2026 RATING: BA2 (958102AM7) 20-75-010-***5966	152,456.00 160,000 99,4400	173,504.95 108.44

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	WESTERN MIDSTREAM OPERAT	148,294.70	0.34 %	152,053.60
	CALL 01/01/2025 UNSC	155,000		98.10
	03.100% DUE 02/01/2025			
	RATING: BAA3			
	[958667AB3]			
	20-75-010-***5966			
	WYNDHAM WORLDWIDE CORP	59,400.00	0.14 %	63,350.00
	CALL 07/01/2025 @ 100.000 UNSC	60,000		105.58
	05.100% DUE 10/01/2025			
	RATING: BA3			
	[98310WAM0]			
	20-75-010-***5966			
	WYNDHAM WORLDWIDE CORP	95,140.00	0.22 %	97,000.00
	CALL 01/01/2027 UNSC	100,000		97.00
	04.500% DUE 04/01/2027			
	RATING: BA3			
	[98310WAN8]			
	20-75-010-***5966			
Total corporate debt		\$7,318,328.75	16.32 %	\$7,557,642.97

Corporate stock - common

ACCENTURE PLC CLASS A (ACN)	\$38,964.21	0.10 %	\$38,964.21
SEDOL B4BNMY3	122		\$319.38
ISIN IE00B4BNMY34			
20-75-010-***1176			

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	EATON CORP PLC (ETN)	27,726.40	43,087.20	9,796.20
	SEDOL B8KGN82	130	331.4400	75.36
	ISIN IE00B8KGN827			
	20-75-010-***1176			
	INVECO LTD (IVZ)	15,317.97	16,401.04	15,317.97
	ISIN BMG491BT1088 SEDOL B28XP76	934	17.5600	16.40
	20-75-010-***1176			
	MEDTRONIC PLC (MDT)	47,564.52	54,648.21	49,416.24
	SEDOL BTN1Y11	607	90.0300	81.41
	ISIN IE00BTN1Y115			
	20-75-010-***1176			
	SMURFIT WESTROCK PLC (SW)	24,512.50	26,192.60	21,797.28
	SEDOL BRK49M5	530	49.4200	41.13
	ISIN IE0028FXN24			
	20-75-010-***1176			
	TRANE TECHNOLOGIES PLC (TT)	20,291.00	38,873.00	16,248.26
	SEDOL BK9ZQ96	100	388.7300	162.48
	ISIN IE00BK9ZQ967			
	20-75-010-***1176			
	CHUBB LTD (CB)	24,148.88	33,453.24	22,621.20
	SEDOL B3BQMF6	116	288.3900	195.01
	ISIN CH0044328745			
	20-75-010-***1176			
	LYONDELLBASELL INDUSTRIES N.V. (LYB)	15,456.13	15,152.20	15,456.13
	ISIN NL0009434992 SEDOL B3SPXZ3	158	95.9000	97.82
	20-75-010-***1176			
	AT&T INC (T)	32,022.64	46,904.00	45,230.57
	20-75-010-***1176	2,132	22.0000	21.22
	ABBOTT LABORATORIES INC (ABT)	26,060.98	26,108.29	26,060.98
	20-75-010-***1176	229	114.0100	113.80
	ABBVIE INC (ABBV)	52,171.00	69,118.00	46,053.25
	20-75-010-***1176	350	197.4800	131.58

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ADOBE INC (ADBE)	49,460.30	50,224.66	44,988.27
20-75-010-***1176	97	517,7800	463.80
ADVANCED MICRO DEVICES INC (AMD)	40,573.37	44,793.84	40,573.37
20-75-010-***1176	273	164,0800	148.62
AIRBNB INC-CLASS A (ABNB)	18,622.78	15,597.63	18,622.78
20-75-010-***1176	123	126,8100	151.40
ALPHABET INC/CA-CL C (GOOG)	79,110.00	100,314.00	39,320.01
20-75-010-***1176	600	167,1900	65.53
ALPHABET INC/CA-CL A (GOOGL)	138,057.30	174,971.75	51,805.41
20-75-010-***1176	1,055	165,9500	49.10
AMAZON COM INC (AMZN)	183,688.40	269,246.85	110,455.49
20-75-010-***1176	1,445	186,3300	76.44
AMENTUM HOLDINGS INC-W/I (AMTM)	5,548.79	7,256.25	5,548.79
20-75-010-***1176	225	32,2500	24.66
CENCORA INC (COR)	19,796.70	24,758.80	11,017.09
20-75-010-***1176	110	225,0800	100.16
AMERIPRISE FINANCIAL INC (AMP)	18,467.32	19,732.02	18,467.32
20-75-010-***1176	42	469,8100	439.70
AMGEN INC (AMGN)	32,470.85	39,309.62	32,470.85
20-75-010-***1176	122	322,2100	266.15
ANALOG DEVICES INC (ADI)	26,987.81	26,929.89	26,987.81
20-75-010-***1176	117	230,1700	230.67
ANSYS INC (ANSS)	20,999.51	21,666.84	20,999.51
20-75-010-***1176	68	318,6300	308.82
ELEVANCE HEALTH INC (ELV)	26,125.20	31,200.00	9,806.70
20-75-010-***1176	60	520,0000	163.45
APPLE INC (AAPL)	385,824.11	522,619.00	115,249.88
20-75-010-***1176	2,243	233,0000	51.38
ARCHER DANIELS MIDLAND CO (ADM)	20,363.40	16,129.80	11,485.61
20-75-010-***1176	270	59,7400	42.54
ARISTA NETWORKS INC (ANET)	31,819.89	66,400.86	17,842.55
20-75-010-***1176	173	383,8200	103.14

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(a)	(b) & (c) Identity & Description	(e)		(d)
	BANK OF AMERICA CORP (BAC)	31,193.08		31,193.08
20-75-010-***1176		705		44.25
	BANK NEW YORK MELLON CORP COM (BK)	19,832.25		21,243.99
20-75-010-***1176		465		45.69
WR BERKLEY CORP (WRB)		26,665.80		20,234.51
20-75-010-***1176		630		32.12
BERKSHIRE HATHAWAY INC (BRKB)		117,350.50		73,478.00
CLASS B		335		219.34
20-75-010-***1176				
BIOMEN INC (BIIB)		16,191.63		17,829.47
20-75-010-***1176		63		283.01
BLACKROCK INC (BLK)		48,332.26		48,332.26
20-75-010-***1176		61		792.33
BRISTOL MYERS SQUIBB CO (BMY)		25,537.60		26,546.96
20-75-010-***1176		440		60.33
BROADCOM INC (AVGO)		60,300.11		34,899.16
20-75-010-***1176		726		48.07
BROWN & BROWN INC (BRO)		19,257.05		19,257.05
20-75-010-***1176		235		81.94
CBRE GROUP INC (CBRE)		17,357.10		16,572.67
20-75-010-***1176		235		70.52
THE CIGNA GROUP (CI)		34,328.40		23,374.54
20-75-010-***1176		120		194.79
CVS HEALTH CORPORATION (CVS)		28,626.20		41,201.87
20-75-010-***1176		410		100.49
CAMDEN PROPERTY (CPT)		27,659.79		27,659.79
REIT		285		97.05
20-75-010-***1176				
CAPITAL ONE FINANCIAL CORP (COF)		21,351.00		20,311.78
20-75-010-***1176		220		92.33
CATERPILLAR INC (CAT)		30,030.00		17,775.17
20-75-010-***1176		110		161.59

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	CENTENE CORP (CNC)	11,709.60		1,088.00
	20-75-010-***1176	170		11,056.89
	CENTERPOINT ENERGY INC (CNP)	14,767.50		65.04
	20-75-010-***1176	550		10,285.27
	CHEVRON CORPORATION (CVX)	56,487.70		18.70
	20-75-010-***1176	335		- 7,152.25
	CHIPOTLE MEXICAN GRIL CL A (CMG)	22,950.92		40,926.44
	20-75-010-***1176	405		122.17
	CINCINNATI FINANCIAL CORP (CINF)	17,545.77		22,950.92
	20-75-010-***1176	170		56.67
	CINTAS CORP (CTAS)	26,455.55		17,545.77
	20-75-010-***1176	220		103.21
	CITIGROUP INC (C)	21,798.90		21,597.80
	20-75-010-***1176	530		98.17
	COCA COLA CO (KO)	50,326.02		31,205.61
	20-75-010-***1176	899		58.98
	COGNIZANT TECHNOLOGY SOLUTIONS (CTSH)	17,951.10		48,680.20
	20-75-010-***1176	245		54.15
	COMCAST CORPORATION CL A (CMCSA)	34,585.20		16,777.81
	20-75-010-***1176	780		63.31
	CONOCOPHILLIPS (COP)	37,617.20		29,518.88
	20-75-010-***1176	314		37.84
	CONSOLIDATED EDISON INC (ED)	23,499.99		14,006.69
	20-75-010-***1176	264		- 4,559.28
	COPART INC (CPRT)	22,622.25		44.61
	20-75-010-***1176	525		25,716.99
	CORTEVA INC-W/I (CTVA)	17,138.60		97.41
	20-75-010-***1176	335		19,562.63
	COSTCO WHOLESALE CORP (COST)	81,919.20		37.26
	20-75-010-***1176	145		21,099.62
	DELTA AIR LINES INC (DAL)	12,210.00		62.98
	20-75-010-***1176	330		48,633.89
				335.41
				14,415.92
				43.68

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	DEVON ENERGY CORP NEW (DVN)	11,036.24	8,958.48	0.02 %	- 2,077.76	11,036.24
20-75-010-***1176		229	39,1200			48.19
	DIGITAL RLTY TR INC (DLR)	14,252.33	14,241.04	0.04 %	- 11.29	14,252.33
20-75-010-***1176		88	161,8300			161.96
	DUKE ENERGY HOLDING CORP (DUK)	26,478.00	34,590.00	0.08 %	8,112.00	30,383.07
20-75-010-***1176		300	115,3000			101.28
	EOG RES INC (EOG)	21,772.10	20,283.45	0.05 %	- 1,488.65	21,772.10
20-75-010-***1176		165	122,9300			131.95
	EBAY INC (EBAY)	14,902.42	22,007.18	0.05 %	7,104.76	16,370.46
20-75-010-***1176		338	65,1100			48.43
	ECOLAB INC (ECL)	23,892.06	27,320.31	0.06 %	3,428.25	23,892.06
20-75-010-***1176		107	255,3300			223.29
	EDWARDS LIFESCIENCES CORP (EW)	20,236.71	19,731.01	0.05 %	- 505.70	19,533.26
20-75-010-***1176		299	65,9900			65.33
	ENERGY CORP (ETR)	11,100.00	15,793.20	0.04 %	4,693.20	8,828.84
20-75-010-***1176		120	131,6100			73.57
	EQUITY RESIDENTIAL (EQR)	22,367.61	28,369.26	0.07 %	6,001.65	29,268.57
20-75-010-***1176		381	74,4600			76.82
	EXPEDIA GROUP INC (EXPE)	11,337.70	16,282.20	0.04 %	4,944.50	18,412.87
20-75-010-***1176		110	148,0200			167.39
	EXTRA SPACE STORAGE INC (EXR)	19,392.00	22,163.37	0.05 %	2,771.37	19,392.00
20-75-010-***1176		123	180,1900			157.66
	EXXON MOBIL CORP (XOM)	60,969.83	62,361.04	0.14 %	1,391.21	42,471.86
20-75-010-***1176		532	117,2200			79.83
	META PLATFORMS INC (META)	105,974.13	202,071.32	0.44 %	96,097.19	54,637.29
20-75-010-***1176		853	572,4400			154.78
	F5 INC (FFIV)	22,088.53	26,424.00	0.06 %	4,335.47	22,088.53
20-75-010-***1176		120	220,2000			184.07
	FIDELITY NATIONAL INFORMATION (FIS)	28,149.92	44,890.00	0.10 %	16,740.08	28,149.92
20-75-010-***1176		536	83,7500			52.52

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	FORD MOTOR COMPANY (F)	20,356.38	17,307.84	
20-75-010-***1176		1,639	10,5600	16,351.38
	FORTINET INC (FTNT)	23,472.00	31,020.00	9.98
20-75-010-***1176		400	77,5500	5,844.77
	GARTNER INC (IT)	19,752.03	22,297.44	14.61
20-75-010-***1176		44	506,7600	19,752.03
	GE AEROSPACE (GE)	29,406.30	50,162.28	448.91
20-75-010-***1176		266	188,5800	21,438.35
	GENERAL MOTORS CO (GM)	15,561.84	21,164.48	80.60
20-75-010-***1176		472	44,8400	17,523.68
	GENUINE PARTS CO (GPC)	11,217.57	10,895.04	37.13
20-75-010-***1176		78	139,6800	11,217.57
	GILEAD SCIENCES INC (GILD)	17,087.66	18,025.60	143.82
20-75-010-***1176		215	83,8400	17,087.66
	HP INC (HPQ)	13,598.06	15,818.67	79.48
20-75-010-***1176		441	35,8700	13,598.06
	HARTFORD FINL SVCS GROUP INC (HIG)	15,671.11	25,991.81	30.83
20-75-010-***1176		221	117,6100	16,523.22
	HEWLETT PACKARD ENTERPRISE CO (HPE)	11,290.50	13,299.00	74.77
20-75-010-***1176		650	20,4600	10,320.70
	HOLOGIC INC (HOLX)	14,365.80	16,862.22	2,008.50
20-75-010-***1176		207	81,4600	9,414.40
	HOME DEPOT INC (HD)	25,603.92	35,657.60	14.48
20-75-010-***1176		88	405,2000	14,062.03
	HOST HOTELS & RESORTS INC (HST)	18,801.90	20,592.00	67.93
20-75-010-***1176		1,170	17,6000	25,603.92
	INGERSOLL RAND INC (IR)	14,655.60	22,576.80	290.95
20-75-010-***1176		230	98,1600	19,992.84
	INTEL CORP (INTC)	15,073.20	9,947.04	17.09
20-75-010-***1176		424	23,4600	13,810.10
				60.04
				17,881.86
				42.17

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	INTUIT SOFTWARE (INTU)	38,320.50	46,575.00
20-75-010-***1176		75	40,345.77
	JPMORGAN CHASE & CO (JPM)	70,914.78	621,000.00
20-75-010-***1176		489	537.94
	JACOBS SOLUTIONS INC (J)	32,541.77	103,110.54
20-75-010-***1176		225	210,860.00
	JOHNSON & JOHNSON (JNJ)	68,841.50	29,452.50
20-75-010-***1176		442	130,900.00
	KKR & CO INC (KKR)	34,795.43	71,630.52
CLASS A		294	162,060.00
20-75-010-***1176			38,390.52
	KIMCO REALTY CORP (KIM)	24,648.50	3,595.09
REIT		1,260	118.35
20-75-010-***1176			29,257.20
	KRAFT HEINZ CO/THE (KHC)	7,400.80	4,608.70
20-75-010-***1176		220	23,220.00
	KROGER CO (KR)	13,425.00	7,724.20
20-75-010-***1176		300	35,110.00
	LAM RESEARCH CORP (LRCX)	21,936.95	17,190.00
20-75-010-***1176		35	57,300.00
	LENNAR CORP (LEN)	24,690.60	28,562.80
CLASS A		220	816,080.00
20-75-010-***1176			41,245.60
	ELI LILLY & CO (LLY)	84,507.81	16,555.00
20-75-010-***1176		139	187,480.00
	MARRIOTT INTERNATIONAL INC (MAR)	20,442.24	123,145.66
CL A		104	885,940.00
20-75-010-***1176			25,854.40
	MCKESSON CORPORATION (MCK)	30,439.50	248,600.00
20-75-010-***1176		70	34,609.40
	MERCK & CO INC (MRK)	45,272.87	494,420.00
20-75-010-***1176		423	48,035.88
			113,560.00
			2,763.01
			38,273.19
			90.48

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	METLIFE INC. (MET)	13,022.37	17,073.36	0.04 %
	20-75-010-***1176	207	82,4800	
	MICROSOFT CORP (MSFT)	366,657.65	491,832.90	1.07 %
	20-75-010-***1176	1,143	430,3000	
	MICRON TECHNOLOGY INC (MU)	21,756.37	27,379.44	0.06 %
	20-75-010-***1176	264	103,7100	
	MOLINA HEALTHCARE INC (MOH)	13,115.60	13,782.40	0.03 %
	20-75-010-***1176	40	344,5600	
	MOLSON COORS BEVERAGE COMPANY (TAP)	12,718.00	11,504.00	0.03 %
	20-75-010-***1176	200	57,5200	
	MONDELEZ INTERNATIONAL (MDLZ)	28,176.40	29,910.02	0.07 %
	20-75-010-***1176	406	73,6700	
	MONOLITHIC POWER SYSTEMS INC (MPWR)	13,472.83	17,565.50	0.04 %
	20-75-010-***1176	19	924,5000	
	MOSAIC CO/THE (MOS)	14,880.13	13,443.56	0.03 %
	20-75-010-***1176	502	26,7800	
	NETAPP INC (NTAP)	12,899.60	20,996.70	0.05 %
	20-75-010-***1176	170	123,5100	
	NETFLIX INC (NFLX)	30,585.60	57,450.87	0.13 %
	20-75-010-***1176	81	709,2700	
	NEWMONT CORP (NEM)	20,549.54	26,457.75	0.06 %
	20-75-010-***1176	495	53,4500	
	NEWS CORP/NEW-CL A-W/I (NWSA)	13,701.47	13,554.67	0.03 %
	20-75-010-***1176	509	26,6300	
	NIKE INC (NKE)	25,882.14	22,542.00	0.05 %
	CLASS B	255	88,4000	
	20-75-010-***1176			
	NORDSON CORPORATION (NDSN)	26,156.33	27,576.15	0.06 %
	20-75-010-***1176	105	262,6300	
	NUCOR CORP (NUE)	21,732.65	20,897.26	0.05 %
	20-75-010-***1176	139	150,3400	

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	NVIDIA CORP (NVDA)	170,081.09	474,830.40	30,312.55
20-75-010-***1176		3910	121,4400	7.75
	OCCIDENTAL PETROLEUM CORP (OXY)	16,572.74	15,874.32	16,572.74
20-75-010-***1176		308	51,5400	53.81
	OMNICOM GROUP (OMC)	18,608.13	19,230.54	18,608.13
20-75-010-***1176		186	103,3900	100.04
	ONEOK INC (OKE)	16,999.24	24,422.84	16,158.34
20-75-010-***1176	NEW	268	91,1300	60.29
	PPG INDUSTRIES INC (PPG)	15,835.60	16,160.12	17,203.93
20-75-010-***1176		122	132,4600	141.02
	PACCAR INC (PCAR)	24,230.70	28,123.80	16,037.43
20-75-010-***1176		285	98,6800	56.27
	PAYCHEX INC (PAYX)	36,004.02	41,598.90	28,594.69
20-75-010-***1176		310	134,1900	92.24
	PEPSICO INC (PEP)	56,062.51	56,456.60	45,995.83
20-75-010-***1176		332	170,0500	138.54
	PFIZER INC (PFE)	21,062.95	18,376.90	21,852.40
20-75-010-***1176		635	28,9400	34.41
	PRICE T ROWE GROUP INC (TROW)	38,172.68	39,650.52	40,158.07
20-75-010-***1176		364	108,9300	110.32
	PRINCIPAL FINANCIAL GROUP (PFG)	12,251.90	14,603.00	10,609.90
20-75-010-***1176		170	85,9000	62.41
	PROCTER & GAMBLE CO (PG)	72,492.42	86,080.40	57,037.27
20-75-010-***1176		497	173,2000	114.76
	PULTE GROUP INC (PHM)	24,880.80	48,226.08	8,015.98
20-75-010-***1176		336	143,5300	23.86
	QUALCOMM (QCOM)	18,143.50	27,888.20	18,143.50
20-75-010-***1176		164	170,0500	110.63
	QUANTA SVCS INC (PWR)	20,577.70	32,796.50	18,015.59
20-75-010-***1176		110	298,1500	163.78

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	RALPH LAUREN CORP (RL)	20,896.20	0.08 %	17,001.11
	20-75-010-***1176	180		94.45
	RTX CORPORATION (RTX)	27,085.44	0.09 %	27,085.44
	20-75-010-***1176	310		87.37
	REGENERON PHARMACEUTICALS INC (REGN)	24,488.80	0.07 %	12,660.39
	20-75-010-***1176	30		422.01
	REGIONS FINANCIAL CORP (RF)	13,588.00	0.04 %	17,018.97
	20-75-010-***1176	790		21.54
	S&P GLOBAL INC (SPGI)	34,351.46	0.10 %	10,594.48
	20-75-010-***1176	87		34,485.12
	SALESFORCE INC (CRM)	59,820.10	0.18 %	58,418.87
	20-75-010-***1176	295		198.03
	SEMPRA (SRE)	21,769.60	0.06 %	22,490.54
	20-75-010-***1176	320		70.28
	SERVICE NOW INC (NOW)	27,049.46	0.08 %	26,046.38
	20-75-010-***1176	39		667.86
	JM SMUCKER CO/THE NEW COM WI (SJM)	18,436.50	0.04 %	17,797.46
	20-75-010-***1176	150		118.65
	SNAP ON INC (SNA)	22,955.40	0.06 %	15,403.95
	20-75-010-***1176	90		171.16
	SOUTHERN CO (SO)	24,375.28	0.07 %	24,375.28
	20-75-010-***1176	340		71.69
	SUPER MICRO COMPUTER INC (SMCI)	8,958.69	0.01 %	8,958.69
	20-75-010-***1176	10		895.87
	SYNOPSYS INC (SNPS)	20,194.68	0.05 %	14,848.69
	20-75-010-***1176	44		337.47
	TJX COMPANIES INC NEW (TXJ)	32,085.68	0.10 %	33,444.59
	20-75-010-***1176	361		92.64
	TESLA INC (TSLA)	107,643.44	0.25 %	100,978.13
	20-75-010-***1176	429		235.38
	TEXTRON INC (TXT)	14,846.60	0.04 %	7,280.31
	20-75-010-***1176	190		38.32

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	3M COMPANY [MMM]	39,235.73	33,022.63
	20-75-010-***1176	432	76.44
	THE TRAVELERS COS INC (TRV)	19,597.20	20,367.62
	20-75-010-***1176	120	169.73
	TYSON FOODS INC (TSN)	18,870.07	18,870.07
	CLASS A	340	55.50
	20-75-010-***1176		
	UBER TECHNOLOGIES INC (UBER)	30,010.57	30,010.57
	20-75-010-***1176	387	77.55
	UNITED AIRLINES HOLDINGS INC (UAL)	14,889.60	15,788.82
	20-75-010-***1176	352	44.85
	UNITED PARCEL SERVICE CL B (UPS)	21,039.40	21,039.40
	20-75-010-***1176	141	149.22
	UNITEDHEALTH GROUP INC (UNH)	79,157.83	38,588.57
	20-75-010-***1176	157	245.79
	VALERO ENERGY CORP (VLO)	32,593.30	20,425.89
	20-75-010-***1176	230	88.81
	VERIZON COMMUNICATIONS INC (VZ)	18,251.73	18,251.73
	20-75-010-***1176	440	41.48
	VERTEX PHARMACEUTICALS INC (VRTX)	36,164.96	20,283.68
	20-75-010-***1176	104	195.04
	VISA INC (V)	48,762.12	34,263.09
	CLASS A SHARES	212	161.62
	20-75-010-***1176		
	WEC ENERGY GROUP INC (WEC)	26,997.40	22,056.22
	20-75-010-***1176	330	66.84
	WELLS FARGO & COMPANY (WFC)	34,771.86	44,891.04
	20-75-010-***1176	851	52.75
	WESTERN DIGITAL CORP (WDC)	16,401.92	16,401.92
	20-75-010-***1176	264	62.13
Total corporate stock - common		\$5,726,563.61	\$1,796,861.78
		\$7,523,425.39	\$4,244,456.39

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