Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW NATIONAL HEALTH AND WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1947

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)
BOARD OF TRUSTEES OF THE UFCW NATIONAL HEALTH AND WELFARE FUND

66 GRAND AVENUE
ENGLEWOOD, NJ 07631

2b Employer Identification Number (EIN) 22-1458594

2c Plan Sponsor's telephone number 201-569-8801

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.	07/08/2025	MILTON JONES, CHAIRPERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	9630
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)**	9088
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9018
b	Retired or separated participants receiving benefits	**6b**	476
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9494
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**	104

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 4Q 4U

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [ ] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **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

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
UFCW NATIONAL HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE UFCW NATIONAL HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
22-1458594

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

1 Coverage Information:

(a) Name of insurance carrier
GRANULAR 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
95-3670351	93521		9541	07/01/2023	06/30/2024

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
82504	0

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

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

THE SEGAL COMPANY
333 WEST 34TH STREET
NEW YORK, NY 10001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
82504			3

(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		
	(c) Amount	**(d)** Purpose	**(e)** Organization code

(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.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	1781165
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 [X] No

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan
UFCW NATIONAL HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE UFCW NATIONAL HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
22-1458594

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE ASSURANCE COMPANY OF CANADA

(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
38-1082080	80802	956615	71	10/02/2023	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
5203	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ACRISURE PGM INSURANCE SERVICES
311 CLOCK TOWER COMMONS DR
BREWSTER, NY 10509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2840			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
GA SOLUTIONS LLC
311 CLOCK TOWER COMMONS DR
BREWSTER, NY 10509

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2363			3

(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.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	47257
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 [X] No

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

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

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE UFCW NATIONAL HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
22-1458594

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP

23-1945930

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

BLACKROCK ADVISORS LLC

23-2784752

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

FIDELITY MANAGEMENT & RESEARCH CO

04-3532603

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

INVESCO CAPITAL MANAGEMENT LLC

1331 SPRING ST, NW
ATLANTA, GA 30309

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

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

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

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

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

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

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

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

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

HORIZON BC/BS OF NJ

22-0999690

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	3031793	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPIRX HEALTH, LLC

47-1226691

(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	NONE	1898847	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAYER MATRIX LLC

81-3946362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	50475	Yes [X] No [ ]	Yes [ ] No [X]	1628347	Yes [ ] No [X]

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

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

GLENN DIBIASI

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	395093	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SEGAL COMPANY

06-0839113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	378187	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREEN LIGHT COST MANAGEMENT LLC

45-5248276

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	367087	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CONIFER VALUE BASED CARE LLC

52-1964905

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	326354	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	289477	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLEVIN & HART PC

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	254066	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BRENDA GARMA

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	178213	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(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	144998	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTHSMART CARE MANAGEMENT SOLUTIO

20-1504892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	143860	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DELTA DENTAL OF NEW JERSEY

22-1896118

(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	NONE	130640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BROWN & BROWN OF MASSACHUSETTS

27-4732361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	125274	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HYACINTH JOHNSON

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	119154	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DONNA SPERONE

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	119058	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RENA SVOKOS

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	115952	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBIN GOODMAN

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	112587	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SUANNE MCCORMACK

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	112397	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOANN THEURET

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	111442	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBIN PEREZ

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	111361	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SAVITA GANDOTRA

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	111139	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARISELA V RUIZ

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	106506	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BBH SOLUTIONS, INC.

11-2982889

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	103144	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NATALINA MEDINA

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	101087	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	99006	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAWN QUINN

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98286	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

NANDINA VALENCIA NOWICKI

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	96531	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MONICA RODRIGUEZ

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95333	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAURA MARTE

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	94509	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TRACEY RUTAN

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92348	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PEDRO GONZALEZ

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89314	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAREN CHAN

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86138	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SUSAN STUCKEY

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	83508	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LUZ RODRIGUEZ

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	83430	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMILY TON

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	83330	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

PEGGIE MORGAN

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	83046	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SVAM INTERNATIONAL, INC.

11-3190965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	82723	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELISSA JAIMES

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	80872	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

EBONY MCCULLAM

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	80315	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARCIA GRAHAM

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JUAN PACHECO

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HAYDELIZA JAVIER-SANTOS

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	75469	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELINDA NYE ROMAINE

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69735	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAREN BUCHANAN

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	64688	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LARRY MAGARIK, ESQ

46-4963823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	61875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GALLAGHER BENEFIT SERVICES INC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	53750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MFS INVESTMENT MANAGEMENT

04-2747644

(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	53632	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

CINDY HERNANDEZ

22-1458594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	51232	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DR. ANITA NISCHAL

200 PERRINE RD STE 230
OLD BRIDEG, NJ 08857

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	48000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VISION SERVICE PLAN

06-1227840

(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	NONE	45017	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ROBYN REICHARD

292 TIMBERLINE RD.
MOUNTAINSIDE, NJ 07092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	40050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PHAXIS, LLC

88-0608565

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	35000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PART D ADVISORS, INC.

20-2595200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	34127	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

METASOURCE, LLC

26-0771758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21560	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

(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	19652	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

J. GLYNN & COMPANY

75-2980655

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	18719	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AUTOMATIC DATA PROCESSING INC

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10805	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAREFIRST ADMINISTRATORS

52-2069215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	5702	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PAYER MATRIX LLC	49 50	1628347

(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.
EMPIRX HEALTH LLC 47-1226691	SPECIALTY MEDICATION COST CONTAINMENT FEES

(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 NATIONAL HEALTH AND WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF THE UFCW NATIONAL HEALTH AND WELFARE FUND

D Employer Identification Number (EIN)
22-1458594

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	992584	1677033
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	958354	933423
(2) Participant contributions	1b(2)	1862	670
(3) Other	1b(3)	8114280	6722729
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	41444951	54345930
(2) U.S. Government securities	1c(2)	5575131	6055380
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3868096	4144551
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12273276	15580059
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	66590784	79581101
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	1802448	1663059
f	Total assets (add all amounts in lines 1a through 1e)	1f	141621766	170703935
	Liabilities			
g	Benefit claims payable	1g	18848100	20219000
h	Operating payables	1h	806760	836421
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2268551	3425689
k	Total liabilities (add all amounts in lines 1g through1j)	1k	21923411	24481110
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	119698355	146222825

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)	146821321	
	(B) Participants	2a(1)(B)	441802	
	(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)		147263123
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2410296	
	(B) U.S. Government securities	2b(1)(B)	395890	
	(C) Corporate debt instruments	2b(1)(C)	285506	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3091692
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	389629	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2109448	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2499077
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7724210	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7420690	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		303520
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	2754848	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2754848

		(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)		10881236
c Other income	2c		340731
d Total income. Add all **income** amounts in column (b) and enter total	2d		167134227
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131517842	
(2) To insurance carriers for the provision of benefits	2e(2)	2691610	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		134209452
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)	3549321	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	91266	
(4) IQPA audit fees	2i(4)	58595	
(5) Investment advisory and investment management fees	2i(5)	242905	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	378187	
(8) Legal fees	2i(8)	316952	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1763079	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		6400305
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		140609757
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26524470
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

UFCW NATIONAL HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024

UFCW NATIONAL HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2024 AND 2023

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
UFCW National Health and Welfare Fund

Opinion

We have audited the financial statements of the UFCW National Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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 the Plan 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

Bala Cynwyd, Pennsylvania
May 22, 2025

UFCW National Health and Welfare Fund

Statements of Net Assets Available for Benefits

September 30, 2024 and 2023

	2024	2023
Assets		
Investments - at fair value		
Common stock	$ 15,580,059	$ 12,273,276
Equity mutual funds	29,979,900	21,542,150
International equity mutual fund	6,569,781	5,270,973
Fixed income mutual funds	32,372,526	29,789,187
Exchange traded fund - fixed income	10,658,894	9,988,474
Corporate obligations	4,144,551	3,868,096
United States Government and Government Agency obligations	4,820,051	4,189,682
Mortgage-backed securities	1,235,329	1,385,449
Short-term investments	54,345,930	41,444,951
Total investments	159,707,021	129,752,238
Receivables		
Employer contributions	933,423	958,354
Participant contributions	670	1,862
Stop loss reimbursements	-	1,827,847
Prescription drug rebates	1,608,483	1,311,519
Medicare Part D reimbursement	54,452	15,517
Other receivables	13,512	28,173
Total receivables	2,610,540	4,143,272
Cash	1,677,033	992,584
Property and equipment - net	359,081	371,607
Right of use asset - operating lease	1,303,978	1,430,841
Other assets		
Deposits	2,308,739	2,485,655
Prepaid expenses	36,466	35,218
Accrued interest	61,301	56,748
Prepaid pension cost	2,639,776	2,353,603
Total other assets	5,046,282	4,931,224
Total assets	170,703,935	141,621,766

See accompanying notes to financial statements.

	2024	2023
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued administrative expenses	$ 836,421	$ 806,760
Deferred employer contributions	2,050,045	798,297
Deferred participant and retiree contributions	23,625	32,197
Pending investment trades	20,728	-
Lease liability - operating lease	1,331,291	1,438,057
Total liabilities	4,262,110	3,075,311
NET ASSETS AVAILABLE FOR BENEFITS AND ACCUMULATED OTHER COMPREHENSIVE INCOME		
Net assets available for benefits	166,445,627	138,614,677
Accumulated other comprehensive income	(3,802)	(68,222)
Total net assets available for benefits	$ 166,441,825	$ 138,546,455

See accompanying notes to financial statements.

UFCW National Health and Welfare Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2024 and 2023

	2024	2023
Additions		
Investment income		
Net appreciation in fair value of investments	$ 13,939,604	$ 4,107,666
Interest and dividends	5,590,769	4,344,604
	19,530,373	8,452,270
Less investment expenses	(242,905)	(179,955)
Investment income - net	19,287,468	8,272,315
Employer contributions	146,821,321	145,586,120
Participant and retiree contributions	441,802	635,174
Medicare Part D reimbursements	276,311	266,969
Total additions	166,826,902	154,760,578
Deductions		
Cost of benefits		
Medical, dental, vision and disability benefits	104,796,541	99,343,184
Prescription benefits, net of rebates	19,020,231	16,606,358
Telehealth benefits	502,193	22,736
Death benefits	519,375	463,500
Insured medical benefits	200,253	67,904
Total benefits	125,038,593	116,503,682
Stop loss premiums	2,640,397	1,823,044
Stop loss reimbursements	(1,591,095)	(3,244,830)
Life insurance premiums	51,213	33,181
Cost containment and administrative fees	5,947,929	6,401,372
Regulatory fees and taxes	751,515	457,270
Total cost of benefits	132,838,552	121,973,719
Administrative expenses	6,157,400	5,382,808
Total deductions	138,995,952	127,356,527
Net increase in net assets available for benefits	27,830,950	27,404,051
Other comprehensive income		
Compensation - Retirement Benefits adjustment	64,420	1,088,194
Net increase	27,895,370	28,492,245
Net assets available for benefits and accumulated other comprehensive income		
Beginning of year	138,546,455	110,054,210
End of year	$ 166,441,825	$ 138,546,455

See accompanying notes to financial statements.

UFCW National Health and Welfare Fund

Statements of Benefit Obligations

September 30, 2024 and 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents		
Claims payable and claims incurred but not reported	$ 20,219,000	$ 18,848,100
Other obligations for current benefit coverage, at present value of estimated amounts		
Accumulated eligibility credits	690,706	620,512
Total benefit obligations other than postretirement benefit obligations	20,909,706	19,468,612
Postretirement benefit obligations		
Current retirees	18,100,587	18,417,590
Other participants fully eligible for benefits	3,911,404	7,630,046
Participants not yet eligible for benefits	13,404,554	17,382,869
	35,416,545	43,430,505
Total benefit obligations	$ 56,326,251	$ 62,899,117

See accompanying notes to financial statements.

UFCW National Health and Welfare Fund

Statements of Changes in Benefit Obligations

Years Ended September 30, 2024 and 2023

	2024	2023
Amounts currently payable to or for participants, beneficiaries and dependents		
Balance at beginning of year	$ 18,848,100	$ 20,734,300
Increase (decrease) during the year attributable to changes in claims payable and claims incurred but not reported	1,370,900	(1,886,200)
Balance at end of year	20,219,000	18,848,100
Other obligations for current benefit coverage, at present value of estimated amounts		
Balance at beginning of year	620,512	491,257
Increase during the year attributed to changes in accumulated eligibility credits	70,194	129,255
Balance at end of year	690,706	620,512
Total benefit obligations other than postretirement benefit obligations	20,909,706	19,468,612
Postretirement benefit obligations		
Balance at beginning of year	43,430,505	48,949,487
Increase (decrease) during the year attributable to		
Interest due to decrease in the discount period	2,406,260	2,489,090
Service cost	1,730,514	1,958,647
Benefits paid	(3,209,885)	(3,116,306)
Actuarial experience gain	(3,288,276)	-
Changes in actuarial assumptions	(4,958,992)	(6,850,721)
Plan amendments	(693,581)	308
Balance at end of year	35,416,545	43,430,505
Total benefit obligations	$ 56,326,251	$ 62,899,117

See accompanying notes to financial statements.

UFCW NATIONAL HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 and 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Funding Policy and Revenue Recognition - The Plan is funded by contributions from participating employers under the terms of the collective bargaining agreements (CBA) and participation agreements. Employer contributions are accounted for as exchange transactions. The contributions are due on a monthly basis. The Plan also receives contributions from participants and retirees. The participant and retiree contributions are accounted for as exchange transactions. It is the policy of the Trustees to pursue monies due.

Contributions Receivable - Employer and participant contributions due and not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Deferred Contributions Payable - Employer, participant, and retiree contributions collected but applied to a future work period.

Investment Valuation and Income Recognition - Investments in short-term investments, common stock, fixed income mutual funds, equity mutual funds, the international equity mutual fund, exchange traded fund - fixed income, corporate obligations, United States Government and Government Agency obligations, and mortgage-backed securities are carried at fair value which generally represents quoted market prices or net asset value of the fund as of the last business day of the year as provided by the investment custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the estimated useful lives of three to ten years for office furniture, equipment, and capitalized computer software and hardware. Depreciation expense totaled $72,756 for the year ended September 30, 2024 and $60,945 for 2023.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Leases - The Plan is required to recognize a right-of-use model (ROU) asset and lease liability on the statement of financial position for all leases with a term longer than twelve months. ROU assets represent the lessee's right to control the use of the leased asset during the lease. Leases will be classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the statement of activities. Lease liabilities represent the present value of the future lease payments over the expected lease term. The present value of the lease liability is determined using the incremental borrowing rate at the lease inception. Over the lease term, the Plan uses the effective interest rate method to account for the lease liability as lease payments are made and the ROU asset is amortized into expenses in a manner that results in a straight-line expense recognition in the statement of net assets available for benefits. As of September 30, 2024 and 2023, the Plan has determined the lease identified is an operating lease.

Benefit Obligations - Claims payable and claims incurred but not reported were estimated by the Plan consultant based on claims experience. Accumulated eligibility credits were estimated by the Plan consultant and Plan's administrator by projecting active benefit payments and expenses for two months and discounting such payments back to the valuation date. Postretirement benefit obligations were estimated by the Plan consultant based on the assumptions described in Note 8.

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

Payment of Benefits - Claim payments are recorded when paid by the Plan.

Stop Loss - The Plan has entered into a stop-loss arrangement in an effort to limit its exposure for self-insured benefits, individually and in the aggregate.

Rebates - Rebates due from the Plan's Pharmacy Benefit Manager (PBM) are recorded when earned. Per the contract agreement, the Plan receives fifty percent (50%) of the guaranteed rebate yield every quarter based on commensurate Clinical Savings Guarantee overperformance. Rebates are paid by the PBM within one hundred (100) days after the end of each quarter.. Rebates due as of the financial statement date have been reported as a receivable, to the extent this information is available, with the offset being netted against prescription claims. During the years ended September 30, 2024 and 2023, the Plan received prescription rebates totaling $3,241,887 and $2,684,334, respectively.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established on December 20, 1940 as a result of various collective bargaining agreements between UFCW Locals, employer associations as well as independent employers to provide welfare benefits for eligible employees and their dependents.

The Plan is a multiemployer, welfare benefit plan which is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as amended.

NOTE 2. DESCRIPTION OF THE PLAN (continued)

The Plan provides health benefits (medical, prescription drug, dental and vision), disability benefits, and death benefits to eligible participants and their dependents. All medical, disability, prescription drug, dental, and death benefits are self-funded. The claims for some self-insured benefits are processed by the Plan's third-party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Eligibility requirements to receive benefits provided by the Plan are specified in the respective contributing employer's collective bargaining agreement, participation agreements, and/or Plan documents.

Participants should refer to the summary plan descriptions for a complete description of the Plan’s benefits.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated August 6, 1998, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code, and was, therefore, exempt from Federal income taxes under Section 501(c)(9). The Plan has been amended since receiving the determination letter. The Plan's Trustees and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 5. FUNDING POLICY

The Plan is financed by employer contributions, participant contributions, and from participants electing COBRA coverage. Some retirees make contributions for life insurance coverage. The monthly contribution rates vary by employer and level of coverage. Employer contribution rates are specified in the collective bargaining and participation agreements. Retiree and COBRA rates are determined by the Plan's actuary.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

For the years ended September 30, 2024 and 2023 there were no transfers in or out of levels 1, 2, or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 30, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	$ 15,580,059	$ 15,580,059	$ -	$ -
Equity mutual funds	29,979,900	29,979,900	-	-
International equity mutual fund	6,569,781	6,569,781	-	-
Fixed income mutual funds	32,372,526	32,372,526	-	-
Exchange traded fund - fixed income	10,658,894	10,658,894	-	-
Corporate obligations	4,144,551	-	4,144,551	-
United States Government and Government Agency obligations	4,820,051	4,820,051	-	-
Mortgage-backed securities	1,235,329	-	1,235,329	-
Short-term investments	54,345,930	54,345,930	-	-
	$ 159,707,021	$ 154,327,141	$ 5,379,880	$ -

	Fair Value Measurements at September 30, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	$ 12,273,276	$ 12,273,276	$ -	$ -
Equity mutual funds	21,542,150	21,542,150	-	-
International equity mutual fund	5,270,973	5,270,973	-	-
Fixed income mutual funds	29,789,187	29,789,187	-	-
Exchange traded fund - fixed income	9,988,474	9,988,474	-	-
Corporate obligations	3,868,096	-	3,868,096	-
United States Government and Government Agency obligations	4,189,682	4,189,682	-	-
Mortgage-backed securities	1,385,449	-	1,385,449	-
Short-term investments	41,444,951	41,444,951	-	-
	$ 129,752,238	$ 124,498,693	$ 5,253,545	$ -

NOTE 7. PROPERTY AND EQUIPMENT

As of September 30, 2024 and 2023 property and equipment consisted of the following:

	2024	2023
Office furniture and equipment	$ 548,999	$ 488,769
Less accumulated depreciation	(189,918)	(117,162)
Net property and equipment	$ 359,081	$ 371,607

NOTE 8. POSTRETIREMENT BENEFITS

The Plan provides certain retired participants with major medical, hospital, surgical, prescription-drug and vision benefits. Those retirees eligible for benefits must meet defined requirements such as attaining a certain age.

The health care trend rates used in the September 30, 2024 valuation were as follows:

Year ending September 30,	Pre-Medicare Medical and Prescription Drugs (%)	Medicare Medical and Prescription Drugs (%)
2025	5.25%	4.50%
2026	5.00%	4.50%
2027	4.75%	4.50%
2028 & later	4.50%	4.50%

The health care trend rates used in the September 30, 2024 valuation were 5.25% in 2025 graded to 4.50% over 3 years.

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

Discount rate: 4.75% as of September 30, 2024 and 5.75% as of September 30, 2023.

Mortality: As of September 30, 2024 and 2023: 130% of the Pri-2012 Blue Collar Healthy Employee and Retiree Headcount-weighted Mortality Tables, projected forward generationally using scale MP-2021.

Administrative expense increase rate: 3.00%

Withdrawal Rates: Based on years of service. Sample annual rates are as follows:

Age	0-1 Years	2-3 Years	Over 3 Years
20	21.59%	14.19%	13.13%
30	22.33%	13.58%	7.26%
40	19.09%	10.35%	6.23%
50	18.72%	8.90%	5.24%
60	16.36%	7.84%	0.30%

NOTE 8. POSTRETIREMENT BENEFITS (continued)

Retirement Rates: Based on age, adjusted to reflect estimated future experience and professional judgment. Sample annual retirement rates are as follows:

Age 55-60	0%
Age 60-61	5%
Age 62-64	10%
Age 65 and over	100%

Participation: It is assumed that 80% of all eligible retirees will participate.

Marriage Rate: For future retirees, spouses of male retirees were assumed to be three years younger and spouses of female retirees were assumed to be three years older. Of those retirees who elect to continue their health coverage at retirement, 40% were assumed to have an eligible spouse who also opts for health coverage at that time.

For the 2024 valuation, changes in the actuarial assumptions included decreasing the discount rate from 5.75% to 4.75%. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

The per capita claims costs were revised to reflect more recent claims experience and future expectations.

The percent married assumptions were updated based on past experience and future expectations, previously 50% of the future retirees were assumed to have an eligible spouse who also opts for health coverage.

The participation and coverage election assumption was updated based on past experience and future expectations, previously 100% of employees eligible to retire and receive subsidized postretirement welfare coverage were assumed to participate in the plan.

The Jim Beam Local 227 eligibility requirement was changed from age 55 with at least 10 years of service to age 60 with at least 10 years of service.

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 obligations.

Effective August 10, 2023, the eligibility requirements for Jim Beam Brands Local 111D were amended. For employees retiring between ages 62-65 years old who have 25 years of continuous service, the Company will fund 50% of the Medical (RX) premium up to the age of 65.

The Plan was amended for members of Jim Beam Local 227, changing the eligibility requirement from current age 55 with at least 10 years of service to age 60 with at least 10 years of service.

NOTE 8. POSTRETIREMENT BENEFITS (continued)

The healthcare cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point that would increase the obligation as of September 30, 2024 and 2023 by $3,395,566 and $4,071,683, respectively.

NOTE 9. LEASE LIABILITY AND RIGHT OF USE ASSET

In June 2023, the Plan renewed its lease for the use of office space in the NJ office for an additional ten years. The lease expires on May 31, 2033. Operating lease expenses for this lease totaled $176,569 and $159,270, respectively, during the years ended September 30, 2024 and 2023.

Other information	
Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows from operating lease	$ 156,472
Weighted - average remaining lease term in years for operating leases	8.67 years
Weighted - average discount rate for operating leases	3.61%

Statements of net assets available for benefits information related to leases as of September 30, 2024 and 2023 were as follows:

	2024	2023
Operating lease		
Right of use assets - gross	$ 1,472,290	$ 1,472,290
Right of use assets - accumulated amortization	(168,312)	(41,449)
Right of use assets - net	$ 1,303,978	$ 1,430,841
Operating lease liabilities - short term	$ 115,323	$ 106,766
Operating lease liabilities - long term	1,215,968	1,331,291
Total operating lease liabilities	$ 1,331,291	$ 1,438,057

Maturity Analysis Year Ending September 30,	Operating Lease
2025	$ 161,020
2026	165,487
2027	170,235
2028	175,126
2029	180,164
Thereafter	705,549
Total undiscounted cash flows	1,557,581
Less: present value discount	(226,290)
Total lease liabilities	$ 1,331,291

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	$ 166,441,825	$ 138,546,455
Benefit obligations currently payable	(20,219,000)	(18,848,100)
Net assets available for benefits per Form 5500	$ 146,222,825	$ 119,698,355

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500:

	2024
Benefits paid to or for participants per the financial statements	$ 132,838,552
Add amounts currently payable at September 30, 2024	20,219,000
Less amounts currently payable at September 30, 2023	(18,848,100)
Benefits paid to participants per Form 5500	$ 134,209,452

NOTE 11. PENSION PLAN

The Plan has a defined benefit pension plan covering all eligible office employees. The Plan's contributions are based on the recommendations of the consulting actuary. The following information, provided by the actuary, is presented in accordance with "Compensation-Retirement Benefits," "Compensation-Retirement Benefits-Defined Benefit Plans-General Disclosure," and "Compensation-Retirement Benefits-Defined Benefit Plans-Pension Recognition."

	2024	2023
Benefit obligation at September 30	$ 12,953,257	$ 11,346,740
Fair value of plan assets at September 30	15,593,033	13,700,343
Funded status	$ 2,639,776	$ 2,353,603
Accumulated benefit obligation at September 30	$ 11,765,564	$ 10,389,158

NOTE 11. PENSION PLAN (continued)

The change in accrued pension costs liability reported in the statement of net available for benefits consists of the following:

	2024	2023
(Prepaid) accrued pension cost, at beginning of year	$ (2,353,603)	$ (1,126,655)
Service cost	450,221	455,419
Interest cost	614,954	579,753
Expected return on plan assets	(814,405)	(775,203)
Amortization of prior service cost	7,177	7,177
Net periodic benefit cost	257,947	267,146
Less: Employer remittances	(479,700)	(405,900)
	(221,753)	(138,754)
Comprehensive income adjustment		
New net gain	(57,243)	(1,081,017)
Amortization of prior service cost	(7,177)	(7,177)
	(64,420)	(1,088,194)
(Prepaid) pension cost, end of year	$ (2,639,776)	$ (2,353,603)

Weighted - average assumptions used to determine benefit obligations as of year end are:

	2024	2023
Discount rate	4.75 %	5.50 %
Rate of compensation increase	3.50	3.50
Net periodic pension cost	$ 257,947	$ 267,146
Pension and expenses paid	731,655	750,273
Employer contributions	479,700	405,900

Amounts in accumulated other comprehensive income not yet recognized as pension expense include:

	2024	2023
New prior service cost	$ 81,921	$ 89,098
Net loss (gain)	(78,119)	(20,876)
Total accumulated other comprehensive income	$ 3,802	$ 68,222

NOTE 11. PENSION PLAN (continued)

The amounts that will be amortized from other comprehensive income into net periodic pension cost over the next fiscal year are:

	2024	2023
Net loss	$ -	$ -

Weighted-average assumptions used to determine net pension cost are:

	2024	2023
Discount rate	5.50 %	5.25 %
Rate of compensation increase	3.50	3.50
Expected return on plan assets	6.00	6.00

The Retirement Plan's expected long-term rate of return on assets assumption is 6.00% for the years ended August 31, 2024 and 2023. The assumption has been determined by reflecting expectations regarding future rates of return for the investment portfolio, with consideration given to the distribution of investments by asset class and historical rates of return for each individual asset class.

The Plan's contributions to the Retirement Plan of the UFCW National Health and Welfare Fund (Retirement Plan) totaled $479,700 for the year ended September 30, 2024 and $405,900 for 2023. The Plan's contributions to the Retirement Plan in future periods are expected to remain consistent and is evaluated annually.

Benefits expected to be paid during the ensuing five years and thereafter are approximately as follows:

For Plan year beginning October 1,	Pension Benefits
2024	$ 731,280
2025	761,261
2026	787,233
2027	818,668
2028	838,318
2029-2033	4,529,460
Total	$ 8,466,220

NOTE 11. PENSION PLAN (continued)

The Plan's overall strategy is for its Retirement Plan to invest in securities that will achieve a rate of return sufficient to meet or exceed the Retirement Plan's actuarial interest assumption. In general, the Fund's goal for its Retirement Plan is to maintain the following allocation ranges:

Equity securities	47.5%
Fixed income securities	25.0%
International securities	2.5%
Short-term investments	25.0%

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

Basis of Fair Value Measurement:

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

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

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

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

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

	Fair Value Measurements at August 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	$ 2,710,675	$ 2,710,675	$ -	$ -
Equity mutual funds	5,548,710	5,548,710	-	-
International equity mutual fund	380,381	380,381	-	-
Fixed income mutual fund	3,046,292	3,046,292	-	-
Exchange traded fund - fixed income	563,017	563,017	-	-
Short-term investments	2,932,036	2,932,036	-	-
	$ 15,181,111	$ 15,181,111	$ -	$ -

NOTE 11. PENSION PLAN (continued)

	Fair Value Measurements at August 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	$ 2,240,850	$ 2,240,850	$ -	$ -
Equity mutual funds	4,301,174	4,301,174	-	-
International equity mutual fund	320,074	320,074	-	-
Fixed income mutual fund	2,862,819	2,862,819	-	-
Exchange traded fund - fixed income	532,706	532,706	-	-
Short-term investments	3,115,928	3,115,928	-	-
	$ 13,373,551	$ 13,373,551	$ -	$ -

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

For the years ended August 31, 2024 and 2023 there were no transfers in or out of levels 1, 2, or 3.

NOTE 12. RETIREMENT PLAN

The Plan's contracted employees are covered under the UFCW National Health and Welfare Fund 401(k) Savings Plan. The Plan provides an employer contribution at a percentage of gross wages for participants who contributed into the Savings Plan during the year. The contribution percentage is 4% of gross wages as stated in the collective bargaining agreement. The Plan's contributions to the 401(k) Plan totaled $61,779 and $51,012 for the years ended September 30, 2024 and 2023, respectively.

NOTE 13. MULTIEMPLOYER PLAN PROVIDING POSTRETIREMENT BENEFITS OTHER THAN PENSION

The Plan contributed to one multiemployer defined benefit health and welfare plan that provides postretirement benefits for its union-represented, non-collectively bargained employees, and eligible retirees during the years ended September 30, 2024 and 2023. Information about this health and welfare plan is below:

Legal Name of Plan providing postretirement benefits other than pension	Contributions to Plan		Employer contribution rates		Number of employees covered by Plan	
	9/30/2024	9/30/2023	9/30/2024	9/30/2023	9/30/2024	9/30/2023
UFCW National Health and Welfare Fund	$ 955,547	$ 850,427	$1,799-$1,947 per month	$1,694 - $1,833 per month	45	41

NOTE 13. MULTIEMPLOYER PLAN PROVIDING POSTRETIREMENT BENEFITS OTHER THAN PENSION (continued)

The Plan provides postretirement health benefits, including hospital, major medical, surgical, disability, prescription drug, dental, vision, and death benefits to eligible participants and covered dependents.

NOTE 14. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Morgan Stanley Smith Barney LLC (Morgan Stanley). Morgan Stanley is the investment custodian and investment consultant for the Plan, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedule of assets held at end of year.

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

NOTE 15. COST CONTAINMENT AND ADMINISTRATIVE FEES

The Plan pays various health care management companies a fee in order for the Plan to have access to affiliate out-of-state networks. In addition, the Plan pays administrative fees to EmpiRx, Payer Matrix, Delta Dental, VSP, and Horizon Blue Cross and Blue Shield for their services. Payments to these companies for the years ended September 30, 2024 and 2023 were:

	2024	2023
Horizon Blue Cross/Blue Shield	$ 3,031,793	$ 2,875,596
EmpiRx and Payer Matrix	1,898,847	2,643,399
Conifer Value-Based Care	326,355	323,533
Health Smart Care Mgmt	143,860	211,404
Delta Dental	130,639	127,164
Vision Service Plan (VSP)	45,017	44,703
Greenlight	367,087	132,872
MagnaCare	-	18,945
Multiplan, Inc.	(1,371)	5,541
Care First Administrators	5,702	18,690
IMEDECS, Inc.	-	(475)
	$ 5,947,929	$ 6,401,372

NOTE 16. MEDICARE PART D REIMBURSEMENT

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 for employers that sponsor postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare (Medicare Part D) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The effects of the Medicare subsidy in relation to the Accumulated Postretirement Benefit Obligation are included on the statements of changes in benefit obligations in this report. Medicare Part D reimbursements totaled $276,312 during the year ended September 30, 2024 and $266,969 during the year ended September 30, 2023.

NOTE 17. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements 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 participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 18. CASH CONCENTRATIONS

The Plan places its cash with financial institutions deemed to be credit worthy. Cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) and National Credit Union Share Insurance Fund (NCUSIF) up to $250,000 in a single bank. The Plan's cash exceeded the FDIC and the NCUSIF coverage in a single bank by $944,395 and $445,994, respectively, as of September 30, 2024.

NOTE 19. DEPOSITS WITH SERVICE PROVIDERS

Horizon held a deposit from the Plan totaling $2,208,739 and $2,385,655 for the years ended September 30, 2024 and 2023, respectively, as part of the Plan's arrangement with Horizon. Under the terms of this arrangement, the deposit is used to fund claims that are paid by Horizon on behalf of the Plan that have not yet been invoiced.

At September 30, 2024 and 2023, the State of New York Worker's Compensation Board held a deposit from the Plan totaling $25,000 for each Plan year.

At September 30, 2024 and 2023, the New Jersey Department of Labor held a deposit from the Plan totaling $75,000 for each Plan year.

NOTE 20. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through May 22, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

UFCW National Health and Welfare Fund

Schedules of Administrative Expenses

Years Ended September 30, 2024 and 2023

	2024	2023
Personnel		
Salaries and employee benefits	$ 3,449,648	$ 3,091,972
Payroll taxes	176,536	149,240
Temporary staff	99,673	16,294
Professional services		
Consultant fees	503,461	364,183
Legal fees	316,952	224,078
Accounting, audit, and government filing fees	98,645	92,375
Medical advisor fees	48,000	48,000
Payroll compliance reviews	40,411	48,676
Other professional fees	174,294	172,279
Office and data processing		
Computer programming and consulting fees	392,621	327,661
Telephone expense	69,861	61,536
Stationery, printing and supplies	128,641	155,029
Postage expense	76,156	73,153
Maintenance of equipment	73,009	55,094
License fees and expenses	-	47,403
Payroll service fees	10,805	10,947
Occupancy		
Rent and property taxes	219,112	202,031
Utilities	10,353	10,979
Cleaning, maintenance and repairs	16,610	15,950
Other		
Travel expense	72,226	56,032
Insurance	59,563	60,966
Dues and subscriptions (net of refunds)	48,067	37,985
Depreciation	72,756	60,945
Total	$ 6,157,400	$ 5,382,808

See accompanying notes to financial statements.

UFCW National Health and Welfare Fund

Schedule of Assets Held at End of Year

September 30, 2024

Form 5500, Schedule H, Line 4i

EIN: 22-1458594
Plan No. 501

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date	
		Common stock:				
	Abbott Laboratories		2,798			$ 296,482	$ 319,000
	Abbvie Inc		1,432			217,334	282,791
	Accenture Plc		829			188,348	293,035
	Agree Realty Corp		1,529			101,299	115,180
	Alexandria Real Estate Equities		1,134			143,797	134,663
	American Express Co		1,276			206,644	346,051
	American Tower Corp		1,388			252,187	322,793
	Analog Devices Inc		1,422			236,335	327,302
	AON Plc		990			164,437	342,530
	Boeing Co.		1,426			293,084	216,809
	Brixmor PPTY Group Inc		1,479			41,189	41,205
	Camden Property Trust		736			72,927	90,918
	Chevron Corp		1,734			257,453	255,366
	Chubb Ltd		902			128,541	260,128
	Citigroup Inc		3,034			153,152	189,928
	ConocoPhillips		3,680			261,233	387,430
	Crown Castle Intl Corp		950			114,765	112,699
	Cubesmart SBI		2,198			91,603	118,318
	Diageo Plc		1,587			231,291	222,720
	Digital Realty Trust Inc		520			62,505	84,152
	Dominion Energy Inc		5,142			333,379	297,156
	Duke Energy Corp		2,834			252,292	326,760
	Eaton Corp		743			59,637	246,260
	Empire State Realty		693			7,774	7,678
	Equinix Inc		390			266,193	346,176
	Equity Residential SBI		2,410			146,516	179,449
	Essential Pptys Rlty		1,218			22,775	41,595
	Extra Space Storage Inc		460			67,445	82,887
	Exxon Mobil		1,133			126,966	132,810
	Gaming & Leisure Pptys Inc		1,541			72,169	79,284
	Genl Dynamics Corp		1,040			235,352	314,288
	Healthpeak Pptys Inc		6,821			177,560	155,996
	Highwoods Properties		1,076			23,955	36,057
	Hilton Worldwide Holdings		77			15,662	17,765
	Honeywell Intl		751			102,537	155,239
	Host Hotels & Resorts Inc		1,966			32,047	34,602
	Illinois Tool Works Inc		814			113,357	213,325
	Invitation Homes Inc		4,718			167,010	166,357
	Johnson & Johnson		1,959			287,330	317,475
	JP Morgan Chase & Co		2,269			194,384	478,441
	Kenvue Inc		9,245			213,594	213,837
	Kimco Realty Corp		2,566			54,656	59,583
	Kite Realty Group		1,265			33,768	33,598
	KKR & Co Inc		2,102			138,941	274,479

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate / Maturity Date		
		Common stock (continued):				
	KLA Corp		294		$ 99,268	$ 227,677
	Lamar Advertising		177		16,346	23,647
	Lineage Inc		288		24,888	22,573
	Lowes Companies Inc		976		172,016	264,350
	Marriott Intl Inc		907		156,109	225,480
	Marsh & McLennan Co Inc		1,154		110,997	257,446
	McKesson Corp		756		166,951	373,782
	Morgan Stanley		2,609		209,278	271,962
	NASDAQ Inc		2,646		75,406	193,184
	Nestle		2,018		155,384	203,247
	NXP Semiconductors		832		169,161	199,688
	Outfront Media Inc Com		2,162		29,303	39,738
	Paccar Inc		3,100		291,971	305,907
	Pebblebrook Hotel		2,410		32,716	31,884
	PepsiCo Inc		1,667		252,681	283,473
	Pfizer Inc		7,261		305,680	210,133
	Potlatchdeltic Group		773		35,756	34,824
	Progressive Corp		2,042		219,915	518,178
	Prologis Inc		2,684		315,009	338,936
	Prologis Inc		2,284		239,502	288,424
	Public Storage		210		57,402	76,413
	Realty Income Corp		2,403		151,082	152,398
	Rexford Indl Realty Inc		2,980		144,748	149,924
	RTX Corporation		2,320		190,102	281,091
	SBA Communications Corp		204		43,901	49,103
	Simon Property Group		957		152,464	161,752
	Southern Co		3,495		201,220	315,179
	Target Corp		1,351		195,185	210,567
	Terreno Rlty Corp		815		47,475	54,466
	The Cigna Corp		1,197		240,320	414,689
	Union Pacific Corp		1,197		181,470	295,037
	Urban Edge Property		1,005		21,319	21,497
	Welltower Inc		2,491		186,448	318,923
	Weyerhaeuser Co		2,669		86,541	90,372
		Total common stock			11,637,919	15,580,059
		Equity mutual funds:				
	Vanguard Growth Index Fund		79,358		3,891,765	15,689,895
	Vanguard 500 Index Fund		26,876		8,218,230	14,290,005
		Total equity mutual funds			12,109,995	29,979,900
		International equity mutual fund:				
	Vanguard Developed Markets Index Fund		387,141		5,423,184	6,569,781
		Fixed income mutual funds:				
	BlackRock Inflation Protected Bond Fund		535,678		5,944,604	5,340,709
*	JP Morgan Core Bond Fund		572,058		5,902,611	6,018,047
	Vanguard Short-Term Federal Fund		820,967		8,838,257	8,439,544
	Vanguard Short-Term Treasury Fund		1,262,473		13,419,191	12,574,226
		Total fixed income mutual funds			34,104,663	32,372,526

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Exchange traded fund - fixed income:					
	Vanguard Short-Term Treasury Index Fund		180,598			$ 11,057,608	$ 10,658,894
		Corporate obligations:					
	Amazon Inc	Note	165,000	4.550 %	12/1/2027	167,379	168,592
	Bank of New York Mellon Corp	Note	200,000	1.050	10/15/2026	197,699	188,664
	Carmax Auto Owner Trust	Note	100,000	3.490	2/16/2027	97,902	53,765
	Caterpillar Financial Services Corp	Note	165,000	4.350	5/15/2026	164,406	166,037
	Consumers Energy	Note	175,000	4.900	2/15/2029	175,747	180,478
	Cummins Inc	Note	195,000	0.750	9/1/2025	193,578	188,885
	DTE Electric	Note	195,000	1.900	4/1/2028	173,766	181,216
	Duke Energy Florida LLC	Note	185,000	3.200	1/15/2027	193,686	182,042
	Ford Credit Auto Lease	Note	130,000	4.830	5/15/2026	129,690	130,016
	Goldman Sachs Bank	Note	170,000	5.283	3/18/2027	169,096	172,198
	Home Depot Inc	Note	180,000	2.500	4/15/2027	167,931	174,011
	John Deere Capital Corp	Note	175,000	4.950	7/14/2028	173,703	180,687
	Linde Inc (formerly Praxair Inc)	Note	180,000	2.650	2/5/2025	190,810	178,567
	Meta Platforms Inc	Note	165,000	4.600	5/15/2028	164,838	169,177
	Nike Inc	Note	185,000	2.375	11/1/2026	196,590	179,474
	Northern Trust Corp	Note	175,000	4.000	5/10/2027	174,757	175,247
	Paccar Financial Corp	Note	195,000	1.100	5/11/2026	195,701	186,211
	Public Service Electric	Note	135,000	3.700	5/1/2028	133,425	133,240
	Public Storage	Note	200,000	0.875	2/15/2026	197,932	191,383
	State Street Corp	Note	185,000	2.901	3/30/2026	196,323	183,067
	TJX Cos Inc	Note	190,000	1.150	5/15/2028	165,522	172,309
	Union Electric Co	Note	185,000	2.950	6/15/2027	175,456	179,857
	Visa Inc	Note	180,000	3.150	12/14/2025	196,070	178,131
	World Omni Auto Recv Tr	Note	375,000	0.610	10/15/2026	376,450	251,297
		Total corporate obligations				4,368,457	4,144,551
		United States Government and Government Agency obligations:					
	United States Treasury	Note	125,000	2.125	5/15/2025	119,484	123,374
	United States Treasury	Note	525,000	1.625	2/15/2026	491,667	509,834
	United States Treasury	Note	80,000	1.625	5/15/2026	74,097	77,373
	United States Treasury	Note	290,000	4.375	8/15/2026	287,758	293,670
	United States Treasury	Note	310,000	2.000	11/15/2026	289,913	299,719
	United States Treasury	Note	720,000	2.250	2/15/2027	675,023	697,866
	United States Treasury	Note	625,000	2.250	8/15/2027	595,404	602,490
	United States Treasury	Note	515,000	3.500	1/31/2028	507,050	513,814
	United States Treasury	Note	260,000	2.875	5/15/2028	244,840	253,764
	United States Treasury	Note	385,000	2.875	8/15/2028	354,947	375,104
	United States Treasury	Note	245,000	3.125	11/15/2028	237,443	240,685
	United States Treasury	Note	270,000	4.000	1/31/2029	267,919	274,514
	United States Treasury	Note	325,000	2.375	5/15/2029	299,527	308,356
	United States Treasury	Note	245,000	4.000	10/31/2029	250,341	249,488
		Total United States Government and Government Agency obligations				4,695,413	4,820,051
		Mortgage-backed securities:					
	Federal Home Loan Mtg Corp	Note	250,000	2.000	5/1/2031	130,960	119,967
	Federal Home Loan Mtg Corp	Note	250,000	1.500	9/1/2031	149,614	136,466
	Federal Home Loan Mtg Corp	Note	250,000	2.000	8/1/2036	176,364	155,311
	Federal National Mtg Assoc	Note	200,000	2.500	2/1/2030	46,681	42,958
	Federal National Mtg Assoc	Note	320,000	1.500	11/1/2030	141,522	130,444

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d) Cost	(e) Current Value
		Type	Shares/ Principal	Interest Rate	Maturity Date		
		Mortgage-backed securities (continued):					
	Federal National Mtg Assoc	Note	250,000	2.000 %	5/1/2031	$ 126,624	$ 116,112
	Federal National Mtg Assoc	Note	250,000	1.500	9/1/2031	148,935	136,054
	Federal National Mtg Assoc	Note	300,000	1.500	10/1/2035	169,968	149,979
	Federal National Mtg Assoc	Note	150,000	1.500	5/1/2036	102,739	90,506
	Federal National Mtg Assoc	Note	250,000	2.500	8/1/2036	176,585	157,532
		Total mortgage-backed securities				1,369,992	1,235,329
		Short-term investments:					
	Invesco Short-Term Investment Treasury Fund		19,000,143			19,000,143	19,000,143
*	Morgan Stanley interest-bearing cash		463,856			463,856	463,856
*	JPMorgan 100% U.S. Treasury Securities Money Market Fund (JPM Sweep)		27,136,684			27,136,684	27,136,684
	Federated Government Obligations Fund (PNC Sweep)		821,712			821,712	821,712
	Vanguard Treasury Money Market Fund		6,923,535			6,923,535	6,923,535
		Total short-term investments				54,345,930	54,345,930
		Total investments				$ 139,113,161	$ 159,707,021

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

UFCW National Health and Welfare Fund

Schedule of Reportable Transactions

Year Ended September 30, 2024

Form 5500, Schedule H, Line 4j

EIN: 22-1458594
Plan No. 501

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	JPMorgan 100% U.S. Treasury Securities Money Market Fund	$ 5,656,652,911 N/A	N/A $ 5,645,984,244	$ 5,656,652,911 5,645,984,244	$ 5,656,652,911 5,645,984,244	N/A N/A

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

UFCW National Health and Welfare Fund

Schedules of Employer Contributions

Years Ended September 30, 2024 and 2023

	2024	2023
Shaws	$ 22,924,225	$ 22,787,152
CSL Behring	19,785,379	19,693,475
E&J Gallo Winery	16,207,742	16,268,571
Jim Beam Brands Company	10,769,202	10,906,873
Southern Wine & Spirits	8,828,028	8,325,902
Buffalo Trace Distillery	5,769,341	5,221,069
Glenmore Distilleries/Sazerac Company	5,405,021	5,571,696
Cunningham Food Services, LLC (formerly MitchCo Int'l)	4,888,087	4,401,317
Franzia (The Wine Group)	3,540,720	3,559,354
Ventura Foods, Inc	3,185,049	3,544,230
Red Wing Shoe Company	3,065,615	3,372,829
Huhtamaki, Inc.	2,442,766	2,099,080
Jones Lang Lasalle	2,048,887	1,479,829
SKYY Spirits dba Campari America	1,998,562	2,108,028
Constellation Wines USA	1,990,030	2,193,039
Viscofan USA, Inc	1,838,528	2,209,533
Gallo Wine Sales of NJ, Inc	1,556,382	1,653,977
Gleason Industrial Products Inc.	1,408,960	1,520,573
Diageo PLC	1,406,109	2,049,885
S.B. Foot Tanning Company	1,375,186	1,402,046
Pernod Ricard	1,177,693	1,221,848
Rogers Corporation	1,173,281	1,131,708
Aramark Uniform & Apparel, LLC	1,037,301	878,953
Curia New York, Inc.	986,162	980,606
Nouryon, Inc. (formerly Akzo Nobel)	985,375	1,193,313
Service Linen Supply	975,083	868,509
UFCW National Health & Welfare Fund	955,547	850,427
Silgan Can Company	909,933	944,202
Superior Linen Service, Inc.	879,818	825,538
AOC Resins	828,231	871,050
Riedell Shoes	784,844	854,251
G-3 Enterprises	771,196	875,102
General Alum New Eng	763,861	829,094
Bionetics Corporation	761,424	807,797
Garden State Dispensary	658,846	786,762
Allied Beverage Group	625,373	-
Tomlinson Linen	615,886	562,551
Jst Global	593,278	-

	2024	2023
Central Co-op	$ 575,402	$ 497,651
Sira Naturals	570,074	140,837
Catalyst	543,260	-
Vivendi	520,314	539,101
Delano Growers Cooperative Winery	465,909	480,619
Wepco Federal Credit	451,646	309,459
Canntech PA, LLC	418,578	336,532
Maryland Medical Solutions	360,422	205,628
Starfire Lighting Inc.	356,516	316,277
Gary & Leo's Fresh Foods	326,951	293,573
South Cord Holdings	315,562	206,615
Jefferson Community	314,764	284,414
ALSCO/American Linen	307,071	258,194
Waveseer of Las Vegas, NV, LLC	259,274	330,293
Almaden Wine Cellars (The Wine Group)	253,040	300,337
Mountaneer Park, Inc	252,503	264,404
Royal Wine Corp	250,991	262,430
Have a Heart CC	248,787	232,660
Roscommon County Transit Authority	245,020	258,298
Sun Chemical Corporation	239,607	-
Sterling Care Frostb	214,758	191,903
Minnesota Freezer Warehouse Co	213,706	214,132
Golden State Vinters, Inc. (The Wine Group)	185,729	222,418
Franklin Labs LLC	143,534	170,430
Compassionate Care	140,175	76,887
UFCW Local 791	135,809	129,262
Community Federal Credit Union	129,471	75,411
EEI	126,541	71,400
Best Buds	120,285	93,337
Rich's Food Town Inc.	115,163	131,377
Justin Tanks	110,647	103,288
Cal Hgh Llc dba Chr	108,852	-
Vie-Del Co.	107,434	91,507
LAZ Parking	106,850	78,802
Unifoil Corporation	95,489	-
Local Union 2	95,000	-
South Coast Safe Access	93,648	110,812
Mr. Greens Cannabis	92,447	82,236
Metropolitan Baltimore Council	84,043	69,988
Charles Krug	72,128	88,682
UFCW Local 496	72,119	67,767
Long Beach	71,999	75,088
UFCW Local 186D	69,188	72,418
Sunmaid Growers of California	64,943	72,137
RD (UniCann Plan)	62,839	-
W.H. Bagshaw Company Inc	52,025	213,063

	2024	2023
Trivium Packaging US	$ -	$ 864,803
Jacob Stern	-	588,835
Connected Cannabis Co.	-	462,975
Chronic Pain Releaf	-	160,111
Pennsylvania Medical	-	137,893
Food Front Cooperative Grocery	-	89,815
Speedy Weedy Santa Ana	-	69,293
Employers with less than $50,000 of contributions	743,857	342,559
	$ 146,821,321	$ 145,586,120

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

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

Part II Basic Plan Information · enter all requested information

1a Name of plan
UFCW NATIONAL HEALTH AND WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1947

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)
BOARD OF TRUSTEES OF THE UFCW NATIONAL HEALTH AND W

66 GRAND AVENUE

ENGLEWOOD NJ 07631

2b Employer Identification Number (EIN) 22-1458594

2c Plan Sponsor's telephone number 201-569-8801

2d Business code (see instructions) 445110

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

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

SIGN HERE	X [signature] **Signature of plan administrator**	7/8/2025 Date	MILTON JONES, CHAIRPERSON Enter name of individual signing as plan administrator
SIGN HERE	**Signature of employer/plan sponsor**	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	**Signature of DFE**	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

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**	9,630
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)**	9,088
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	9,018
b	Retired or separated participants receiving benefits	**6b**	476
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	9,494
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)**	
(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**	104

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 4Q 4U

9a Plan funding arrangement (check all that apply)
- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

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

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

b General Schedules
- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ **A** (Insurance Information) - Number Attached 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS