

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: UFCW LOCAL 2013 HEALTH & WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/04/1975
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES UFCW LOCAL 2013 HEALTH & WELFARE FUND
2b Employer Identification Number (EIN): 13-2832806
2c Plan Sponsor's telephone number: 718-745-3487
2d Business code (see instructions): 722300

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. LOUIS MARK CAROTENUTO (07/20/2025), 2. STANLEY FLEISHMAN (07/20/2025), 3. Signature of DFE (empty).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	9314
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	9314
	6a(2)	10825
	6b	
	6c	
	6d	10825
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	111

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UFCW LOCAL 2013 HEALTH & 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 UFCW LOCAL 2013 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 13-2832806	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP INC

23-1945930

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

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

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

EMPIRE HEALTHCHOICE ASSURANCE INC

23-7391136

(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 15 49 50	NONE	4415024	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRI-STATE ADMINISTRATORS INC

22-3478819

(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	1193546	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED HEALTHCARE INSURANCE CO.

41-2014834

(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	314021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EXPRESS SCRIPTS

43-1420563

(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	179733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'BRIEN BELLAND & BUSHINSKY

37-1467056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	128272	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(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	AUDITOR	111475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	111429	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT HALF INT'L INC

94-1648752

(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	56173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHEIRON INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	36068	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BRADY MCGUIRE & STEINBERG PC

13-4089943

(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	20665	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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?
27 51	NONE	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VISION BENEFITS OF AMERICA INC

25-1149206

(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	11863	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UFCW LOCAL 2013 HEALTH & 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 UFCW LOCAL 2013 HEALTH & WELFARE FUND	D Employer Identification Number (EIN) 13-2832806

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2847021	986848
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5439000	7607000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	666340	1995656
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50505643	54155189
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	15385756	16028184
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		116000
f Total assets (add all amounts in lines 1a through 1e).....	1f	74843760	8088877
Liabilities			
g Benefit claims payable.....	1g	3256000	6084000
h Operating payables.....	1h	132641	95088
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3388641	6179088
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71455119	74709789

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)	47091006	
(B) Participants.....	2a(1)(B)	1701250	
(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)		48792256
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2259608	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2259608
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	689571	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		689571
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-47143
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		51694292

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	46220716	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		46220716
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1134056	
(3) Recordkeeping fees	2i(3)	7225	
(4) IQPA audit fees	2i(4)	104250	
(5) Investment advisory and investment management fees	2i(5)	20000	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	148937	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	804438	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2218906
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48439622

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3254670
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SCHULTHEIS & PANETTIERI, LLP**

(2) EIN: **13-1577780**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.



Schultheis & Panettieri LLP

Accountants and Consultants

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Allison Newton, SHRM-SCP

Independent Auditor's Report

Board of Trustees
UFCW Local 2013 Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of the UFCW Local 2013 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 plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the 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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 15 through 19 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 22 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
July 21, 2025

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Part I Annual Report Identification Information				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here.....▶	<input checked="" type="checkbox"/>			
D Check box if filing under:	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶	<input type="checkbox"/>			

Part II Basic Plan Information—enter all requested information			
1a Name of plan UFCW LOCAL 2013 HEALTH & WELFARE FUND		1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan	06/04/1975
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 UFCW LOCAL 2013 HEALTH & WELFARE FUND 9235 4TH AVENUE BROOKLYN NY 11209		2b Employer Identification Number (EIN)	13-2832806
		2c Plan Sponsor's telephone number	(718) 745-3487
		2d Business code (see instructions)	722300

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		7/21/25	Louis Mark Carotenuto
	<small>Signature of plan administrator</small>	<small>Date</small>	<small>Enter name of individual signing as plan administrator</small>
SIGN HERE		June 21, 2025	Stanley Fleishman
	<small>Signature of employer/plan sponsor</small>	<small>Date</small>	<small>Enter name of individual signing as employer or plan sponsor</small>
SIGN HERE			
	<small>Signature of DFE</small>	<small>Date</small>	<small>Enter name of individual signing as DFE</small>

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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			9,314
-------------------------------------------------------------------------	----------	--	--	-------

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)			9,314
a(2) Total number of active participants at the end of the plan year	6a(2)			10,825
b Retired or separated participants receiving benefits	6b			
c Other retired or separated participants entitled to future benefits	6c			
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d			10,825
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			111
--------------------------------------------------------------------------------------------------------------------------------------	----------	--	--	-----

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

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

4A 4D 4E 4L 4U

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

YEARS ENDED DECEMBER 31, 2024 AND 2023

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Independent Auditor's Report

Board of Trustees
UFCW Local 2013 Health and Welfare Fund

Opinion

We have audited the accompanying financial statements of the UFCW Local 2013 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 plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended December 31, 2024 and 2023 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the 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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 15 through 19 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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.

Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 22 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York
July 21, 2025

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments at fair value		
Interest bearing cash	\$ 54,155,189	\$ 50,505,643
Registered investment companies	<u>16,028,184</u>	<u>15,385,756</u>
Total investments	70,183,373	65,891,399
Receivables		
Employers' contributions	7,607,000	5,439,000
Related organizations - net	11,064	22,344
Other	1,984,592	643,996
Cash	986,848	2,847,021
Other assets	<u>116,000</u>	<u>-</u>
Total assets	<u>80,888,877</u>	<u>74,843,760</u>
 Liabilities		
Accounts payable	<u>95,088</u>	<u>132,641</u>
Total liabilities	<u>95,088</u>	<u>132,641</u>
 Net assets available for benefits	 <u><u>\$ 80,793,789</u></u>	 <u><u>\$ 74,711,119</u></u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<i>Additions to net assets attributed to:</i>		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (47,143)	\$ 524,712
Interest/dividends	<u>2,949,179</u>	<u>1,993,567</u>
Total investment income	2,902,036	2,518,279
Less investment expenses	<u>(20,000)</u>	<u>(20,000)</u>
Net investment income	2,882,036	2,498,279
Contributions		
Participants'	1,701,250	1,628,968
Employers'	<u>47,091,006</u>	<u>37,025,225</u>
Total additions	<u>51,674,292</u>	<u>41,152,472</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid to or for participants		
Health care	38,257,054	23,819,847
Death	180,000	155,000
Medical administration fees	<u>4,955,662</u>	<u>2,133,199</u>
Total benefits paid	43,392,716	26,108,046
Administrative expenses	<u>2,198,906</u>	<u>2,154,429</u>
Total deductions	<u>45,591,622</u>	<u>28,262,475</u>
Net increase	6,082,670	12,889,997
Net assets available for benefits		
Beginning of year	<u>74,711,119</u>	<u>61,821,122</u>
End of year	<u>\$ 80,793,789</u>	<u>\$ 74,711,119</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
STATEMENTS OF PLAN BENEFIT OBLIGATIONS
DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ <u>6,084,000</u>	\$ <u>3,256,000</u>
Plan's total benefit obligations	\$ <u><u>6,084,000</u></u>	\$ <u><u>3,256,000</u></u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS
YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 3,256,000	\$ 2,666,000
Claims reported and approved for payment	46,220,716	26,698,046
Total benefits paid	<u>(43,392,716)</u>	<u>(26,108,046)</u>
Balance at end of year	<u>6,084,000</u>	<u>3,256,000</u>
 Plan's total benefit obligations at end of year	 <u>\$ 6,084,000</u>	 <u>\$ 3,256,000</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the UFCW Local 2013 Health and Welfare Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective June 4, 1975 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the United Food and Commercial Workers Local 2013 (the "Union") and various employers encompassing a range of industries. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide health and other benefits to eligible participants.

Benefits

Benefits are paid by means of a trust. The benefits include, but are not limited to medical, hospital, prescription drug, dental, optical, and death. Actual benefits, including conditions and limitations thereto, are governed by the provisions of the Plan document.

Participants consist of the following classes

Active participants and dependents

Initial eligibility for active participants ranges from the first day to three months after working in covered employment, depending on the collective bargaining agreement or participation agreement with the employer.

Continued eligibility is maintained as the employer makes contributions on behalf of the participant.

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Use of 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 the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Employers' and participants' contributions receivable

Employers' and participants' contributions receivable are estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Lease

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Lease (cont'd)

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

Administrative expense allocation

The administrative office is occupied by the Plan, the Union, the Pension Fund and the Annuity Fund, related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended December 31, 2024 and 2023 were \$213,875 and \$324,938, respectively.

Reimbursements paid to related organizations for the years ended December 31, 2024 and 2023 were \$35,239 and \$29,119, respectively.

The Plan leases office space from the UFCW Local 2013 Realty Corp., a subsidiary of the Union and a related party. Rent and related costs are included in the total occupancy expense of the Plan.

Other Plan benefits

Plan obligations at December 31, 2024 and 2023, consisting of claims payable and claims incurred but not reported, incurred by active participants, are based on claims paid in the subsequent plan year which pertain to prior plan years.

Note 2 - 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

Interest bearing cash: Valued at cost.

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 54,155,189	\$ 54,155,189	\$ -	\$ -
Registered investment companies	<u>16,028,184</u>	<u>16,028,184</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	\$ <u><u>70,183,373</u></u>	\$ <u><u>70,183,373</u></u>	\$ <u><u>-</u></u>	\$ <u><u>-</u></u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of December 31, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
Interest bearing cash	\$ 50,505,643	\$ 50,505,643	\$ -	\$ -
Registered investment companies	<u>15,385,756</u>	<u>15,385,756</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>\$ 65,891,399</u>	<u>\$ 65,891,399</u>	<u>\$ -</u>	<u>\$ -</u>

Note 3 - Risks and uncertainties

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

Note 4 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 5 - Employers' and participants' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Three employers contributed approximately 54% and 52% of the Plan's total employer contributions for the years ended December 31, 2024 and 2023, respectively.

Certain participants are required to contribute to the Plan in accordance with their collective bargaining agreements.

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 6 - Benefits paid to or for participants

Effective January 1, 2024, the Plan changed from a Joint Administrative Agreement to an Administrative Services Only Agreement (“ASO Provider”) to process its medical and hospital claims. Due to this conversion, certain claims may not have been processed in accordance with Plan guidelines. The Plan has been working with the ASO Provider to determine the amount of the claim adjustments required. Subsequent to December 31, 2024, the Plan retained an outside service provider to perform a claims audit on its medical and hospital claims. The Plan is uncertain if additional amounts will be paid and/or reimbursed. As a result, amounts will be recognized in the financial statements upon payment and/or receipt.

Note 7 - Benefit obligations compared to net assets available for benefits

	<u>2024</u>	<u>2023</u>
Net assets available for benefits	\$ 80,793,789	\$ 74,711,119
Plan's total benefit obligations	<u>6,084,000</u>	<u>3,256,000</u>
Net assets available for benefits over Plan's total benefit obligations	<u>\$ 74,709,789</u>	<u>\$ 71,455,119</u>

Note 8 - Reconciliation of financial statements to Form 5500

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 80,793,789	\$ 74,711,119
Less: claims payable and claims incurred but not reported	<u>6,084,000</u>	<u>3,256,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 74,709,789</u>	<u>\$ 71,455,119</u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

Note 8 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 2,882,036	\$ 20,000	\$ 2,902,036
Contributions	<u>48,792,256</u>	<u>-</u>	<u>48,792,256</u>
Total additions	<u>51,674,292</u>	<u>20,000</u>	<u>51,694,292</u>
Benefits paid to or for participants	43,392,716	2,828,000	46,220,716
Administrative expenses	<u>2,198,906</u>	<u>20,000</u>	<u>2,218,906</u>
Total deductions	<u>45,591,622</u>	<u>2,848,000</u>	<u>48,439,622</u>
Net increase	<u>\$ 6,082,670</u>	<u>\$ (2,828,000)</u>	<u>\$ 3,254,670</u>

Note 9 - Tax status

The trust funding the Plan has received an exemption letter from the IRS dated November 29, 2017, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	ADAMS BANK & TRUST	VARIABLE	ON DEMAND	\$ 247,841	\$ 247,841
	ALPINE BANK	VARIABLE	ON DEMAND	247,841	247,841
	AMALGAMATED BANK	VARIABLE	ON DEMAND	247,841	247,841
	AMERANT BANK N.A.	VARIABLE	ON DEMAND	247,841	247,841
	AMERICAN COMMERCIAL BANK & TRUST	VARIABLE	ON DEMAND	247,841	247,841
	AMERICAN NATIONAL BANK & TRUST	VARIABLE	ON DEMAND	247,841	247,841
	AMERIS BANK	VARIABLE	ON DEMAND	247,841	247,841
	ANDERSON BROTHERS BANK	VARIABLE	ON DEMAND	247,841	247,841
	ANDROSCOGGIN SAVINGS BANK	VARIABLE	ON DEMAND	247,841	247,841
	B1BANK	VARIABLE	ON DEMAND	247,840	247,840
	BANC OF CALIFORNIA	VARIABLE	ON DEMAND	247,841	247,841
	BANGOR SAVINGS BANK	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF ANN ARBOR	VARIABLE	ON DEMAND	217	217
	BANK OF BRIDGER NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF CENTRAL FLORIDA	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF NEWPORT	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF OCEAN CITY	VARIABLE	ON DEMAND	217	217
	BANK OF THE SIERRA	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF UNITED	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF WISCONSIN DELLS	VARIABLE	ON DEMAND	247,841	247,841
	BANK OZK	VARIABLE	ON DEMAND	247,841	247,841
	BANKERS TRUST COMPANY	VARIABLE	ON DEMAND	27	27
	BANNER BANK	VARIABLE	ON DEMAND	247,841	247,841
	BANTERRA BANK	VARIABLE	ON DEMAND	247,841	247,841
	BARCLAYS BANK DELAWARE	VARIABLE	ON DEMAND	13,057	13,057
	BAY BANK	VARIABLE	ON DEMAND	247,841	247,841
	BEACON COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	BENCHMARK BANK	VARIABLE	ON DEMAND	247,841	247,841
	BOKF NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	BREMER BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	BRISTOL COUNTY SAVINGS BANK	VARIABLE	ON DEMAND	247,841	247,841
	BROOKLINE BANK	VARIABLE	ON DEMAND	247,841	247,841
	BYLINE BANK	VARIABLE	ON DEMAND	247,841	247,841
	CAPITAL BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	CAPITAL COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	CAPITOL BANK	VARIABLE	ON DEMAND	247,841	247,841
	CARROLLTON BANK	VARIABLE	ON DEMAND	247,841	247,841
	CENTENNIAL BANK	VARIABLE	ON DEMAND	247,841	247,841
	CENTRAL NATIONAL BANK	VARIABLE	ON DEMAND	247,841	247,841
	CFBANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	CFG COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	CHEMUNG CANAL TRUST COMPANY	VARIABLE	ON DEMAND	247,841	247,841
	CITIZENS BANK AND TRUST	VARIABLE	ON DEMAND	247,407	247,407
	CITIZENS BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,271	247,271
	CITIZENS STATE BANK OF OURAY	VARIABLE	ON DEMAND	247,760	247,760
	CITY NATIONAL BANK OF FLORIDA	VARIABLE	ON DEMAND	247,841	247,841
	CNB BANK	VARIABLE	ON DEMAND	247,841	247,841
	COASTAL CAROLINA NATIONAL BANK	VARIABLE	ON DEMAND	247,830	247,830
	COASTAL COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	COGENT BANK	VARIABLE	ON DEMAND	247,841	247,841
	COLONY BANK	VARIABLE	ON DEMAND	247,841	247,841
	COMMERCIAL BANK OF CALIFORNIA	VARIABLE	ON DEMAND	247,841	247,841
	COMMUNITY BANK OF MISSISSIPPI	VARIABLE	ON DEMAND	217	217
	COMMUNITY NATIONAL BANK & TRUST OF TEXAS	VARIABLE	ON DEMAND	247,841	247,841
	COMMUNITY WEST BANK	VARIABLE	ON DEMAND	247,815	247,815
	CONNECTONE BANK	VARIABLE	ON DEMAND	247,841	247,841
	CORNERSTONE BANK	VARIABLE	ON DEMAND	247,841	247,841

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
CROSSFIRST BANK	VARIABLE	ON DEMAND	247,841	247,841
CUSTOMERS BANK	VARIABLE	ON DEMAND	247,841	247,841
DACOTAH BANK	VARIABLE	ON DEMAND	247,271	247,271
DIME COMMUNITY BANK	VARIABLE	ON DEMAND	247,380	247,380
DOGWOOD STATE BANK	VARIABLE	ON DEMAND	247,841	247,841
EAGLEBANK	VARIABLE	ON DEMAND	247,841	247,841
EAST WEST BANK	VARIABLE	ON DEMAND	217	217
EASTERN BANK	VARIABLE	ON DEMAND	247,841	247,841
ENDEAVOR BANK	VARIABLE	ON DEMAND	247,841	247,841
ENTERPRISE BANK & TRUST	VARIABLE	ON DEMAND	247,841	247,841
ENTERPRISE BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,841	247,841
FARMERS NATIONAL BANK OF DANVILLE	VARIABLE	ON DEMAND	571	571
FIDELITY BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST BANK CHICAGO	VARIABLE	ON DEMAND	247,841	247,841
FIRST CENTURY BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST FINANCIAL BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST FOUNDATION BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST GUARANTY BANK	VARIABLE	ON DEMAND	786	786
FIRST HORIZON BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST INTERNET BANK OF INDIANA	VARIABLE	ON DEMAND	247,841	247,841
FIRST NATIONAL BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST NATIONAL BANK OF OMAHA	VARIABLE	ON DEMAND	247,840	247,840
FIRST NATIONAL BANK OF PENNSYLVANIA	VARIABLE	ON DEMAND	247,840	247,840
FIRST UNITED BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,382	247,382
FIRST WESTERN TRUST BANK	VARIABLE	ON DEMAND	247,840	247,840
FIRSTBANK	VARIABLE	ON DEMAND	247,840	247,840
FIRST-CITIZENS BANK & TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
FIVE STAR BANK	VARIABLE	ON DEMAND	247,840	247,840
FIVE STAR BANK	VARIABLE	ON DEMAND	247,840	247,840
FLAGSTAR BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
FLUSHING BANK	VARIABLE	ON DEMAND	247,840	247,840
FORTIS BANK	VARIABLE	ON DEMAND	247,840	247,840
FULTON BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
GBANK	VARIABLE	ON DEMAND	772	772
GENESEE REGIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
GLACIER BANK	VARIABLE	ON DEMAND	247,840	247,840
GLENS FALLS NATL BANK AND TRUST CO	VARIABLE	ON DEMAND	247,840	247,840
GRAND SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
GREAT AMERICAN BANK	VARIABLE	ON DEMAND	247,840	247,840
GREAT PLAINS NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
GREEN BELT BANK & TRUST	VARIABLE	ON DEMAND	247,840	247,840
HANMI BANK	VARIABLE	ON DEMAND	247,840	247,840
HANOVER COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
HARBORONE BANK	VARIABLE	ON DEMAND	247,840	247,840
HCN BANK	VARIABLE	ON DEMAND	247,365	247,365
HEARTLAND BANK	VARIABLE	ON DEMAND	247,833	247,833
HERITAGE BANK OF COMMERCE	VARIABLE	ON DEMAND	247,840	247,840
HINGHAM INSTITUTION FOR SAVINGS	VARIABLE	ON DEMAND	247,840	247,840
HOMETRUST BANK	VARIABLE	ON DEMAND	247,183	247,183
INB	VARIABLE	ON DEMAND	247,808	247,808
INDEPENDENCE BANK	VARIABLE	ON DEMAND	247,840	247,840
INDEPENDENT BANK	VARIABLE	ON DEMAND	247,840	247,840
ISRAEL DISCOUNT BANK OF NEW YORK	VARIABLE	ON DEMAND	247,840	247,840
JOHN MARSHALL BANK	VARIABLE	ON DEMAND	247,840	247,840
KATAHDIN TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
KENNEBEC SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
KEYBANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
LAKESIDE BANK	VARIABLE	ON DEMAND	247,840	247,840
LEADER BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,433	247,433
LEGACY BANK & TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
LENDINGCLUB BANK NA	VARIABLE	ON DEMAND	5,071,844	5,071,844
LIVE OAK BANKING COMPANY	VARIABLE	ON DEMAND	247,840	247,840
LNTERBANK	VARIABLE	ON DEMAND	247,840	247,840
MACHIAS SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
MAINSTREET BANK	VARIABLE	ON DEMAND	247,488	247,488
MAPLEMARK BANK	VARIABLE	ON DEMAND	247,840	247,840
MASCOMA BANK	VARIABLE	ON DEMAND	247,840	247,840
MECHANICS BANK	VARIABLE	ON DEMAND	247,840	247,840
MERCHANTS BANK OF INDIANA	VARIABLE	ON DEMAND	247,840	247,840
MEREDITH VILLAGE SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
MIDFIRST BANK	VARIABLE	ON DEMAND	247,840	247,840
MISSION BANK	VARIABLE	ON DEMAND	247,840	247,840
MORTON COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
NATIONAL COOPERATIVE BANK NA	VARIABLE	ON DEMAND	247,840	247,840
NATIVE AMERICAN BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
NBT BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
NEXBANK	VARIABLE	ON DEMAND	247,840	247,840
NORTHSTAR BANK	VARIABLE	ON DEMAND	247,840	247,840
NORWAY SAVINGS BANK	VARIABLE	ON DEMAND	217	217
OAKSTAR BANK	VARIABLE	ON DEMAND	247,840	247,840
OLD NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
OMB BANK	VARIABLE	ON DEMAND	247,840	247,840
ONE FLORIDA BANK	VARIABLE	ON DEMAND	247,840	247,840
ORIGIN BANK	VARIABLE	ON DEMAND	247,840	247,840
ORRSTOWN BANK	VARIABLE	ON DEMAND	247,840	247,840
PACIFIC NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
PACIFIC PREMIER BANK	VARIABLE	ON DEMAND	247,840	247,840
PARK NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
PASSUMPSIC SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
PEOPLES BANK	VARIABLE	ON DEMAND	247,840	247,840
PEOPLES SECURITY BANK & TRUST CO.	VARIABLE	ON DEMAND	247,840	247,840
PINNACLE BANK	VARIABLE	ON DEMAND	247,840	247,840
PONCE BANK	VARIABLE	ON DEMAND	247,840	247,840
POPULAR BANK	VARIABLE	ON DEMAND	247,840	247,840
RAYMOND JAMES BANK	VARIABLE	ON DEMAND	247,840	247,840
REPUBLIC BANK & TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
RIVER CITY BANK	VARIABLE	ON DEMAND	247,840	247,840
S&T BANK	VARIABLE	ON DEMAND	247,813	247,813
SALEM FIVE CENTS SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
SANDY SPRING BANK	VARIABLE	ON DEMAND	247,840	247,840
SANTA CRUZ COUNTY BANK	VARIABLE	ON DEMAND	247,433	247,433
SAVINGS BANK OF WALPOLE	VARIABLE	ON DEMAND	247,813	247,813
SECURITY BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
SERVISFIRST BANK	VARIABLE	ON DEMAND	217	217
SHORE UNITED BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
SIGNATURE BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
SMARTBANK	VARIABLE	ON DEMAND	247,840	247,840
SMBC MANUBANK	VARIABLE	ON DEMAND	247,840	247,840
SOUTH STATE BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
SOUTHERN STATES BANK	VARIABLE	ON DEMAND	247,840	247,840
SOUTHSIDE BANK	VARIABLE	ON DEMAND	247,813	247,813
STARION BANK	VARIABLE	ON DEMAND	247,840	247,840

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
STEARNS BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
STELLAR BANK	VARIABLE	ON DEMAND	247,338	247,338
SUMMIT BANK	VARIABLE	ON DEMAND	247,840	247,840
SUNWEST BANK	VARIABLE	ON DEMAND	247,840	247,840
SUSSER BANK	VARIABLE	ON DEMAND	247,840	247,840
SYNOVUS BANK	VARIABLE	ON DEMAND	247,840	247,840
T BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	108	108
TBK BANK SSB	VARIABLE	ON DEMAND	217	217
TEXAS BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
TEXAS SECURITY BANK	VARIABLE	ON DEMAND	247,840	247,840
THE BANK OF TAMPA	VARIABLE	ON DEMAND	247,840	247,840
THE CAMDEN NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
THE EASTERN COLORADO BANK	VARIABLE	ON DEMAND	5	5
THE FARMERS & MERCHANTS BANK	VARIABLE	ON DEMAND	247,830	247,830
THE FIRST BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
THE FIRST NATIONAL BANK OF MIDDLE TN	VARIABLE	ON DEMAND	247,840	247,840
THE FREEDOM BANK OF VIRGINIA	VARIABLE	ON DEMAND	247,840	247,840
THE GUILFORD SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
THE LOWELL FIVE CENT SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
THE NATIONAL CAPITAL BANK OF WASHINGTON	VARIABLE	ON DEMAND	247,840	247,840
THE STATE BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
THE WASHINGTON TRUST COMPANY OF WESTERLY	VARIABLE	ON DEMAND	247,840	247,840
TIB NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	678	678
TOMPKINS COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
TOWNEBANK	VARIABLE	ON DEMAND	247,840	247,840
TRADITIONAL BANK INC.	VARIABLE	ON DEMAND	247,840	247,840
TRISTATE CAPITAL BANK	VARIABLE	ON DEMAND	247,840	247,840
TRUIST BANK	VARIABLE	ON DEMAND	247,840	247,840
UMB BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
UMPQUA BANK	VARIABLE	ON DEMAND	247,840	247,840
UNION BANK	VARIABLE	ON DEMAND	247,840	247,840
UNION BANK & TRUST	VARIABLE	ON DEMAND	247,840	247,840
UNITED BANK	VARIABLE	ON DEMAND	247,840	247,840
UNITED BUSINESS BANK	VARIABLE	ON DEMAND	247,840	247,840
UNITED FIDELITY BANK FSB	VARIABLE	ON DEMAND	247,840	247,840
VALLEY NATIONAL BANK	VARIABLE	ON DEMAND	247,379	247,379
VERABANK	VARIABLE	ON DEMAND	247,840	247,840
VERITEX COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
VIRGINIA NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
WESBANCO BANK INC.	VARIABLE	ON DEMAND	247,840	247,840
WEST BANK	VARIABLE	ON DEMAND	247,840	247,840
WESTERN ALLIANCE BANK	VARIABLE	ON DEMAND	247,840	247,840
WESTFIELD BANK FSB	VARIABLE	ON DEMAND	247,546	247,546
WESTSTAR BANK	VARIABLE	ON DEMAND	247,840	247,840
ZIONS BANCORPORATION N.A.	VARIABLE	ON DEMAND	247,569	247,569
			<u>\$ 54,155,189</u>	<u>\$ 54,155,189</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
VANGUARD INTERIM-TERM INVESTMENT-GRADE FUND	926,931	\$ 9,086,049	\$ 7,934,526
VANGUARD SHORT-TERM INVESTMENT-GRADE FUND	785,030	<u>8,529,379</u>	<u>8,093,658</u>
		<u>\$ 17,615,428</u>	<u>\$ 16,028,184</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULES OF HEALTH CARE BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Medical	\$ 34,637,951	\$ 19,959,528
Prescription	1,946,927	2,557,344
Dental	1,584,012	1,205,510
Optical	<u>88,164</u>	<u>97,465</u>
Total health care benefits	<u>\$ 38,257,054</u>	<u>\$ 23,819,847</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
SCHEDULES OF MEDICAL ADMINISTRATIVE FEES
YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Case management	\$ 2,792	\$ 16,086
Claims administration	4,415,024	1,582,073
Dental administration	314,021	256,470
Optical	11,863	5,903
PCORI	32,229	28,647
Prescription administration	179,733	80,467
Utilization/PreCertification	<u>-</u>	<u>163,553</u>
 Total	 <u>\$ 4,955,662</u>	 <u>\$ 2,133,199</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Third party administration	\$ 1,134,056	\$ 1,106,269
Occupancy	206,955	190,571
Office	113,512	128,183
Printing and postage	235,394	298,959
Legal	148,937	115,135
Accounting	104,250	83,000
Payroll audits	7,225	12,128
Computer	172,314	109,926
Outside services	95,589	104,310
Insurance	12,765	15,072
Reimbursements to related organizations	35,239	29,119
Reimbursements from related organizations	<u>(67,330)</u>	<u>(38,243)</u>
Total administrative expenses	<u>\$ 2,198,906</u>	<u>\$ 2,154,429</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	ADAMS BANK & TRUST	VARIABLE	ON DEMAND	\$ 247,841	\$ 247,841
	ALPINE BANK	VARIABLE	ON DEMAND	247,841	247,841
	AMALGAMATED BANK	VARIABLE	ON DEMAND	247,841	247,841
	AMERANT BANK N.A.	VARIABLE	ON DEMAND	247,841	247,841
	AMERICAN COMMERCIAL BANK & TRUST	VARIABLE	ON DEMAND	247,841	247,841
	AMERICAN NATIONAL BANK & TRUST	VARIABLE	ON DEMAND	247,841	247,841
	AMERIS BANK	VARIABLE	ON DEMAND	247,841	247,841
	ANDERSON BROTHERS BANK	VARIABLE	ON DEMAND	247,841	247,841
	ANDROSCOGGIN SAVINGS BANK	VARIABLE	ON DEMAND	247,841	247,841
	B1BANK	VARIABLE	ON DEMAND	247,840	247,840
	BANC OF CALIFORNIA	VARIABLE	ON DEMAND	247,841	247,841
	BANGOR SAVINGS BANK	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF ANN ARBOR	VARIABLE	ON DEMAND	217	217
	BANK OF BRIDGER NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF CENTRAL FLORIDA	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF NEWPORT	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF OCEAN CITY	VARIABLE	ON DEMAND	217	217
	BANK OF THE SIERRA	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF UNITED	VARIABLE	ON DEMAND	247,841	247,841
	BANK OF WISCONSIN DELLS	VARIABLE	ON DEMAND	247,841	247,841
	BANK OZK	VARIABLE	ON DEMAND	247,841	247,841
	BANKERS TRUST COMPANY	VARIABLE	ON DEMAND	27	27
	BANNER BANK	VARIABLE	ON DEMAND	247,841	247,841
	BANTERRA BANK	VARIABLE	ON DEMAND	247,841	247,841
	BARCLAYS BANK DELAWARE	VARIABLE	ON DEMAND	13,057	13,057
	BAY BANK	VARIABLE	ON DEMAND	247,841	247,841
	BEACON COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	BENCHMARK BANK	VARIABLE	ON DEMAND	247,841	247,841
	BOKF NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	BREMER BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	BRISTOL COUNTY SAVINGS BANK	VARIABLE	ON DEMAND	247,841	247,841
	BROOKLINE BANK	VARIABLE	ON DEMAND	247,841	247,841
	BYLINE BANK	VARIABLE	ON DEMAND	247,841	247,841
	CAPITAL BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	CAPITAL COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	CAPITOL BANK	VARIABLE	ON DEMAND	247,841	247,841
	CARROLLTON BANK	VARIABLE	ON DEMAND	247,841	247,841
	CENTENNIAL BANK	VARIABLE	ON DEMAND	247,841	247,841
	CENTRAL NATIONAL BANK	VARIABLE	ON DEMAND	247,841	247,841
	CFBANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,841	247,841
	CFG COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	CHEMUNG CANAL TRUST COMPANY	VARIABLE	ON DEMAND	247,841	247,841
	CITIZENS BANK AND TRUST	VARIABLE	ON DEMAND	247,407	247,407
	CITIZENS BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,271	247,271
	CITIZENS STATE BANK OF OURAY	VARIABLE	ON DEMAND	247,760	247,760
	CITY NATIONAL BANK OF FLORIDA	VARIABLE	ON DEMAND	247,841	247,841
	CNB BANK	VARIABLE	ON DEMAND	247,841	247,841
	COASTAL CAROLINA NATIONAL BANK	VARIABLE	ON DEMAND	247,830	247,830
	COASTAL COMMUNITY BANK	VARIABLE	ON DEMAND	247,841	247,841
	COGENT BANK	VARIABLE	ON DEMAND	247,841	247,841
	COLONY BANK	VARIABLE	ON DEMAND	247,841	247,841
	COMMERCIAL BANK OF CALIFORNIA	VARIABLE	ON DEMAND	247,841	247,841
	COMMUNITY BANK OF MISSISSIPPI	VARIABLE	ON DEMAND	217	217
	COMMUNITY NATIONAL BANK & TRUST OF TEXAS	VARIABLE	ON DEMAND	247,841	247,841
	COMMUNITY WEST BANK	VARIABLE	ON DEMAND	247,815	247,815
	CONNECTONE BANK	VARIABLE	ON DEMAND	247,841	247,841
	CORNERSTONE BANK	VARIABLE	ON DEMAND	247,841	247,841

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
CROSSFIRST BANK	VARIABLE	ON DEMAND	247,841	247,841
CUSTOMERS BANK	VARIABLE	ON DEMAND	247,841	247,841
DACOTAH BANK	VARIABLE	ON DEMAND	247,271	247,271
DIME COMMUNITY BANK	VARIABLE	ON DEMAND	247,380	247,380
DOGWOOD STATE BANK	VARIABLE	ON DEMAND	247,841	247,841
EAGLEBANK	VARIABLE	ON DEMAND	247,841	247,841
EAST WEST BANK	VARIABLE	ON DEMAND	217	217
EASTERN BANK	VARIABLE	ON DEMAND	247,841	247,841
ENDEAVOR BANK	VARIABLE	ON DEMAND	247,841	247,841
ENTERPRISE BANK & TRUST	VARIABLE	ON DEMAND	247,841	247,841
ENTERPRISE BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,841	247,841
FARMERS NATIONAL BANK OF DANVILLE	VARIABLE	ON DEMAND	571	571
FIDELITY BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST BANK CHICAGO	VARIABLE	ON DEMAND	247,841	247,841
FIRST CENTURY BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST FINANCIAL BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST FOUNDATION BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST GUARANTY BANK	VARIABLE	ON DEMAND	786	786
FIRST HORIZON BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST INTERNET BANK OF INDIANA	VARIABLE	ON DEMAND	247,841	247,841
FIRST NATIONAL BANK	VARIABLE	ON DEMAND	247,841	247,841
FIRST NATIONAL BANK OF OMAHA	VARIABLE	ON DEMAND	247,840	247,840
FIRST NATIONAL BANK OF PENNSYLVANIA	VARIABLE	ON DEMAND	247,840	247,840
FIRST UNITED BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,382	247,382
FIRST WESTERN TRUST BANK	VARIABLE	ON DEMAND	247,840	247,840
FIRSTBANK	VARIABLE	ON DEMAND	247,840	247,840
FIRST-CITIZENS BANK & TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
FIVE STAR BANK	VARIABLE	ON DEMAND	247,840	247,840
FIVE STAR BANK	VARIABLE	ON DEMAND	247,840	247,840
FLAGSTAR BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
FLUSHING BANK	VARIABLE	ON DEMAND	247,840	247,840
FORTIS BANK	VARIABLE	ON DEMAND	247,840	247,840
FULTON BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
GBANK	VARIABLE	ON DEMAND	772	772
GENESSEE REGIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
GLACIER BANK	VARIABLE	ON DEMAND	247,840	247,840
GLENS FALLS NATL BANK AND TRUST CO	VARIABLE	ON DEMAND	247,840	247,840
GRAND SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
GREAT AMERICAN BANK	VARIABLE	ON DEMAND	247,840	247,840
GREAT PLAINS NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
GREEN BELT BANK & TRUST	VARIABLE	ON DEMAND	247,840	247,840
HANMI BANK	VARIABLE	ON DEMAND	247,840	247,840
HANOVER COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
HARBORONE BANK	VARIABLE	ON DEMAND	247,840	247,840
HCN BANK	VARIABLE	ON DEMAND	247,365	247,365
HEARTLAND BANK	VARIABLE	ON DEMAND	247,833	247,833
HERITAGE BANK OF COMMERCE	VARIABLE	ON DEMAND	247,840	247,840
HINGHAM INSTITUTION FOR SAVINGS	VARIABLE	ON DEMAND	247,840	247,840
HOMETRUST BANK	VARIABLE	ON DEMAND	247,183	247,183
INB	VARIABLE	ON DEMAND	247,808	247,808
INDEPENDENCE BANK	VARIABLE	ON DEMAND	247,840	247,840
INDEPENDENT BANK	VARIABLE	ON DEMAND	247,840	247,840
ISRAEL DISCOUNT BANK OF NEW YORK	VARIABLE	ON DEMAND	247,840	247,840
JOHN MARSHALL BANK	VARIABLE	ON DEMAND	247,840	247,840
KATAHDIN TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
KENNEBEC SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
KEYBANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
LAKESIDE BANK	VARIABLE	ON DEMAND	247,840	247,840
LEADER BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,433	247,433
LEGACY BANK & TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
LENDINGCLUB BANK NA	VARIABLE	ON DEMAND	5,071,844	5,071,844
LIVE OAK BANKING COMPANY	VARIABLE	ON DEMAND	247,840	247,840
LNTERBANK	VARIABLE	ON DEMAND	247,840	247,840
MACHIAS SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
MAINSTREET BANK	VARIABLE	ON DEMAND	247,488	247,488
MAPLEMARK BANK	VARIABLE	ON DEMAND	247,840	247,840
MASCOMA BANK	VARIABLE	ON DEMAND	247,840	247,840
MECHANICS BANK	VARIABLE	ON DEMAND	247,840	247,840
MERCHANTS BANK OF INDIANA	VARIABLE	ON DEMAND	247,840	247,840
MEREDITH VILLAGE SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
MIDFIRST BANK	VARIABLE	ON DEMAND	247,840	247,840
MISSION BANK	VARIABLE	ON DEMAND	247,840	247,840
MORTON COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
NATIONAL COOPERATIVE BANK NA	VARIABLE	ON DEMAND	247,840	247,840
NATIVE AMERICAN BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
NBT BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
NEXBANK	VARIABLE	ON DEMAND	247,840	247,840
NORTHSTAR BANK	VARIABLE	ON DEMAND	247,840	247,840
NORWAY SAVINGS BANK	VARIABLE	ON DEMAND	217	217
OAKSTAR BANK	VARIABLE	ON DEMAND	247,840	247,840
OLD NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
OMB BANK	VARIABLE	ON DEMAND	247,840	247,840
ONE FLORIDA BANK	VARIABLE	ON DEMAND	247,840	247,840
ORIGIN BANK	VARIABLE	ON DEMAND	247,840	247,840
ORRSTOWN BANK	VARIABLE	ON DEMAND	247,840	247,840
PACIFIC NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
PACIFIC PREMIER BANK	VARIABLE	ON DEMAND	247,840	247,840
PARK NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
PASSUMPSIC SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
PEOPLES BANK	VARIABLE	ON DEMAND	247,840	247,840
PEOPLES SECURITY BANK & TRUST CO.	VARIABLE	ON DEMAND	247,840	247,840
PINNACLE BANK	VARIABLE	ON DEMAND	247,840	247,840
PONCE BANK	VARIABLE	ON DEMAND	247,840	247,840
POPULAR BANK	VARIABLE	ON DEMAND	247,840	247,840
RAYMOND JAMES BANK	VARIABLE	ON DEMAND	247,840	247,840
REPUBLIC BANK & TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
RIVER CITY BANK	VARIABLE	ON DEMAND	247,840	247,840
S&T BANK	VARIABLE	ON DEMAND	247,813	247,813
SALEM FIVE CENTS SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
SANDY SPRING BANK	VARIABLE	ON DEMAND	247,840	247,840
SANTA CRUZ COUNTY BANK	VARIABLE	ON DEMAND	247,433	247,433
SAVINGS BANK OF WALPOLE	VARIABLE	ON DEMAND	247,813	247,813
SECURITY BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
SERVISFIRST BANK	VARIABLE	ON DEMAND	217	217
SHORE UNITED BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
SIGNATURE BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
SMARTBANK	VARIABLE	ON DEMAND	247,840	247,840
SMBC MANUBANK	VARIABLE	ON DEMAND	247,840	247,840
SOUTH STATE BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
SOUTHERN STATES BANK	VARIABLE	ON DEMAND	247,840	247,840
SOUTHSIDE BANK	VARIABLE	ON DEMAND	247,813	247,813
STARION BANK	VARIABLE	ON DEMAND	247,840	247,840

UFCW LOCAL 2013 HEALTH AND WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
STEARNS BANK N.A.	VARIABLE	ON DEMAND	247,840	247,840
STELLAR BANK	VARIABLE	ON DEMAND	247,338	247,338
SUMMIT BANK	VARIABLE	ON DEMAND	247,840	247,840
SUNWEST BANK	VARIABLE	ON DEMAND	247,840	247,840
SUSSER BANK	VARIABLE	ON DEMAND	247,840	247,840
SYNOVUS BANK	VARIABLE	ON DEMAND	247,840	247,840
T BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	108	108
TBK BANK SSB	VARIABLE	ON DEMAND	217	217
TEXAS BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
TEXAS SECURITY BANK	VARIABLE	ON DEMAND	247,840	247,840
THE BANK OF TAMPA	VARIABLE	ON DEMAND	247,840	247,840
THE CAMDEN NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
THE EASTERN COLORADO BANK	VARIABLE	ON DEMAND	5	5
THE FARMERS & MERCHANTS BANK	VARIABLE	ON DEMAND	247,830	247,830
THE FIRST BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
THE FIRST NATIONAL BANK OF MIDDLE TN	VARIABLE	ON DEMAND	247,840	247,840
THE FREEDOM BANK OF VIRGINIA	VARIABLE	ON DEMAND	247,840	247,840
THE GUILFORD SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
THE LOWELL FIVE CENT SAVINGS BANK	VARIABLE	ON DEMAND	247,840	247,840
THE NATIONAL CAPITAL BANK OF WASHINGTON	VARIABLE	ON DEMAND	247,840	247,840
THE STATE BANK AND TRUST COMPANY	VARIABLE	ON DEMAND	247,840	247,840
THE WASHINGTON TRUST COMPANY OF WESTERLY	VARIABLE	ON DEMAND	247,840	247,840
TIB NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	678	678
TOMPKINS COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
TOWNEBANK	VARIABLE	ON DEMAND	247,840	247,840
TRADITIONAL BANK INC.	VARIABLE	ON DEMAND	247,840	247,840
TRISTATE CAPITAL BANK	VARIABLE	ON DEMAND	247,840	247,840
TRUIST BANK	VARIABLE	ON DEMAND	247,840	247,840
UMB BANK NATIONAL ASSOCIATION	VARIABLE	ON DEMAND	247,840	247,840
UMPQUA BANK	VARIABLE	ON DEMAND	247,840	247,840
UNION BANK	VARIABLE	ON DEMAND	247,840	247,840
UNION BANK & TRUST	VARIABLE	ON DEMAND	247,840	247,840
UNITED BANK	VARIABLE	ON DEMAND	247,840	247,840
UNITED BUSINESS BANK	VARIABLE	ON DEMAND	247,840	247,840
UNITED FIDELITY BANK FSB	VARIABLE	ON DEMAND	247,840	247,840
VALLEY NATIONAL BANK	VARIABLE	ON DEMAND	247,379	247,379
VERABANK	VARIABLE	ON DEMAND	247,840	247,840
VERITEX COMMUNITY BANK	VARIABLE	ON DEMAND	247,840	247,840
VIRGINIA NATIONAL BANK	VARIABLE	ON DEMAND	247,840	247,840
WESBANCO BANK INC.	VARIABLE	ON DEMAND	247,840	247,840
WEST BANK	VARIABLE	ON DEMAND	247,840	247,840
WESTERN ALLIANCE BANK	VARIABLE	ON DEMAND	247,840	247,840
WESTFIELD BANK FSB	VARIABLE	ON DEMAND	247,546	247,546
WESTSTAR BANK	VARIABLE	ON DEMAND	247,840	247,840
ZIONS BANCORPORATION N.A.	VARIABLE	ON DEMAND	247,569	247,569
			<u>\$ 54,155,189</u>	<u>\$ 54,155,189</u>

UFCW LOCAL 2013 HEALTH AND WELFARE FUND
SCHEDULE OF REGISTERED INVESTMENT COMPANIES

DECEMBER 31, 2024

EIN 13-2832806, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
VANGUARD INTERIM-TERM INVESTMENT-GRADE FUND	926,931	\$ 9,086,049	\$ 7,934,526
VANGUARD SHORT-TERM INVESTMENT-GRADE FUND	785,030	<u>8,529,379</u>	<u>8,093,658</u>
		<u>\$ 17,615,428</u>	<u>\$ 16,028,184</u>