

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;">2023</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>TRUSTEES UFCW L 1262 & EMP H&W FD</u> <u>1389 BROAD STREET</u> <u>CLIFTON, NJ 07013</u>	1c Effective date of plan <u>12/01/1968</u> 2b Employer Identification Number (EIN) <u>23-7042767</u> 2c Plan Sponsor's telephone number <u>973-778-5800</u> 2d Business code (see instructions) <u>445110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/11/2025	HARVEY WHILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	3191
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)	3141
	6a(2)	3278
	6b	48
	6c	
	6d	3326
	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	5

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

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

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

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

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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 4 </u>
(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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW L 1262 & EMP H&W FD		D Employer Identification Number (EIN) 23-7042767	

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

1 Coverage Information:

(a) Name of insurance carrier

GERBER LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-2611847	70939	GL-0215-VU		01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier.....	10a	751680
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW L 1262 & EMP H&W FD		D Employer Identification Number (EIN) 23-7042767

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

1 Coverage Information:

(a) Name of insurance carrier
ARAG INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-1338303	34738	17997-0002-001	4348	12/01/2023	11/30/2024

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	187155
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	120373
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW L 1262 & EMP H&W FD		D Employer Identification Number (EIN) 23-7042767	

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

1 Coverage Information:

(a) Name of insurance carrier
HORIZON INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
46-1362174	14690	76204	3778	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	153924
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

A Name of plan UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW L 1262 & EMP H&W FD	D Employer Identification Number (EIN) 23-7042767	

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

US BANK NATIONAL ASSOCIATION

31-0841368

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

US BANCORP ASSET MANAGEMENT, INC.

41-2003732

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

US BANCORP FUND SERVICES, LLC

39-1939072

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

QUASAR DISTRIBUTORS, LLC

39-1982827

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

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

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

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

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

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

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

HORIZON HEALTHCARE SERVICES, INC.

22-0999690

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	1045614	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UFCW LOCAL 1262 PENSION FUND

22-6074414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	AFFILIATED BENEFIT FUND	857415	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)

UFCW LOCAL 1262

22-1339607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	AFFILIATED LABOR ORG	211131	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)

FRANK VACCARO & ASSOCIATES, INC.

23-2148108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	176785	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)

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 14 50	NONE	127629	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)

HORIZON HEALTHCARE DENTAL SERVICES

22-3267136

(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 14 50	NONE	94957	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)

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	59583	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, LEWIS & BOCKIUS LLP

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	57463	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	42000	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)

CARELON BEHAVIORAL HEALTH, INC.

54-1414194

(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 14 50	NONE	40057	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)

MURPHY ANDERSON PLLC

26-3092374

(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	36936	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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	17937	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)

SEGALL, BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	13739	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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	10000	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)

OCEAN COMPUTER GROUP, INC.

22-2595133

(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	8889	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)

RJ DAVIS ASSOCIATES

1040 BROAD STREET
SHREWSBURY, NJ 07702

(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 70	NONE	3000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	5484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PDI, INC.

18103 TRANS-CANADA HIGHWAY
KIRKLAND, QUEBEC CA

(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?
36 50	NONE	7945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RJ DAVIS ASSOCIATES	16 70	5484
(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.	
USABLE LIFE 71-0505232	SERVICE FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024	
A Name of plan UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES UFCW L 1262 & EMP H&W FD	D Employer Identification Number (EIN) 23-7042767

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 748183	1548706
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 419861	190085
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 2207258	1716543
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 178337	338834
(2) U.S. Government securities	1c(2) 2853891	2960660
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 6651527	7056212
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5) 1052657	992871
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 303963	243262

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	1930	6600
f Total assets (add all amounts in lines 1a through 1e)	1f	14417607	15053773
Liabilities			
g Benefit claims payable	1g	5769783	7354614
h Operating payables	1h	95823	62363
i Acquisition indebtedness	1i		
j Other liabilities	1j	544224	155724
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6409830	7572701
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8007777	7481072

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)	34407141	
(B) Participants	2a(1)(B)	414722	
(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)		34821863
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	28332	
(B) U.S. Government securities	2b(1)(B)	88499	
(C) Corporate debt instruments	2b(1)(C)	312910	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	691	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		430432
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5305239	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5415403	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-110164
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	295256	
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		35437387

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	33347673	
(2) To insurance carriers for the provision of benefits.....	2e(2)	1274909	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34622582
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)	544032	
(2) Contract administrator fees.....	2i(2)	176785	
(3) Recordkeeping fees.....	2i(3)	5000	
(4) IQPA audit fees.....	2i(4)	42000	
(5) Investment advisory and investment management fees.....	2i(5)	41676	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	1040	
(7) Actuarial fees.....	2i(7)	131974	
(8) Legal fees.....	2i(8)	94399	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	304604	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1341510
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		35964092

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-526705
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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		500000
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		964658
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.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS

NOVEMBER 30, 2024

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

NOVEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
UFCW Local 1262 and Employers
Health and Welfare Fund

Opinion

We have audited the financial statements of the UFCW Local 1262 and Employers Health and Welfare Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of November 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the UFCW Local 1262 and Employers Health and Welfare Fund as of November 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the UFCW Local 1262 and Employers Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the UFCW Local 1262 and Employers Health and Welfare Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
September 10, 2025

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

NOVEMBER 30, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
U.S Government and Government		
Agency obligations	\$ 2,960,660	\$ 2,853,891
Corporate obligations	7,056,212	6,651,527
Limited partnership	992,871	1,052,657
Municipal obligations	243,262	303,963
Short-term investments	338,834	177,664
Total investments	<u>11,591,839</u>	<u>11,039,702</u>
RECEIVABLES		
Employer contributions	190,085	419,861
Rebates and settlements	919,893	1,377,880
Accrued interest and dividends	100,576	83,531
Due from related parties	-	1,703
Total receivables	<u>1,210,554</u>	<u>1,882,975</u>
OTHER ASSETS		
Property and equipment - net	6,600	1,930
Deposits	685,514	734,417
Prepaid expenses	10,560	9,727
Total other assets	<u>702,674</u>	<u>746,074</u>
CASH AND CASH EQUIVALENTS	<u>1,548,706</u>	<u>748,856</u>
Total assets	<u>15,053,773</u>	<u>14,417,607</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related parties	114,670	473,440
Accrued administrative expenses	62,363	95,823
SERP liability	41,054	41,054
Securities purchased and not settled	-	29,730
Total liabilities	<u>218,087</u>	<u>640,047</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,835,686</u>	<u>\$ 13,777,560</u>

See accompanying notes to financial statements.

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

YEARS ENDED NOVEMBER 30, 2024 AND 2023

	2024	2023
ADDITIONS		
Contributions		
Employer	\$ 34,223,343	\$ 31,492,959
Legal	183,798	176,013
Retiree	235,853	253,314
COBRA	178,869	194,749
Total contributions	34,821,863	32,117,035
Investment income		
Net appreciation in fair value of investments	185,092	1,951
Interest and dividends	430,432	394,291
	615,524	396,242
Less investment expenses	(42,716)	(41,606)
Investment income - net	572,808	354,636
Total additions	35,394,671	32,471,671
DEDUCTIONS		
Benefits paid	33,037,751	29,875,873
Fees mandated by the Affordable Care Act	12,651	11,268
Administrative expenses	1,286,143	1,360,595
Total deductions	34,336,545	31,247,736
NET INCREASE	1,058,126	1,223,935
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	13,777,560	12,553,625
End of year	\$ 14,835,686	\$ 13,777,560

See accompanying notes to financial statements.

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

STATEMENTS OF BENEFIT OBLIGATIONS

NOVEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Benefits payable	\$ 3,581,514	\$ 2,354,583
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Benefits incurred but not reported	<u>3,773,100</u>	<u>3,415,200</u>
Total obligations other than postretirement benefit obligations	<u>7,354,614</u>	<u>5,769,783</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	865,886	1,224,324
Active participants fully eligible for benefits	1,264,621	1,335,055
Active participants not yet fully eligible for benefits	<u>1,709,586</u>	<u>2,126,349</u>
Total postretirement benefit obligations	<u>3,840,093</u>	<u>4,685,728</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 11,194,707</u></u>	<u><u>\$ 10,455,511</u></u>

See accompanying notes to financial statements.

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED NOVEMBER 30, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 2,354,583	\$ 1,464,914
Net changes during the year	1,226,931	889,669
Balance at end of year	3,581,514	2,354,583
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	3,415,200	3,295,700
Net changes during the year	357,900	119,500
Balance at end of year	3,773,100	3,415,200
Total obligations other than postretirement benefits	7,354,614	5,769,783
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	4,685,728	4,288,933
Increase (decrease) during the year attributable to:		
Benefits earned and other changes	77,199	46,037
Changes in actuarial assumptions	(922,834)	(56,949)
Actuarial loss	-	407,707
Balance at end of year	3,840,093	4,685,728
TOTAL BENEFIT OBLIGATIONS	\$ 11,194,707	\$ 10,455,511

See accompanying notes to financial statements.

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

NOTES TO FINANCIAL STATEMENTS

NOVEMBER 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

General

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

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

Contribution rates have been established under collective bargaining agreements entered into between the Union and the Employers. The costs of the postretirement benefits are shared by the Plan's participating Employers and retirees.

Benefits

The Plan provides major medical, dental, prescription drug, vision, life insurance, and other benefits. Life and accidental death and dismemberment benefits are provided through insurance contracts.

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments and Income Recognition - Investments are carried at fair value which generally represents quoted market prices as of the last business day of the fiscal year as provided by the custodian. Investments in United States Treasuries are valued using daily bid and ask prices in an active market. Investments in Government Agency obligations, corporate obligations, and municipal obligations are valued using pricing models maximizing the use of observable inputs for similar securities as provided by the custodian. Investment in limited partnership is valued at estimated fair value as determined by the partnership. Short-term investments are valued at cost, which approximates fair value.

Purchase and sales are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Employer Contributions - Employer contributions due and not paid at year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided. Employer contributions are accounted for as exchange transactions.

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

Depreciation expense totaled \$2,349 and \$1,049 for the years ended November 30, 2024 and 2023, respectively.

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

Payment of Benefits - Benefit payments to or for participants are recorded when paid.

Claims Incurred but Not Reported - Claims incurred but not reported at year end were estimated by the Plan's consultant based on claims experience.

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

NOTE 3. FUNDING

The Plan is financed by employer contributions as well as contributions from participants electing postretirement benefits and COBRA coverage. The employer contribution rates are specified in collective bargaining agreements. In addition, pursuant to the collective bargaining agreement, one contributing employer is required to transfer to the Plan by the 15th day and the last day of each month, contributions equal to the benefit cost incurred by eligible participants, less certain credits.

NOTE 3. FUNDING (continued)

COBRA contributions are calculated annually by the Plan utilizing historical claims cost adjusted for medical inflation and an administrative charge. The costs of the postretirement benefits are shared by the Plan's participating employers and retirees.

NOTE 4. PRIORITIES UPON TERMINATION

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

Any termination affecting retiree benefits is subject to the consent of the retiree participants who retired before January 1, 1994, and their beneficiaries, voting as a class.

NOTE 5. TAX STATUS

The Plan obtained its latest exemption letter dated May 8, 1970 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(c)(9). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. FAIR VALUE MEASUREMENTS

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Basis of Fair Value Measurement:

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

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

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

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

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

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

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

The following tables set forth by level the fair value hierarchy, the major categories of the investments measured at fair value at November 30, 2024 and 2023:

	Fair Value Measurements at November 30, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and				
Government Agency obligations	\$ 2,960,660	\$ 1,797,723	\$ 1,162,937	\$ -
Corporate obligations	7,056,212	-	7,056,212	-
Municipal obligations	243,262	-	243,262	-
Short-term investments	338,834	338,834	-	-
	10,598,968	\$ 2,136,557	\$ 8,462,411	\$ -
Investment measured at NAV*	992,871			
	<u>\$ 11,591,839</u>			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at November 30, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 2,853,891	\$ 1,656,613	\$ 1,197,278	\$ -
Corporate obligations	6,651,527	-	6,651,527	-
Municipal obligations	303,963	-	303,963	-
Short-term investments	177,664	177,664	-	-
	9,987,045	\$ 1,834,277	\$ 8,152,768	\$ -
Investment measured at NAV*	1,052,657			
	<u>\$ 11,039,702</u>			

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

The following tables summarize investments for which fair value is measured using the net asset value per share as practical expedient at November 30, 2024 and 2023:

November 30, 2024	Fair Value	Commitments	Redemption Frequency	Redemption Notice Period
Limited partnership:				
Boyd Watterson State Government Fund, LP	<u>\$ 992,871</u>	<u>\$ -</u>	(a)	(a)
November 30, 2023	Fair Value	Commitments	Redemption Frequency	Redemption Notice Period
Limited partnership:				
Boyd Watterson State Government Fund, LP	<u>\$ 1,052,657</u>	<u>\$ -</u>	(a)	(a)

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

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

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

- UFCW Local 1262 AFL-CIO
- UFCW Local 1262 and Employers Pension Fund
- UFCW Local 1262 and ShopRite Welfare Fund

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

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

Common Administrative Expenses

The related funds share administrative services and staff. Joint administrative expenses are initially paid by the UFCW Local 1262 and Employers Pension Fund (the Pension Fund). Joint administrative expenses are allocated on a basis approved by the Plan's Trustees. The amounts allocated to the Plan for its share of administrative expenses for the years ended November 30, 2024 and 2023 were \$857,415 and \$843,969, respectively. As of November 30, 2024 and 2023, the Plan owed the Pension Fund \$75,665 and \$90,894, respectively, for shared administrative expenses.

The related funds also share computer and payroll audit fees, which are initially paid by UFCW Local 1262 (the Union). The Plan's share of computer fees for the years ended November 30, 2024 and 2023 totaled \$153,392 and \$165,316, respectively. As of November 30, 2024 and 2023, the Plan owed the Union \$13,589 and \$12,129, respectively for computer fees.

The Plan's share of payroll audit fees for the years ended November 30, 2024 and 2023 totaled \$5,000 and \$3,806, respectively. As of November 30, 2024 and 2023, the Plan owed the Union \$20,000 and \$15,000, respectively, for payroll audit fees.

The Union established the Liaison Employee position to facilitate better communications between the Funds, Union, participants, and beneficiaries. The Plan's share of Liaison Employee expense for the years ended November 30, 2024 and 2023 was \$52,739 and \$31,933, respectively. As of November 30, 2024 and 2023, the Plan owed the Union \$5,417 for Liaison Employee expense.

As of November 30, 2023, the Plan owed the UFCW Local 1262 ShopRite Welfare Fund \$350,000, for medical payables. As of November 30, 2023, the UFCW Local 1262 Pension Fund owed \$1,703 to the Plan for payroll adjustments.

Shared Occupancy

The Plan leases space on a month-to-month basis from a related entity, UFCW Local 1262 (the Union). The Plan's rent expense for the years ended November 30, 2024 and 2023 was \$27,444 and \$28,759, respectively.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)**Benefits**

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

Contribution expenses allocable to benefit plans during the years ended November 30, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
UFCW Local 1262 and Employers Health and Welfare Fund	\$ 91,330	\$ 98,395
UFCW Local 1262 and Employers Pension Fund	26,922	26,547
Other	487	511
	<u>\$ 118,739</u>	<u>\$ 125,453</u>

The related funds are also parties to an unfunded deferred compensation plan, the UFCW Local 1262 and Employers Trust Funds Supplemental Executive Retirement Plan (SERP). The SERP provides a fixed lifetime monthly benefit upon retirement. The Plan's share of the estimated present value of the vested benefit obligation is \$41,054.

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

NOTE 8. PROPERTY AND EQUIPMENT

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

The following is a summary of property and equipment as of November 30, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Computer and equipment	\$ 48,552	\$ 41,595
Furniture and fixtures	20,274	20,212
Leasehold improvements	2,528	2,528
Less: accumulated depreciation	<u>(64,754)</u>	<u>(62,405)</u>
Property and equipment - net	<u>\$ 6,600</u>	<u>\$ 1,930</u>

NOTE 9. BENEFIT OBLIGATIONS

The Plan's benefit obligations at November 30, 2024 and 2023 for claims payable are claims reported by participants to the Plan but not yet paid at year end. Claims incurred but not reported at year end were estimated by the Plan's consultant based on claims experience.

NOTE 10. POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan provides certain health care coverage to eligible retirees and their dependents.

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributable to employee service rendered to November 30, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for: (i) currently retired or terminated employees and their beneficiaries and dependents and (ii) active employees and their beneficiaries and dependents after retirement from service with the participating employers.

Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

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

Accounting principles generally accepted in the United States of America require that the Plan include the actuarial present value of postretirement benefit obligations in the benefit obligations of the Plan.

The following are significant assumptions used in the postretirement benefit obligation valuations as of November 30, 2024 and 2023:

Mortality:

Healthy:	RP-2000 Combined Blue Collar Mortality Table for males and females.
Disabled:	Headcount-Weighted RP-2014 Disabled Retiree Mortality Table, adjusted backwards to the base year (2006) with generational projection using Scale MP-2017 for both 2024 and 2023.
Discount rate:	5.00% for 2024 and 5.25% for 2023.

NOTE 10. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Retirement rates:

Active participants eligible for retirement are assumed to retire based on the following table for 2024 and 2023:

<u>Age</u>	<u>2024 Rates</u>	<u>Age</u>	<u>2023 Rates</u>
60	2-5%	60	2-5%
61-62	7-15%	61-62	7-15%
63	7-40%	63	7-40%
64	7-15%	64	7-15%
65-68	10-30%	65-68	10-30%
69	15-30%	69	15-30%
70	50-100%	70	50-100%
71	100%	71	100%

For measurement purposes, health trend rates assumed for 2024 and 2023 included:

- 1) Medical and Hospital of 8.00% in 2024 graded to 4.50% in 14 years (previously 7.00% graded to 4.50% over 10 years);
- 2) Prescription drugs of 10.00% in 2025 graded to 4.50% over 22 years (previously 8.75% graded to 4.50% in 17 years);
- 3) Part D subsidy of 4.50% (previously 8.75% in 2025 graded to 4.50% over 17 years);
- 4) Dental and Vision of 3.00%; and
- 5) Part B premium of 6.20% until 2033, then 5.75% grading down by .25% until 4.5%

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

Valuation assumption changes decreased obligations by \$922,834. This was the net result of (1) a decrease in obligations due to revising the valuation-year per capita health costs and the future trend on such costs, (2) a decrease in obligations due to revising the retiree contribution rates, (3) an increase in obligations due to lowering the discount rate. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

If the assumed rates increased by one percentage point in each year, it would increase the obligation by \$401,440 and \$452,192 as of November 30, 2024 and 2023, respectively.

NOTE 10. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Medicare Part D

To encourage employers and union plans to continue providing high quality prescription drug coverage to their eligible retiree participants, Medicare created the Retiree Drug Subsidy Program (RDS Program). The RDS Program provides sponsors of qualified retiree prescription drug plans, including union health funds, retiree drug subsidies if they provide coverage that is at least actuarially equivalent to the standard Medicare Part D drug benefit.

The RDS Program provides plan sponsors with a tax-free subsidy payment of a percentage of allowable retiree prescription drug costs attributable to gross prescription drug costs between the cost threshold and the cost limit per qualifying covered retiree. The Plan is qualified under the RDS Program.

During the years ended November 30, 2024 and 2023, the Plan recorded subsidy income of \$5,797 and \$6,767 respectively. The Medicare subsidy reduced the change in the Plan's benefit obligation by approximately \$17,500 and \$33,000 for the years ended November 30, 2024 and 2023, respectively.

Retiree Contributions

The costs of the postretirement plan are jointly shared by the Plan's participating employers and retirees. In addition to deductibles and co-payments, retiree contributions are annually set at rates which are intended to cover a specified share of the Plan's estimated cost of providing benefits. The cost sharing arrangements are as follows:

<u>Participants Retiring</u>	<u>Retiree Contribution</u>
Prior to June 1, 1984 (Plan I):	None.
June 1, 1984 - May 31, 1987 (Plan II):	Retirees contribute 50% of the estimated cost of major medical (excluding benefits payable by Medicare) and prescription drug benefits. Dental and vision benefits are fully funded by the Plan up to \$100 or \$40 maximum, respectively.

NOTE 10. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Participants Retiring	Retiree Contribution
June 1, 1987 - May 31, 1990 (Plan III):	<p>Retirees contribute 100% of the estimated benefit costs up to age 61.</p> <p>Retirees between the ages of 62 and 71 contribute 50% of the estimated cost of major medical (excluding benefits payable by Medicare). Prescription drug, dental, and vision benefits are fully funded by the Plan.</p> <p>Retirees over age 71 contribute 100% of the estimated benefit costs.</p>
June 1, 1990 - December 31, 1993 (Plan IV):	<p>Retirees contribute 100% of the estimated benefit costs up to age 64.</p> <p>Retirees between the ages of 65 and 74, and with 15 or more years of service, contribute 50% of the estimated cost of major medical (excluding benefits payable by Medicare) and prescription drug benefits. Those with fewer than 15 years of service contribute 100%. Dental and vision benefits are fully funded by the Plan.</p> <p>Retirees over the age of 75 contribute 100% of the estimated benefit costs.</p>
January 1, 1994 to present (Plan V):	<p>Retirees under the age 65 contribute 110% of the projected COBRA rate.</p> <p>Retirees over the age of 65 contribute 100% of the estimated benefit costs.</p>
April 1, 2000 and thereafter (Grand union Long Island retirees only) (Plan VI):	<p>Rates equal to Plan V rates.</p>

NOTE 10. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)**Modified Retiree Benefit Obligation**

In an effort to monitor the Plan's estimated postretirement obligation for participants in Plans I-IV, as of November 30, 2005, the trustees requested that the Plan's actuary calculate the obligation utilizing a more conservative medical inflation assumption (10.5% in 2005) than that used for financial statement purposes (8.0% in 2005). The initial calculation (\$5,400,000) represents the deemed assets necessary to be set aside at the time to fully fund the Plan I-IV obligations. The deemed assets are rolled forward annually utilizing actual experience.

The value of Plans I-IV deemed assets are as follows at November 30, 2024 and 2023:

	November 30, 2024	
	2024	2023
Beginning of year	\$ 4,290,709	\$ 4,206,578
Retiree co-pay contributions	21,191	26,123
Pro-rata investment income	174,515	114,426
Benefits paid	(43,577)	(51,289)
Expense load	(4,358)	(5,129)
Net decrease	147,771	84,131
End of year	\$ 4,438,480	\$ 4,290,709

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits as reported on the financial statements	\$ 14,835,686	\$ 13,777,560
Claims currently payable, insurance premiums payable and claims incurred but not reported	(7,354,614)	(5,769,783)
Net assets available for benefits as reported on Form 5500	\$ 7,481,072	\$ 8,007,777

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

The following is a reconciliation of cost of benefits per the financial statements to the Form 5500:

Benefits paid to or for participants per the financial statements	\$ 33,037,751
Add - amounts currently payable at end of year	7,354,614
Less - amounts currently payable at beginning of year	<u>(5,769,783)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 34,622,582</u>

NOTE 12. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are equal to \$3.22 per covered life for the 2024 calendar year and \$3.00 for the 2023 calendar year. Thereafter, the fee will be indexed based on increases in the projected per capita amount of national health expenditures. For the years ended November 30, 2024 and 2023, the Plan paid \$12,651 and \$11,268 in PCORI fees, respectively.

NOTE 13. CONTINGENT LIABILITY

The New Jersey Department of Medicaid (the Department) has demanded payment of approximately \$3,400,000 from all of the UFCW Local 1262 Welfare Benefit Funds for alleged secondary payer liability for Medicaid claims paid by the Department. The Funds and the Department have discussed settlement and, although no agreement has been reached, the Funds are investigating the Department's claims. Any potential liability cannot be estimated at this time. The financial statements reflect no adjustment for this matter.

NOTE 14. RISKS AND UNCERTAINTIES

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

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

NOTE 15. CONCENTRATION OF CREDIT RISK

Employer contributions receivable consist of contributions due from employers in the food and retail industry. At November 30, 2024 and 2023, one employer represented approximately 47% and 74%, respectively, of employer contributions receivable. In connection with the participants of the Plan, one employer's contributions represented approximately 97% of total contributions for each of the years ended November 30, 2024 and 2023.

NOTE 16. REFUNDS

Refunds due from the Plan's Prescription Benefit Manager (PBM) are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable. Pharmacy rebates totaling \$3,095,286 and \$2,517,462 have been included in rebates and settlements in the accompanying schedules of benefits paid for the years ended November 30, 2024 and 2023, respectively.

Refunds due from the Plan's Stop Loss insurance carrier are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable. Stop Loss recoveries totaling \$265,174 and \$414,082 have been included in the accompanying schedules of benefits paid for the years ended November 30, 2024 and 2023, respectively.

NOTE 17. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 10, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

SCHEDULES OF BENEFITS PAID

YEARS ENDED NOVEMBER 30, 2024 AND 2023

	2024	2023
SELF-INSURED CLAIMS		
Medical and hospital	\$ 25,162,262	\$ 21,272,040
Prescription	7,566,760	8,043,794
Dental	670,362	698,225
Retiree benefits		
Groups I -III	18,974	9,633
Group IV	36,966	33,781
Group V-VI	426,586	477,181
Total self-insured claims	33,881,910	30,534,654
VISION PREMIUMS	154,104	153,671
LEGAL BENEFITS	187,155	187,222
GROUP LIFE INSURANCE	133,151	131,501
STOP LOSS INSURANCE PREMIUMS	800,499	942,566
PUBLIC GOODS POOL	18,981	22,612
SERVICE FEES		
Medical and hospital	1,182,138	837,476
Dental	80,243	101,721
Prescription	127,629	79,226
Total service fees	1,390,010	1,018,423
STOP LOSS RECOVERIES	(265,174)	(414,082)
REBATES AND SETTLEMENTS	(3,262,885)	(2,700,694)
Total benefits paid	\$ 33,037,751	\$ 29,875,873

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED NOVEMBER 30, 2024 AND 2023

	2024	2023
Payroll	\$ 391,147	\$ 386,687
Third-party administration	176,785	170,564
Computer	153,392	165,316
Actuarial and consulting	131,974	142,966
Employee benefits	118,738	125,452
Legal fees	94,399	142,805
Audit fees	42,000	42,000
Payroll taxes	34,147	32,550
Communication to participants	29,001	26,416
Rent	27,445	28,759
Telephone	22,702	20,658
Insurance	18,267	18,018
Office	12,928	8,786
Postage	9,098	10,584
Office equipment rental	6,445	7,304
Compliance auditing	5,000	3,806
Bank fees	4,571	9,774
Conferences and meetings	3,298	8,143
Depreciation	2,349	1,049
Printing	1,740	1,351
Data processing	717	7,607
	\$ 1,286,143	\$ 1,360,595

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

NOVEMBER 30, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 23-7042767
Plan No. 501

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity	Cost	Current Value	
				Value or Shares			
<u>Item 1c(1)- Interest-bearing cash:</u>							
* First American Institutional Prime Obligations Fund	MMA	Demand	Variable	%	157,812	\$ 157,799	\$ 157,812
* First American Treasury Obligations Fund	MMA	Demand	Variable		161,810	161,810	161,810
Wells Fargo Money Market	MMA	Demand	Variable		19,212	19,212	19,212
Total interest-bearing cash					<u>338,821</u>	<u>338,834</u>	
<u>Item 1c(2)- United States Government</u>							
<u>& Government Agency obligations</u>							
Federal Home Loan Mortgage Corporation	Bond	08/25/25	3.750		37,132	40,097	36,832
Federal Home Loan Mortgage Corporation	Bond	12/25/25	2.995		40,000	39,288	39,410
Federal Home Loan Mortgage Corporation	Bond	03/25/26	2.673		49,774	50,790	48,615
Federal Home Loan Mortgage Corporation	Bond	07/01/29	2.500		9,022	9,140	8,737
Federal Home Loan Mortgage Corporation	Bond	10/01/29	3.000		8,984	9,337	8,720
Federal Home Loan Mortgage Corporation	Bond	09/01/30	3.000		8,193	8,477	7,914
Federal Home Loan Mortgage Corporation	Bond	12/01/30	3.000		9,507	9,898	9,171
Federal Home Loan Mortgage Corporation	Bond	06/25/32	2.920		60,000	53,968	53,852
Federal Home Loan Mortgage Corporation	Bond	07/15/32	6.250		30,000	35,037	33,967
Federal Home Loan Mortgage Corporation	Bond	04/01/37	2.500		46,149	42,753	42,697
Federal Home Loan Mortgage Corporation	Bond	09/01/37	4.500		37,399	38,018	36,974
Federal Home Loan Mortgage Corporation	Bond	10/01/37	4.000		38,861	38,834	37,771
Federal Home Loan Mortgage Corporation	Bond	10/01/37	4.500		71,706	71,775	70,870
Federal Home Loan Mortgage Corporation	Bond	02/01/38	5.500		52,226	51,797	52,896
Federal Home Loan Mortgage Corporation	Bond	03/01/38	4.500		11,085	10,889	10,969
Federal Home Loan Mortgage Corporation	Bond	03/01/38	5.000		47,601	47,586	47,761
Federal Home Loan Mortgage Corporation	Bond	04/01/39	5.000		29,462	29,264	29,530
Federal Home Loan Mortgage Corporation	Bond	05/01/39	5.000		86,786	87,425	86,985
Federal National Mortgage Association	Bond	08/25/25	0.375		25,000	24,920	24,285
Federal National Mortgage Association	Bond	11/01/29	3.000		7,717	8,015	7,476
Federal National Mortgage Association	Bond	08/05/30	0.875		150,000	142,317	125,244
Federal National Mortgage Association	Bond	11/15/30	6.625		70,000	87,344	78,930
Federal National Mortgage Association	Bond	08/01/32	3.000		10,831	11,211	10,368
Federal National Mortgage Association	Bond	07/01/37	3.500		25,294	25,466	24,227
Federal National Mortgage Association	Bond	07/01/37	4.000		61,984	61,997	60,311
Federal National Mortgage Association	Bond	10/01/37	5.000		26,044	26,213	26,104
Federal National Mortgage Association	Bond	11/01/37	4.000		26,284	25,929	25,567
Federal National Mortgage Association	Bond	04/01/38	5.500		28,874	28,991	29,245
Federal National Mortgage Association	Bond	05/01/38	5.000		24,446	24,599	24,502
Federal National Mortgage Association	Bond	09/01/38	6.000		61,739	62,179	63,007
United States Treasury	Note	07/31/31	4.125		70,000	72,650	69,961
United States Treasury	Note	02/15/34	4.000		85,000	82,407	83,718
United States Treasury	Note	08/15/26	1.500		70,000	64,638	66,894
United States Treasury	Note	09/30/26	1.625		35,000	36,123	33,428
United States Treasury	Note	11/15/26	2.000		130,000	125,070	124,714

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity	Cost	Current Value	
				Value or Shares			
<u>Item 1c(2)- United States Government</u>							
<u>& Government Agency obligations (continued):</u>							
United States Treasury	Note	02/15/28	2.750	% 145,000	\$ 150,908	\$ 139,093	
United States Treasury	Note	11/15/28	3.125	75,000	74,011	72,328	
United States Treasury	Note	05/15/29	2.375	145,000	152,298	134,963	
United States Treasury	Note	02/15/30	1.500	100,000	98,388	87,875	
United States Treasury	Note	08/15/30	0.625	200,000	192,277	164,790	
United States Treasury	Note	11/30/30	4.375	100,000	101,620	101,309	
United States Treasury	Note	02/15/31	1.125	170,000	162,149	142,807	
United States Treasury	Note	08/15/31	1.250	185,000	173,629	153,983	
United States Treasury	Note	08/15/32	2.750	150,000	134,246	136,149	
United States Treasury	Note	11/15/32	4.125	135,000	138,802	134,810	
United States Treasury	Note	05/15/33	3.375	160,000	155,090	150,901	
Total United States Government & Government Agency obligations					3,117,860	2,960,660	
<u>Item 1c(4)b- Corporate obligations:</u>							
Abbott Laboratories	Bond	11/30/26	3.750	65,000	74,124	64,288	
AbbVie Inc.	Bond	03/15/31	4.950	45,000	45,076	45,555	
Adobe Inc.	Bond	02/01/27	2.150	15,000	15,688	14,327	
Adobe Inc.	Bond	04/04/29	4.800	45,000	44,834	45,687	
Aecom	Bond	03/15/27	5.125	95,000	92,844	94,314	
Air Products and Chemicals Inc.	Bond	02/08/34	4.850	25,000	24,932	25,049	
Allstate Corp.	Bond	12/15/25	0.750	40,000	39,661	38,447	
Amazon Com Inc.	Bond	08/22/27	3.150	45,000	47,705	43,678	
American Water	Bond	03/01/25	3.400	10,000	10,782	9,962	
Amphenol Corp.	Bond	03/30/26	4.750	55,000	54,877	55,037	
Analog Devices Inc.	Bond	04/01/25	2.950	25,000	27,206	24,844	
Anheuser Busch	Bond	01/23/29	4.750	45,000	48,378	45,445	
Apple Inc.	Bond	09/11/26	2.050	35,000	36,657	33,635	
Applied Materials Inc.	Bond	06/15/29	4.800	25,000	24,922	25,348	
AT&T Inc.	Bond	06/01/27	2.300	55,000	52,210	52,023	
Automatic Data	Bond	05/15/28	1.700	40,000	40,233	36,704	
Automatic Data	Bond	09/09/34	4.450	20,000	20,109	19,443	
Avery Dennison Corp.	Bond	12/06/28	4.875	55,000	59,279	55,334	
Bank Of America	Bond	01/20/28	3.824	25,000	28,633	24,525	
Bank Of America	Bond	11/15/28	4.980	20,000	19,997	20,195	
Boyd Gaming Corp.	Bond	12/01/27	4.750	95,000	90,525	92,754	
Bristol Myers Squibb	Bond	02/01/31	5.750	50,000	50,683	52,833	
Brown Forman Corp.	Bond	04/15/33	4.750	30,000	30,142	29,981	
Canadian National	Bond	07/15/28	6.900	50,000	66,183	54,058	
Canadian Pacific	Bond	06/01/28	4.000	35,000	34,352	34,325	
Capital One	Bond	03/15/27	2.800	45,000	44,997	44,759	
Care Capital	Bond	08/15/26	5.125	95,000	90,151	95,071	
Carpenter Technology Corporation	Bond	07/15/28	6.375	95,000	94,570	95,314	
Caterpillar Financial Mtn	Bond	05/15/26	4.350	55,000	54,514	54,958	
Cboe Global Mkts Inc.	Bond	12/15/30	1.625	40,000	39,488	33,496	
Cdw LLC Cdw Finance	Bond	05/01/25	4.125	95,000	92,598	94,400	
Centene Corp Del Sr.	Bond	12/15/27	4.250	95,000	86,702	91,866	
Century Communities Inc.	Bond	06/01/27	4.250	90,000	90,585	90,540	
Charter Comm Opt LLC	Bond	07/23/25	4.908	95,000	95,437	94,949	
Cincinnati Gas Elec	Bond	06/01/25	6.900	25,000	31,413	25,222	
Cintas Corporation	Bond	04/01/27	3.700	65,000	68,108	63,826	
Citigroup Inc.	Bond	10/21/26	3.200	30,000	28,497	29,176	
Cleveland Cliffs Inc.	Bond	06/01/27	5.875	90,000	89,779	90,170	

(a)	(b)	(c)				(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value						
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value	
<u>Item 1c(4)b- Corporate obligations (continued):</u>								
	CNH Industrial	Bond	01/12/29	5.500	% 25,000	\$ 24,850	\$ 25,643	
	Comcast Corp	Bond	10/15/30	4.250	60,000	58,600	58,603	
	Connecticut Light and Power	Bond	12/01/25	0.750	40,000	39,051	38,513	
	Conoco Inc.	Bond	04/15/29	6.950	50,000	54,649	54,859	
	Crown Amer Cap Corp.	Bond	02/01/26	4.750	100,000	101,639	99,153	
	Cummins Inc.	Bond	02/20/34	5.150	30,000	30,153	30,803	
	Daimler Trucks	Bond	03/15/27	5.900	45,000	44,999	45,451	
	Dep Midstream	Bond	07/15/25	5.375	50,000	55,313	50,083	
	Dicks Sporting Goods	Bond	01/15/32	3.150	20,000	20,024	17,724	
	Duke Energy	Bond	01/15/34	4.850	40,000	39,705	39,924	
	Eaton Corp Ohio Sr.	Bond	03/15/33	4.150	45,000	42,834	43,316	
	Ecolab Inc.	Bond	01/15/28	5.250	40,000	40,460	41,051	
	Eli Lilly and Co.	Bond	02/09/27	4.500	55,000	54,971	55,225	
	Emerson Electric Co.	Bond	10/15/27	1.800	40,000	40,732	37,256	
	Encompass Health Corp.	Bond	02/01/30	4.750	100,000	97,027	96,796	
	Enlink Midstream	Bond	06/01/25	4.150	90,000	85,853	89,473	
	Exxon Mobil	Bond	08/16/29	2.440	50,000	49,996	45,869	
	Fiserv Inc.	Bond	03/15/30	4.750	15,000	14,966	14,950	
	Florida Power & Light Co.	Bond	04/01/28	5.050	65,000	64,386	66,152	
	General Motors Financial Company Inc.	Bond	01/08/26	1.250	65,000	64,734	62,503	
	Georgia Pacific Corp.	Bond	12/01/25	7.375	50,000	59,791	51,317	
	Georgia Pwr Co.	Bond	05/16/28	4.650	50,000	50,075	50,156	
	Glp Capital LP Fin.	Bond	06/01/25	5.250	65,000	68,786	64,947	
	Glp Capital LP Fin.	Bond	04/15/26	5.375	30,000	29,862	30,005	
	GXO Logistics, Inc.	Bond	05/06/29	6.250	85,000	86,414	87,975	
	H.B. Fuller Company	Bond	10/15/28	4.250	95,000	89,876	90,003	
	HCA Inc.	Bond	02/15/26	5.875	45,000	45,131	45,350	
	Hershey Company	Bond	08/21/25	3.200	65,000	70,028	64,386	
	Hillenbrand Inc.	Bond	09/15/26	5.000	90,000	97,122	89,899	
	Hilton Worldwide Fin.	Bond	04/01/27	4.875	95,000	96,792	94,474	
	Home Depot Inc.	Bond	06/25/26	5.150	20,000	19,992	20,224	
	Home Depot Inc.	Bond	09/30/26	4.950	40,000	40,002	40,377	
	Icahn Enterprises	Bond	05/15/26	6.250	50,000	48,521	49,275	
	Icahn Enterprises	Bond	05/15/27	5.250	45,000	41,744	43,259	
	Illinois Tool Work	Bond	11/15/26	2.650	65,000	63,688	63,018	
	Intel Corp.	Bond	08/05/27	3.750	35,000	34,909	34,100	
	Jacobs	Bond	08/18/28	6.350	25,000	25,080	26,196	
	John Deere	Bond	03/15/28	5.180	15,000	14,998	15,097	
	John Deere	Bond	11/15/28	3.730	15,000	14,999	15,136	
	Kenvue Inc.	Bond	03/22/26	5.350	55,000	54,984	55,579	
	Keurig Dr Pepper Inc.	Bond	03/15/31	5.200	45,000	44,509	45,919	
	Kimberly Clark Corp.	Bond	11/01/28	3.950	60,000	63,429	59,084	
	Lamar Media Corp.	Bond	02/15/28	3.750	95,000	85,899	90,132	
	Lauder Estee	Bond	05/15/33	4.650	15,000	14,746	14,578	
	Lockheed Martin Corp.	Bond	02/15/29	4.500	50,000	49,987	49,953	
	Master Card Inc.	Bond	05/09/34	4.875	20,000	20,708	20,150	
	Molson Coors Brewing	Bond	07/15/26	3.000	40,000	38,681	38,934	
	Mondelez International Inc.	Bond	03/17/27	2.625	65,000	60,803	62,288	
	National Rural Utilities	Bond	03/15/30	2.400	45,000	43,994	40,149	
	NMI Holdings, Inc.	Bond	08/15/29	6.000	90,000	89,553	91,259	
	Nvent Finance	Bond	04/15/28	4.550	20,000	22,469	19,867	
	Oge Energy Corp.	Bond	05/15/29	5.450	40,000	40,285	41,044	
	OneMain Finance Corp.	Bond	01/15/27	3.500	35,000	32,891	33,624	

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b- Corporate obligations (continued):</u>							
	OneMain Finance Corp.	Bond	09/15/28	3.875	% 60,000	\$ 55,573	\$ 55,972
	Oracle Corp.	Bond	11/09/29	6.150	25,000	25,789	26,535
	O'Reilly Automotive Inc.	Bond	06/01/29	3.900	55,000	52,748	53,260
	Paccar Financial Corp.	Bond	11/09/26	5.200	25,000	24,966	25,367
	Paccar Financial Corp.	Bond	08/06/27	4.450	15,000	14,980	15,044
	Pacific Gas and Electric Co.	Bond	06/15/32	5.900	15,000	15,244	15,674
	Penske Automotive	Bond	09/01/25	3.500	95,000	96,312	93,735
	Pepsico Inc.	Bond	03/19/30	2.750	60,000	61,085	55,030
	PG&E Energy	Bond	07/15/33	1.460	36,259	36,258	32,814
	Progressive	Bond	03/15/32	3.000	35,000	30,531	31,395
	Public Service Company of Colorado	Bond	05/15/25	2.900	25,000	25,517	24,752
	Public Service Electric and Gas Co.	Bond	03/01/34	5.200	40,000	40,193	40,937
	Public Storage Operating Co.	Bond	08/01/33	5.100	25,000	24,798	25,411
	Quanta Svcs Inc.	Bond	08/09/27	4.750	25,000	24,941	25,010
	Republic Services	Bond	05/15/28	3.950	60,000	57,268	58,716
	Roper Technologies	Bond	02/15/32	4.750	35,000	35,098	34,669
	SBA Communications	Bond	02/15/27	3.875	95,000	96,654	92,283
	Service Corp Intl.	Bond	12/15/27	4.625	95,000	89,592	93,380
	Silgan Holdings Inc.	Bond	02/01/28	4.125	98,000	88,687	94,253
	SLM Corporation	Bond	10/29/25	4.200	40,000	41,394	39,425
	SLM Corporation	Bond	11/02/26	3.125	60,000	59,325	57,106
	Springleaf Finance	Bond	03/15/26	7.125	10,000	10,175	10,216
	Starwood Property	Bond	03/15/25	4.750	47,000	48,749	47,014
	Sunoco LP	Bond	04/15/27	6.000	95,000	98,938	95,125
	T Mobile USA Inc.	Bond	04/15/25	3.500	35,000	38,128	34,816
	Tegna Inc.	Bond	03/15/28	4.625	95,000	85,463	90,308
	Teleflex Inc.	Bond	11/15/27	4.625	100,000	94,932	97,851
	Tenet Healthcare	Bond	10/01/27	5.125	45,000	44,231	44,586
	Tenet Healthcare	Bond	06/01/29	4.250	55,000	50,838	51,939
	Teva Pharmaceuticals	Bond	10/01/26	3.150	55,000	49,185	52,659
	Teva Pharmaceuticals	Bond	05/09/27	4.750	20,000	19,125	19,541
	Teva Pharmaceuticals	Bond	03/01/28	6.750	15,000	15,112	15,426
	Texas Instruments Inc.	Bond	02/08/27	4.600	30,000	29,960	30,166
	Transcont Gas Pipe	Bond	03/15/28	4.000	20,000	21,503	19,588
	Under Armour Inc.	Bond	06/15/26	3.250	95,000	94,402	91,951
	Union Pacific	Bond	05/14/26	3.227	59,040	59,627	57,681
	United Parcel	Bond	03/03/33	4.875	40,000	40,507	40,343
	United Rentals	Bond	05/15/27	5.500	88,000	89,617	87,967
	Ventas Realty	Bond	03/01/28	4.000	20,000	19,490	19,576
	Verizon Master Trust	Bond	08/20/30	4.170	30,000	29,992	29,806
	Vici Properties LP	Bond	02/15/28	4.750	30,000	29,000	29,824
	Visa Inc.	Bond	12/14/25	3.150	20,000	21,577	19,737
	Vulcan Materials Company	Bond	12/01/29	4.950	25,000	24,994	25,208
	Waste Management Inc.	Bond	04/15/32	4.150	45,000	44,616	43,386
	Wells Fargo Company	Bond	04/22/26	3.000	45,000	42,269	43,954
	Western Digital Corp	Bond	02/15/26	4.750	90,000	94,554	89,308
	Western LP	Bond	02/01/25	3.100	70,000	68,501	69,714
	Wisconsin Electric	Bond	06/01/25	3.100	20,000	20,304	19,847
	Wisconsin Electric	Bond	05/19/29	5.000	35,000	35,119	35,666
	Wisconsin Electric	Bond	10/01/34	4.600	20,000	20,110	19,631
	WW Grainger Inc.	Bond	02/15/25	1.850	20,000	20,246	19,875
	WW Grainger Inc.	Bond	09/15/34	4.450	30,000	30,081	29,349
	Wyndham Worldwide	Bond	10/01/25	6.600	40,000	41,825	40,267

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b- Corporate obligations (continued):</u>							
	Wyndham Worldwide	Bond	04/01/27	6.000	% 50,000	\$ 48,500	\$ 50,480
	Total corporate obligations					<u>7,151,184</u>	<u>7,056,212</u>
<u>Item 1c(5) Limited partnerships:</u>							
	Boyd Watterson State Government Fund, LP					<u>1,100,000</u>	<u>992,871</u>
<u>Item 1c(15)- Municipal obligations:</u>							
	Colorado Housing And Finance Authority	Bond	11/01/26	4.381	40,000	40,000	39,956
	Cities of Dallas and Fort Worth	Bond	11/01/26	2.256	40,000	40,000	38,415
	Honolulu Hawaii City and County Wastewater System	Bond	07/01/25	2.316	40,000	40,000	39,527
	Metro Wastewater Reclamation District Colorado	Bond	04/01/27	2.363	40,000	40,000	38,359
	Nebraska Public Power District	Bond	01/01/27	2.493	35,000	35,000	33,679
	New York State Urban Development Corp	Bond	03/15/28	3.270	55,000	54,535	53,326
	Total municipal obligations					<u>249,535</u>	<u>243,262</u>
	Total investments					<u>\$ 11,957,400</u>	<u>\$ 11,591,839</u>

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

**UFCW LOCAL 1262 AND EMPLOYERS
HEALTH AND WELFARE FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED NOVEMBER 30, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 23-7042767
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)	
* First American Institutional Prime Obligations Fund	\$ 1,080,205 N/A	N/A \$ 1,055,325	\$ 1,080,205 1,055,325	\$ 1,080,205 1,055,325	\$ 1,080,205 1,055,325	N/A \$ -
* First American Treasury Obligations Fund	1,475,471 N/A	N/A 1,341,626	1,475,471 1,341,626	1,475,471 1,341,626	1,475,471 1,341,626	N/A -
Wells Fargo Money Market	17,072,484	N/A	17,072,484	17,072,484	17,072,484	N/A
Wells Fargo Money Market	N/A	17,070,049	17,070,049	17,070,049	17,070,049	-

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

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

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

C If the plan is a collectively-bargained plan, check here

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan UFCW LOCAL 1262 & EMPLOYERS HEALTH & WELFARE FUND	1b Three-digit plan number (PN) ► 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES UFCW L 1262 & EMP H&W FD 1389 BROAD STREET CLIFTON NJ 07013	1c Effective date of plan 12/01/1968 2b Employer Identification Number (EIN) 23-7042767 2c Plan Sponsor's telephone number 973-778-5800 2d Business code (see instructions) 445110

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

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

SIGN HERE	<i>Harvey While</i>	<i>09/11/2025</i>	HARVEY WHILLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	3,191
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)	3,141
a (2) Total number of active participants at the end of the plan year	6a(2)	3,278
b Retired or separated participants receiving benefits	6b	48
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,326
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	5

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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 checked="" 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS