

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a single-employer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - an amended return/report
 - the final 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
 - special extension (enter description)
 - automatic extension
 - the DFVC program
- 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 <u>UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND</u>	1b Three-digit plan number (PN) ▶ <u>502</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>UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND</u> <u>3031 B WALTON ROAD</u> <u>PLYMOUTH MEETING, PA 19462-2388</u>	1c Effective date of plan <u>01/01/1994</u> 2b Employer Identification Number (EIN) <u>23-2757284</u> 2c Plan Sponsor's telephone number <u>610-941-9400</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.	10/01/2025	WENDELL W. YOUNG IV
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4643
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)	4643
	6a(2)	4554
	6b	
	6c	
	6d	4554
	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	9

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4P

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND	D Employer Identification Number (EIN) 23-2757284	

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

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

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

HEALTHCARE STRATEGIES INC

3031 B WALTON ROAD
PLYMOUTH MEETING, PA 19462

23-2848954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	12942	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)

WELLS FARGO

2801 MARKET STREET
SAINT LOUIS, MO 63103

23-2384840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 28	NONE	11297	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND	D Employer Identification Number (EIN) 23-2757284

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5479	5497
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8250	8637
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	169757	171472
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	291357	327690
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	989062	1101175
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	105974	106294
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1569879	1720765
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	8920	10172
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8920	10172
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1560959	1710593

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)	50852	
(B) Participants.....	2a(1)(B)		
(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)		50852
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4779	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	15833	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		20612
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	22544	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4875	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		27419
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	175000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	174740	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		260
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	99372	
(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		198515

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9340	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9340
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	12942	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	3600	
(5) Investment advisory and investment management fees	2i(5)	11297	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	11702	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		39541
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		149634
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: ALAN ROSS & COMPANY, PC

(2) EIN: 20-5367494

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	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

FINANCIAL REPORT

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
UFCW Local 1776 and Participating Employers
Housing Trust Fund
Plymouth Meeting, Pennsylvania

Opinion

We have audited the financial statements of UFCW Local 1776 and Participating Employers Housing Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, 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 of UFCW Local 1776 and Participating Employers Housing Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of UFCW Local 1776 and Participating Employers Housing Trust Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW Local 1776 and Participating Employers Housing Trust Fund ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures, responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of UFCW Local 1776 and Participating Employers Housing Trust Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW Local 1776 and Participating Employers Housing Trust Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information and the Schedule of Administrative Expenses are the responsibility of management and were derived from and relate 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Bliss + Company P.C.

Reading, Pennsylvania
September 29, 2025

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
ASSETS		
INVESTMENTS, at fair value		
Common stock	\$ 1,101,175	\$ 989,062
Corporate bonds	327,690	291,357
Mutual funds	106,294	105,974
Cash	171,472	169,757
	<u>1,706,631</u>	<u>1,556,150</u>
RECEIVABLES		
Employer contributions	5,497	5,479
Accrued interest and dividend income	3,626	3,177
	<u>9,123</u>	<u>8,656</u>
OTHER ASSETS		
Prepaid expense	<u>5,011</u>	<u>5,073</u>
Total assets	<u>1,720,765</u>	<u>1,569,879</u>
LIABILITIES		
Accounts Payable	<u>10,172</u>	<u>8,920</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,710,593</u></u>	<u><u>\$ 1,560,959</u></u>

The Accompanying Notes are an Integral Part of these Financial Statements.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Employer Contributions	\$ 50,852	\$ 51,688
Investment Income		
Net appreciation in fair value of investments	99,632	75,642
Interest	20,612	19,308
Dividends	27,419	22,659
	147,663	117,609
Less: Investment expenses	(11,297)	(10,091)
Net investment income	136,366	107,518
Total additions	187,218	159,206
Deductions		
Benefits paid to participants	9,340	8,936
Administrative expenses	28,244	36,541
Total deductions	37,584	45,477
Net increase	149,634	113,729
Net Assets Available for Benefits		
Beginning of year	1,560,959	1,447,230
End of year	\$ 1,710,593	\$ 1,560,959

The Accompanying Notes are an Integral Part of these Financial Statements.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the UFCW Local 1776 and Participating Employers Housing Fund (the "Fund" or "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General:

The Fund is a multi-employer benefit plan established pursuant to a number of collective bargaining and participation agreements between various employers and UFCW Local 1776 (the "Local"). The Fund's purpose is to provide housing assistance to eligible participants under the terms of the agreement. It is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Operations of the Fund are under the joint control of labor and management trustees.

Benefits:

The Trustees approved a plan of benefits and provided notices to the participants. Participants may apply for a grant of \$2,000 to assist in paying for the closing costs of buying or refinancing a home by completing an application. Participants must meet certain requirements, including being actively employed at a participating employer and income limitations. It is expected to have two grant award opportunities each year. Each grant period will specify the timeframe of the purchase or refinance of the home. The number of grants awarded will be limited in order to maintain an appropriate level of investments for the Fund.

Eligibility:

All covered participants are eligible to participate in the programs, provided they meet the non-discriminatory criteria established by the Trustees.

Contributions:

Funding is provided through contributions by employers and income earned on Fund investments. Monthly contribution rates vary among employers according to the individual collective bargaining or participation agreement in effect.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Termination:

Although there is no intent to do so, the Trust Agreement provides for termination of the Fund subject to the provisions of the agreement and ERISA. Should the Fund terminate, the remaining assets would be used for the exclusive purpose of providing benefits to eligible participants.

Note 2. Summary of Significant Accounting Policies

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of Keystone 74 Benefits and Administration ("KBA74"), the Fund's third-party administrator. The administrator performs various administrative functions necessary for the operations of the Fund, including the collection of contributions and payment for benefit provider fees and operating expenses.

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (continued)

Valuation of Investments and Income Recognition:

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date.

The difference between market and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

Investment transactions are recognized on trade-date basis. Interest income is recognized when earned and dividend income is recognized on the ex-dividend date.

Contributions Receivable:

Contributions receivable at December 31st represent contributions earned but not received at year-end as determined by subsequent collections. Since these contributions were received in the subsequent period, an allowance for doubtful accounts is unnecessary.

Pursuant to the collective bargaining agreements, the Trustees have the authority to conduct compliance audits of pertinent payroll records of signatory employers.

Benefit Obligations:

The Fund had no benefit obligations as of December 31, 2024 and 2023, so no Statement of Benefit Obligations or Statement of Changes in Benefit Obligations is presented.

Payment of Benefits:

Benefits are recorded when paid.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (continued)

Administrative Expenses:

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. See the Supplementary Schedule of Administrative Expenses for detail on the types and amounts of expenses incurred. Certain investment-related expenses are included in the net appreciation in fair value of investments and as a reduction to investment income on the statement of changes in net assets available for benefits.

Note 3. Income Taxes

The VEBA trust funding certain benefits of the Plan received an exemption letter from the IRS stating that the trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the Internal Revenue Code to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to 2022.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Risk and Uncertainties

Financial instruments, which potentially expose the Fund to concentrations of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and frequently maintains balances in excess of the federally insured limit of \$250,000.

The Fund invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration of risk is mitigated by diversification across a variety of financial instruments and investment strategies.

The Fund has two contributing employers which accounted for over 78% of total employer contributions for the year ended December 31, 2024.

Note 5. Investments

The assets of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price index.

The Fund's investments are held by Wells Fargo Bank, N.A. The Trustees have established a formal investment policy that includes selecting a professional investment advisor to manage investments as well as diversifying the investment portfolio between fixed-income and equity securities.

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:

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

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 asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common stocks and Mutual funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

The following tables set forth by level, within the fair value hierarchy, the plan's fair value measurements at December 31, 2024 and 2023.

	<i>Assets at Fair Value as of December 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 1,101,175	\$ -	\$ -	\$ 1,101,175
Corporate bonds		327,690	-	327,690
Mutual funds	106,294		-	106,294
Cash	13,027	158,445	-	171,472
Total investments	\$ 1,220,496	\$ 486,135	\$ -	\$ 1,706,631

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

	<i>Assets at Fair Value as of December 31, 2023</i>			
	Level 1	Level 2	Level 3	Total
Common stocks	\$ 989,062	\$ -	\$ -	\$ 989,062
Corporate bonds	-	291,357	-	291,357
Mutual funds	105,974	-	-	105,974
Cash	30,277	139,480	-	169,757
Total investments	\$ 1,125,313	\$ 430,837	\$ -	\$ 1,556,150

Note 7. Related Party Transactions

Certain assets of the Plan are managed by Wells Fargo Bank, N.A., the custodian as defined by the Plan. These transactions qualify as party-in-interest transactions.

The Plan is under the control of a Board of Trustees comprised of participating union members and employers and is administered by KBA74, an independent employee benefit administration and consulting firm and formerly by Healthcare Strategies, Inc. ("HSI"). Administrative expenses are paid by the Plan. During 2024, KBA74 replaced HSI as the contract administrator.

Certain administrative functions are performed by officers and employees of the Union. No such officer or employee receives compensation from the Plan.

Pursuant to a collective bargaining agreement ("CBA"), employees of KBA74 and HSI are participants of the Fund. As a result, KBA74 and HSI makes contributions to the Plan in such amounts and as such times as required by the CBA. These participants are entitled to receive benefits under the terms of the agreement.

Note 8. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 855 Subsequent Events, the Fund has evaluated events that occurred through September 29, 2025 which is the date these financial statements were available to be issued. There were no material events noted during the period that would impact the results reflected in these financial statements.

See Independent Auditors' Report.

SUPPLEMENTARY INFORMATION

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c) COST	(d) CURRENT VALUE
* CASH AND EQUIVALENTS	WELLS FARGO - CASH ALTERNATIVE FULTON BANK	\$ 13,027 158,445 <u>171,472</u>	\$ 13,027 158,445 <u>171,472</u>
CORPORATE BONDS	HEALTH CARE REIT INC CPN 4.000% DUE 06/01/25 HEALTHCARE TR OF AMER CPN 4.450 DUE 02/15/26 CONSTELLATION BRANDS INC CPN 5.000% DUE 02/02/26 CROWN CASTLE INTL CPN 4.450% DUE 02/15/26 HUNTINGTON BANCSHARES CPN 4.000% DUE 05/15/25 GENERAL MOTORS CPN 2.750% DUE 06/20/25	29,483 48,051 59,901 68,921 63,322 52,751 <u>322,429</u>	29,888 48,864 59,929 69,737 64,812 54,460 <u>327,690</u>
COMMON STOCK	3M CO ABBOTT LABORATORIES ABBVIE INC AMERICAN ELECTRIC POWER AUTOMATIC DATA PROCESSING BAXTER INTERNATIONAL INC BOEING CO BROADRIDGE FINANCIAL SOLUTIONS CAMPBELL SOUP COMPANY CARRIER GLOBAL CORP CHEVRON CORPORATION CISCO SYSTEMS INC COCA COLA COMPANY	6,186 4,021 4,360 7,132 3,534 5,707 16,174 433 12,715 1,381 6,461 16,851 4,298	12,909 22,622 35,540 18,446 29,273 5,832 44,250 5,652 12,564 5,120 14,484 47,360 12,452

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCK (CONT)			
		CORNING INC	12,385	28,512
		CORTEVA INC	2,848	9,455
		CUMMINGS INC	7,006	17,430
		CVS HEALTH COPORATION	3,212	2,245
		DOW INC	7,358	8,026
		DUPONT DE NEMOURS	8,194	12,658
		DXC TECHNOLOGY CO	1,348	500
		ESSENTIAL UTILS INC	8,400	22,700
		FLUOR CORP NEW	14,880	14,796
		GE AEROSPACE NEW	14,130	20,849
		GE HEALTHCARE TECHS INC	4,599	3,205
		GE VERNOVA LLC	3,561	10,197
		HALLIBURTON COMPANY	6,368	5,438
		HANES BRANDS INC	4,596	1,628
		HEWLETT-PACKARD COMPANY	3,750	6,405
		HEXCEL CORP NEW	5,574	4,703
		HONEYWELL INTERNATIONAL INC	15,103	16,942
		HP INC	5,718	9,789
		ILLINOIS TOOL WORKS INC	10,695	50,712
		INTEL CORP	12,723	12,030
		INTL PAPER CO	8,912	10,764
		INTL FLAVOR & FRAGRANCES	5,199	3,382
		JM SMUCKER CO	5,865	11,012
		KRAFT HEINZ CO	4,932	5,098
		L3HARRIS TECHNOLOGIES	5,379	8,411
		MICROSOFT CORP	12,216	210,750
		MONDELEZ INTL INC	9,640	29,865
		NEWELL BRANDS INC	11,005	3,984

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCK (CONT)			
		NEXTERA ENERGY INC	13,272	86,028
		ORACLE CORPORATION	8,079	41,660
		OTIS WORLDWIDE CORP	1,906	3,427
		PFIZER INCORPORATED	11,225	13,265
		PROCTER & GAMBLE CO	11,251	33,530
		QUEST DIAGNOSTICS INC	4,851	15,086
		RXT CORP	4,078	8,679
		SOLVENTUM CORP	1,136	1,652
		SOUTHERN COMPANY	6,360	16,464
		SYLVAMO CORP	497	1,422
		TAKEDA PHARMACEUTICAL CO LTD	2,759	1,920
		US BANCORP NEW	5,140	4,783
		VERIZON COMMUNICATIONS	5,444	7,998
		VIATRIS INC	615	771
		WABTEC	390	947
		WILLIAMS SONOMA INC	5,316	55,553
			<u>387,168</u>	<u>1,101,175</u>
	MUTUAL FUNDS			
		FIDELITY COLCHESTER STREET TRUST - TREASURY ONLY PORTFOLIO	106,294	106,294
			<u>106,294</u>	<u>106,294</u>
			<u>\$ 987,363</u>	<u>\$ 1,706,631</u>

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HOUSING TRUST FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES
For the Years Ended December 31, 2024 and 2023

	2024	2023
Administrative Expenses		
Administrative fees	\$ 12,942	\$ 13,049
Auditing & accounting fees	3,600	3,600
Postage and office expenses	5,401	13,477
Insurance premiums	5,133	5,216
Payroll tax	1,065	1,022
Payroll processing fees	103	177
	<hr/>	<hr/>
Total administrative expenses	<u>\$ 28,244</u>	<u>\$ 36,541</u>

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 23-2757284
FORM: 5500
PLAN: #502

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
*	CASH AND EQUIVALENTS	WELLS FARGO - CASH ALTERNATIVE FULTON BANK	\$ 13,027 158,445 <u>171,472</u>	\$ 13,027 158,445 <u>171,472</u>
	CORPORATE BONDS	HEALTH CARE REIT INC CPN 4.000% DUE 06/01/25 HEALTHCARE TR OF AMER CPN 4.450 DUE 02/15/26 CONSTELLATION BRANDS INC CPN 5.000% DUE 02/02/26 CROWN CASTLE INTL CPN 4.450% DUE 02/15/26 HUNTINGTON BANCSHARES CPN 4.000% DUE 05/15/25 GENERAL MOTORS CPN 2.750% DUE 06/20/25	29,483 48,051 59,901 68,921 63,322 52,751 <u>322,429</u>	29,888 48,864 59,929 69,737 64,812 54,460 <u>327,690</u>
	COMMON STOCK	3M CO ABBOTT LABORATORIES ABBVIE INC AMERICAN ELECTRIC POWER AUTOMATIC DATA PROCESSING BAXTER INTERNATIONAL INC BOEING CO BROADRIDGE FINANCIAL SOLUTIONS CAMPBELL SOUP COMPANY CARRIER GLOBAL CORP CHEVRON CORPORATION CISCO SYSTEMS INC COCA COLA COMPANY CORNING INC	6,186 4,021 4,360 7,132 3,534 5,707 16,174 433 12,715 1,381 6,461 16,851 4,298 12,385	12,909 22,622 35,540 18,446 29,273 5,832 44,250 5,652 12,564 5,120 14,484 47,360 12,452 28,512

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 23-2757284
FORM: 5500
PLAN: #502

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
	COMMON STOCK (CONT)	CORTEVA INC	2,848	9,455
		CUMMINGS INC	7,006	17,430
		CVS HEALTH COPORATION	3,212	2,245
		DOW INC	7,358	8,026
		DUPONT DE NEMOURS	8,194	12,658
		DXC TECHNOLOGY CO	1,348	500
		ESSENTIAL UTILS INC	8,400	22,700
		FLUOR CORP NEW	14,880	14,796
		GE AEROSPACE NEW	14,130	20,849
		GE HEALTHCARE TECHS INC	4,599	3,205
		GE VERNOVA LLC	3,561	10,197
		HALLIBURTON COMPANY	6,368	5,438
		HANES BRANDS INC	4,596	1,628
		HEWLETT-PACKARD COMPANY	3,750	6,405
		HEXCEL CORP NEW	5,574	4,703
		HONEYWELL INTERNATIONAL INC	15,103	16,942
		HP INC	5,718	9,789
		ILLINOIS TOOL WORKS INC	10,695	50,712
		INTEL CORP	12,723	12,030
		INTL PAPER CO	8,912	10,764
		INTL FLAVOR & FRAGRANCES	5,199	3,382
		JM SMUCKER CO	5,865	11,012
		KRAFT HEINZ CO	4,932	5,098
		L3HARRIS TECHNOLOGIES	5,379	8,411
		MICROSOFT CORP	12,216	210,750
		MONDELEZ INTL INC	9,640	29,865
		NEWELL BRANDS INC	11,005	3,984
		NEXTERA ENERGY INC	13,272	86,028
		ORACLE CORPORATION	8,079	41,660

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HOUSING TRUST FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

EIN: 23-2757284
FORM: 5500
PLAN: #502

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCK (CONT)	OTIS WORLDWIDE CORP	1,906	3,427
		PFIZER INCORPORATED	11,225	13,265
		PROCTER & GAMBLE CO	11,251	33,530
		QUEST DIAGNOSTICS INC	4,851	15,086
		RXT CORP	4,078	8,679
		SOLVENTUM CORP	1,136	1,652
		SOUTHERN COMPANY	6,360	16,464
		SYLVAMO CORP	497	1,422
		TAKEDA PHARMACEUTICAL CO LTD	2,759	1,920
		US BANCORP NEW	5,140	4,783
		VERIZON COMMUNICATIONS	5,444	7,998
		VIATRIS INC	615	771
		WABTEC	390	947
		WILLIAMS SONOMA INC	5,316	55,553
			<u>387,168</u>	<u>1,101,175</u>
	MUTUAL FUNDS	FIDELITY COLCHESTER STREET TRUST - TREASURY ONLY PORTFOLIO	106,294	106,294
			<u>106,294</u>	<u>106,294</u>
			<u>\$ 987,363</u>	<u>\$ 1,706,631</u>