



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2572
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2572
	<b>6a(2)</b>	2541
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	2541
	<b>6e</b>	
	<b>6f</b>	2541
	<b>6g(1)</b>	0
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>UNITED FOOD &amp; COMMERCIAL WORKERS LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF UFCW LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>02-0642001</b></p>	

**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  
**METROPOLITAN 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
13-5581829	65978	0160118	2210	01/01/2024	12/31/2024

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

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

(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
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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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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) ▶ ACCIDENTAL DEATH DISMEMBERMENT

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	176850
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>UNITED FOOD &amp; COMMERCIAL WORKERS LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF UFCW LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>02-0642001</b>

**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

**FIDELITY SECURITY LIFE INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>04-0949844</b>	<b>79413</b>	<b>00020</b>	<b>964</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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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>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	48472
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>UNITED FOOD &amp; COMMERCIAL WORKERS LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF UFCW LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>02-0642001</b></p>	

**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  
**BERKSHIRE HATHAWAY SPECIALTY 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
63-0202590	22276	47-MLS-000201-0	964	01/01/2024	12/31/2024

**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.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
(6) Total additions .....			<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....			<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	363663
<b>b</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. .... Specify nature of costs.	<b>10b</b>	

**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. ▶

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

<b>A</b> Name of plan <b>UNITED FOOD &amp; COMMERCIAL WORKERS LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF UFCW LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>02-0642001</b>	

**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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**(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)

LAPADULA CARLSON & CO.

65-0292391

(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		82343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(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		112166	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

GODWIN, MORRIS, LAURENZI & BLOOMFIE

62-1371542

(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		15671	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

NATIONAL EMPLOYEE BENEFIT ADMIN

65-0498809

(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		1042974	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MED EXPERT

1300 HANCOCK ST  
REDWOOD CITY, CA 94063

(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?
73 13 50		40352	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TOP DRAWER MEDIA SOLUTIONS

20-8789452

(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?
99 50		22271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

SEGAL SELECT INSURANCE

11555 HERON BAY BLVD  
SUITE 200  
CORAL SPRINGS, FL 33076

(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?
73 50		13606	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SMART DATA SOLUTIONS

960 BLUE GENTIAN RD  
EAGEN, MN 55121

(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?
99 50		6208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>			
<b>A</b> Name of plan <b>UNITED FOOD &amp; COMMERCIAL WORKERS LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>501</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRUSTEES OF UFCW LOCAL 1000 OKLAHOMA HEALTH AND WELFARE FUND</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN) <b>02-0642001</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>02-0642001</b>	
<b>D</b> Employer Identification Number (EIN) <b>02-0642001</b>			

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1123221	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	37708	31165
<b>(3)</b> Other .....	<b>1b(3)</b>	170560	157893
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1781146	2697499
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	7771120	7558786
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1519163	1532260
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	12402918	11977603
<b>Liabilities</b>			
g Benefit claims payable.....	1g	1495000	1929000
h Operating payables.....	1h	89259	84386
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1584259	2013386
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	10818659	9964217

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	6807058	
(B) Participants.....	2a(1)(B)	380986	
(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)		7188044
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42705	
(B) U.S. Government securities.....	2b(1)(B)	237670	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		280375
(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)	149690	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		149690
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	14304913	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	14248229	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		56684
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	12312	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		166092
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		7853197

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	6928363	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	540513	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7468876
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	850145	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	77400	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	18611	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	26708	
(7) Actuarial fees .....	<b>2i(7)</b>	113247	
(8) Legal fees .....	<b>2i(8)</b>	13927	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	14199	
(11) Other expenses .....	<b>2i(11)</b>	124526	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1238763
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		8707639

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-854442
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: LAPADULA CARLSON + CO.

(2) EIN: 65-0292391

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1000  
OKLAHOMA HEALTH & WELFARE FUND  
FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023  
TOGETHER WITH INDEPENDENT AUDITORS' REPORT**

**LAPADULA CARLSON+CO.  
CERTIFIED PUBLIC ACCOUNTANTS**

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees  
United Food and Commercial Workers Local 1000  
Oklahoma Health & Welfare Fund  
Oklahoma City, OK

### **Opinion**

We have audited the financial statements of the **United Food and Commercial Workers Local 1000 Oklahoma Health and Welfare Fund** (the “Fund” or “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 benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and 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 Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (“United States”).

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors’ Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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, 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 Fund’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## **Responsibilities of Management for the Financial Statements (continued)**

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.

## **Auditors' 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 auditing standards generally accepted in the United States 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 auditing standards generally accepted in the United States, 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 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 the 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 audits.

## Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

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.

Coral Gables, Florida  
May 21, 2025



*LaPadula, Carlson + Co.*

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**AND BENEFIT OBLIGATIONS**

**AS OF DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
<b>INVESTMENTS</b> , at fair value		
Corporate and foreign bonds	\$ 2,411,863	\$ 1,454,866
U.S. Government securities	5,146,923	6,316,254
Mutual funds	1,532,260	1,519,163
Money market fund	85,642	10,465
Total investments	9,176,688	9,300,748
<b>RECEIVABLES:</b>		
Employer contributions	-	1,123,221
Participant contributions	31,165	37,708
Prescription rebates	149,921	170,560
Other receivable	7,972	-
Total receivables	189,058	1,331,489
<b>CASH</b>	2,611,857	1,770,681
Total assets	11,977,603	12,402,918
<b>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>ACCOUNTS PAYABLE</b>	84,386	89,259
Net assets available for benefits	<b>11,893,217</b>	<b>12,313,659</b>
<b>BENEFIT OBLIGATIONS</b>		
<b>OBLIGATIONS FOR CURRENT BENEFIT</b>		
<b>COVERAGE</b> , at present value of estimated amounts:		
Claims payable and claims incurred but not reported	1,929,000	1,495,000
Hour bank	59,780	64,000
Total current benefit obligations	1,988,780	1,559,000
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>OVER BENEFIT OBLIGATIONS</b>	<b>\$ 9,904,437</b>	<b>\$ 10,754,659</b>

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.**

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**AND BENEFIT OBLIGATIONS**  
**FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<b>2024</b>	<b>2023</b>
<b>ADDITIONS:</b>		
Contributions -		
Employer	\$ 6,807,058	\$ 8,655,778
Participants	380,986	322,430
Total contributions	7,188,044	8,978,208
Investment income -		
Net appreciation in fair value of investments	235,088	474,405
Interest and dividends	430,065	196,793
Less: Investment expenses	(18,611)	(15,695)
Net investment income	646,542	655,503
Total additions	7,834,586	9,633,711
<b>DEDUCTIONS:</b>		
Benefits paid to or for participants	7,034,876	7,510,591
Administrative expenses	1,220,152	1,484,659
Total deductions	8,255,028	8,995,250
(Decrease) increase in net assets available for benefits	(420,442)	638,461
<b>NET (INCREASE) DECREASE IN OBLIGATIONS</b>		
<b>FOR CURRENT BENEFIT COVERAGE:</b>		
(Increase) decrease during the year is attributable to -		
Claims payable and claims incurred but not reported	(434,000)	71,000
Hour bank	4,220	9,000
(Increase) decrease in current benefit obligations	(429,780)	80,000
<b>NET (DECREASE) INCREASE</b>	(850,222)	718,461
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
<b>OVER BENEFIT OBLIGATIONS:</b>		
Beginning of year	10,754,659	10,036,198
End of year	<b>\$ 9,904,437</b>	<b>\$ 10,754,659</b>

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.**

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**NOTES TO FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**(1) DESCRIPTION OF THE FUND**

The following description of the **United Food and Commercial Workers Local 1000 Oklahoma Health & Welfare 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. Copies are available from National Employee Benefits Administrators, Inc. (“NEBA”), the Fund’s third-party administrator.

**General**

The Fund was formed pursuant to a Collective Bargaining Agreement (“CBA”) between Homeland Acquisition Corp. (“Employer”) and the United Food and Commercial Workers Local 1000 (“Local”). The purpose of the Fund is to provide health and welfare benefits to eligible participants and their dependents. The Fund 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 Plan provides eligible participants with comprehensive medical, vision, prescription drugs, dental, emergency care, immunization, x-ray, laboratory and doctor visits. Dependent coverage is optional. Additionally, the Plan offers short-term disability, life insurance and accidental death and dismemberment coverage up to \$20,000 depending on an employee's work classification.

Effective January 1, 2017, all participants are covered under UltraCare 1000, as described below.

Effective January 1, 2022, the Fund includes coverage for spouses. A participant may add their spouse during open enrollment.

**Initial eligibility**

Eligibility for each level of benefits is based on the terms and conditions of the Plan, as well as hours worked and length of employment.

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(1) DESCRIPTION OF THE FUND (CONTINUED)**

**Initial eligibility (continued)**

**UltraCare 1000**

- Variable Hour Employees - Medical benefits begin on the first day of the month following six (6) consecutive months of employment, provided the employee works at least 130 hours in the prior two-month period.
- Known Full-Time Employees - Medical benefits begin on the first day of the month following sixty (60) days of employment.
- Death benefits begin on the first day of the second month of employment. There is no hourly work requirement for this benefit.
- Participant must be actively at work to become eligible for benefits.

Eligibility is determined on a “skipped month basis”. Hours worked during a month are used to determine eligibility in the second month following hours worked, i.e., November hours provide eligibility for January.

Participant and dependent eligibility for benefits terminates on the day employment is terminated.

**Continuing eligibility**

Once the initial eligibility requirements are met, coverage continues on a month-to-month basis as long as contributions are made on behalf of an employee as follows:

- A participant will continue to be eligible for coverage if his/her monthly reported hours, including any hours withdrawn from their hour bank, equal at least 65.
- Hours worked in excess of 65 per month are credited to a participant’s hour bank for future use. See Note 2 of the financial statements for further description of the hour bank.

**COBRA**

A participant and covered dependent whose coverage is terminated due to a “qualifying event” are eligible to elect continuation of coverage through self-contributions, as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”), as amended.

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(1) DESCRIPTION OF THE FUND (CONTINUED)**

**Funding policy**

Funding is provided through employer and employee contributions (as prescribed in the CBA), contributions paid directly by participants, and income earned by the Fund's investments. Hourly employer contribution rate is as follows:

<u>Effective Date</u>	<u>Rate per Hour</u>
January 1, 2019	\$ 2.89

Pursuant to the CBA, effective January 1, 2022, in order to obtain coverage, participants are required to make weekly contributions to the Fund as follows:

	<u>Employee Only Coverage</u>	<u>Employee and Dependent Coverage</u>	<u>Employee and Spouse Coverage</u>	<u>Employee and Family Coverage</u>
UltraCare 1000	\$ 5.00	\$ 15.00	\$ 15.00	\$ 20.00

The CBA requires that the Plan's reserve level be reviewed every December 31<sup>st</sup> by the Plan's consultant. Once this measure occurs each year, any additional assets over and above the defined reserve target level are to be designated as contribution holidays to the employer and to the participants based on their respective contribution amounts to the Plan. As of December 31, 2024, the amount calculated by the Plan's consultant for contribution holiday was \$4,000,000 for the employer (which was taken in February, March, April, and May). The employer received contribution holiday in the amount of \$905,702 in January 2025 for hours worked in December 2024.

**Plan amendments**

The Plan was amended to comply with the applicable requirements of the Patient Protection and Affordable Care Act ("ACA").

**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.

No covered participant or dependent has a vested right in, or would receive any portion of the assets of the Fund, except in the form of benefits. A written plan exists for all medical and other benefits, and for the qualifications required to receive such benefits.

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(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 of America ("United States" or "U.S.") and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of NEBA. The administrator performs the various administrative functions necessary for the operation of the Fund, including the collection of contributions, processing of benefit claims and the payment of insurance premiums and administrative expenses.

**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 benefit obligations 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.

**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 a bank deposit account 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 the diversification of investments across a variety of financial instruments and investment strategies.

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

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Valuation of investments and income recognition**

Investments are stated at aggregate 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 (See Note 6).

The difference between current value 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 and benefit obligations as net appreciation in fair value of investments.

The net change in the unrealized gains or losses of some of the Fund's investments is presented net of fees, operating expenses and performance based compensation, if any. Investment transactions are recognized on trade-date basis. Interest income is recognized when earned and dividend income is recognized on ex-dividend date.

**Contributions receivable**

Contributions receivable at December 31 represents 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. Delinquent accounts, if any, are not recognized as income until received.

Pursuant to the CBA, the Trustees implemented a policy of auditing the payroll records of the contributing employer on a periodic basis.

**Benefit obligations**

These obligations are determined by Horizon Actuarial Services, LLC, the Fund's consultant, and are presented in the accompanying financial statement at present value.

**Claims payable** – represents the estimated number of claims reported but unpaid at year end.

**Claims incurred but not reported** – represents the estimated obligation for claims incurred but unreported at year end. This estimate is based on statistical information concerning the average amount of unreported claims incurred and outstanding as of December 31, as well as the claims payment lag.

**Hour bank** – hours worked in excess of the minimum required to maintain eligibility are credited to a participant's individual hour bank. Banked hours can be used by an employee to maintain eligibility in the event the employees' hours worked fall below the required number during an eligibility period, provided he/she is still employed. The maximum number of hours allowed to accumulate in any participant's individual hour bank is 50.

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Income taxes**

In accordance with a determination letter received from the Internal Revenue Service, dated January 15, 2003, the Fund meets the requirements of the Internal Revenue Code (“IRC”) Section 501(c)(9). The Fund has been amended since receiving the letter of determination. The Trustees and legal counsel believe the Fund, as amended, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

The Trustees have evaluated the tax positions taken by the Fund and have concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

**Reclassification**

Certain 2023 amounts have been reclassified to conform to the 2024 presentation.

**(3) BENEFITS PAID TO OR FOR PARTICIPANTS**

Benefits paid to or for participants for the years ended December 31, 2024 and 2023, consist of the following:

	2024	2023
Payments for -		
Health claims	\$ 4,146,342	\$ 4,593,912
Prescriptions	1,816,646	1,978,800
HealthSmart preferred provider fees	149,660	77,910
Life insurance premiums	176,850	116,073
Vision benefits	48,472	47,024
Coordinated healthcare and other fees	325,798	341,251
Stop/Loss premiums	363,663	348,994
PCORI fees	7,445	6,627
	\$ 7,034,876	\$ 7,510,591

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(4) RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per financial statements	\$ 11,893,217	\$ 12,313,659
Less: Obligations for current benefit coverage	(1,988,780)	(1,559,000)
Net assets available for benefits per Form 5500	\$ 9,904,437	\$ 10,754,659

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Benefits paid to or for participants per financial statements	\$ 7,034,876	\$ 7,510,591
Add: Current benefit obligations - end of year	1,988,780	1,559,000
Less: Current benefit obligations - beginning of year	(1,559,000)	(1,639,000)
Benefits paid to or for participants per Form 5500	\$ 7,464,656	\$ 7,430,591

**(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 First Clearing, LLC, custodian. The Trustees have established a formal investment policy that includes selecting a professional investment advisor to manage investments, diversifying the investment portfolio and making short-term and long-term investments.

During the years ended December 31, 2024 and 2023, the Plan's investments (including investments purchased, sold and held during the year) appreciated in value as follows:

Description	2024	2023
Fixed income securities	\$ 166,091	\$ 222,034
Mutual funds	68,997	252,371
Net appreciation in fair value	\$ 235,088	\$ 474,405

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(6) FAIR VALUE MEASUREMENT**

The Fund adopted the Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) Topic 820, *Fair Value Measurements and Disclosures*, which provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund 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; and
  - 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 assets’ or liabilities’ fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

*Corporate and foreign bonds* – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

*U.S. Government securities* – The value is calculated using quoted market prices and documented trade history in the security.

*Mutual funds* – The value is calculated at the daily closing price as reported by the fund. Mutual funds held by the Fund are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(6) FAIR VALUE MEASUREMENT (CONTINUED)**

*Money market fund* – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

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

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with these securities.

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2024 and 2023:

Description	2024			Total
	Level 1	Level 2	Level 3	
Fixed income -				
Corporate and foreign bonds	\$ 2,411,863	\$ -	\$ -	\$ 2,411,863
U.S. Government securities	5,146,923	-	-	5,146,923
Money market fund	-	85,642	-	85,642
Equities -				
Mutual funds	1,532,260	-	-	1,532,260
Total investments	<u>\$ 9,091,046</u>	<u>\$ 85,642</u>	<u>\$ -</u>	<u>\$ 9,176,688</u>

Description	2023			Total
	Level 1	Level 2	Level 3	
Fixed income -				
Corporate and foreign bonds	\$ 1,454,866	\$ -	\$ -	\$ 1,454,866
U.S. Government securities	6,316,254	-	-	6,316,254
Money market fund	-	10,465	-	10,465
Equities -				
Mutual funds	1,519,163	-	-	1,519,163
Total investments	<u>\$ 9,290,283</u>	<u>\$ 10,465</u>	<u>\$ -</u>	<u>\$ 9,300,748</u>

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**(6) FAIR VALUE MEASUREMENT (CONTINUED)**

**Changes in Fair Value Levels**

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.

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of levels 1, 2 or 3.

**(7) OTHER MATTERS**

**Stop-loss coverage**

In order to mitigate the individual unlimited annual claims requirements outlined in the ACA, the Trustees elected to obtain stop-loss coverage from an insurance carrier for individual claims exceeding \$175,000 per annum. The policy also includes a one-time annual deductible of \$225,000.

**(8) PARTY IN INTEREST TRANSACTIONS**

The Fund pays various administrative expenses including accounting fees, investment advisory fees, attorney fees, and other administrative fees. These are party in interest transactions.

**(9) SUBSEQUENT EVENTS**

In accordance with FASB ASC Topic 855, *Subsequent Events*, the Fund has evaluated events that occurred through May 21, 2025, which is the date these financial statements were available to be issued. There were no material events noted during this period that would impact the results reflected in these financial statements.

# **SUPPLEMENTAL SCHEDULES**

**UNITED FOOD AND COMMERCIAL WORKERS**

**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500**

**AS OF DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(b) Identity of issue, borrower lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>CORPORATE AND FOREIGN BONDS:</b>			
ABBVIE INC	28,000 4.800% DUE 03/15/2029	\$ 27,942	\$ 27,979
AIR PRODUCTS & CHEMICALS	30,000 4.600% DUE 02/08/2029	29,957	29,858
AMERICAN EXPRESS	39,000 4.900% DUE 02/13/2026	38,969	39,126
AMERICAN EXPRESS	30,000 5.098% DUE 02/16/2028	30,000	30,173
AMERICAN WATER CAPITAL CORP	28,000 3.750% DUE 09/01/2028	26,736	26,926
ASTRAZENECA FINANCE LLC	10,000 4.850% DUE 02/26/2029	9,990	10,021
BANK OF AMERICA CORP	45,000 5.933% DUE 09/15/2027	45,000	45,804
BANK OF NY MELLON CORP	23,000 4.890% DUE 07/21/2028	23,000	23,093
BHP BILLITON FIN USA LTD	32,000 5.250% DUE 09/08/2026	31,948	32,331
BHP BILLITON FIN USA LTD	23,000 5.100% DUE 09/08/2028	22,877	23,211
BP CAP MARKETS AMERICA	41,000 4.699% DUE 04/10/2029	40,992	40,771
BLACKROCK FUNDING INC	15,000 4.600% DUE 07/26/2027	15,000	15,034
BRISTOL-MEYERS SQUIBB CO	29,000 4.900% DUE 02/22/2029	28,939	29,141
CATERPILLAR FINANCIAL SERVICE	27,000 4.500% DUE 01/08/2027	26,971	27,055
CATERPILLAR FINANCIAL SERVICE	29,000 4.600% DUE 11/15/2027	28,975	29,016
CATERPILLAR FINANCIAL SERVICE	9,000 4.375% DUE 08/16/2029	8,976	8,863
CHARLES SCHWAB CORP	22,000 5.875% DUE 08/24/2026	21,982	22,375
CHUBB INA HOLDINGS LLC	28,000 4.650% DUE 08/15/2029	27,973	27,900
CISCO SYSTEMS INC	25,000 4.850% DUE 02/26/2029	24,991	25,147
COCA-COLA CONSOLIDATED	26,000 5.250% DUE 06/01/2029	25,959	26,362
COLGATE-PALMOLIVE CO	60,000 3.100% DUE 08/15/2025	59,883	59,502
CONOCOPHILLIPS CO	25,000 4.700% DUE 01/15/2030	24,967	24,724
CONSUMERS ENERGY CO	38,000 4.600% DUE 05/30/2029	37,912	37,647
DTE ENERGY CO	24,000 4.950% DUE 07/01/2027	23,971	24,090
ELI LILLY & CO	28,000 4.500% DUE 02/09/2029	27,982	27,848
ENTERPRISE PRODUCTS	54,000 4.600% DUE 01/11/2027	53,944	54,013
GENERAL MILLS INC	25,000 5.241% DUE 11/18/2025	25,042	25,000
GENERAL MILLS INC	20,000 5.500% DUE 10/17/2028	19,893	20,415
GENERAL MOTORS FINANCIAL CO	45,000 6.050% DUE 10/10/2025	44,912	45,385
GOLDMAN SACHS BANK USA	20,000 5.414% DUE 05/21/2027	20,000	20,156
GOLDMAN SACHS GROUP INC	23,000 4.692% DUE 10/23/2030	23,000	22,518
HOME DEPOT INC	50,000 4.000% DUE 09/15/2025	49,982	49,832
HONEYWELL INTERNATIONAL	34,000 4.875% DUE 09/01/2029	34,000	34,204
IBM INTERNATIONAL CAPITAL	24,000 4.700% DUE 02/05/2026	23,970	24,018
IBM INTERNATIONAL CAPITAL	29,000 4.600% DUE 02/05/2027	28,954	29,013
IBM INTERNATIONAL CAPITAL	24,000 4.600% DUE 02/05/2029	23,965	23,785
INTEL CORP	29,000 4.875% DUE 02/10/2026	29,153	29,007
JM SMUCKER CO	10,000 5.900% DUE 11/15/2028	9,996	10,358
JOHN DEERE CAPITAL CORP	47,000 4.050% DUE 09/08/2025	46,976	46,841

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

**UNITED FOOD AND COMMERCIAL WORKERS**

**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500**

**AS OF DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(b) Identity of issue, borrower lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>CORPORATE AND FOREIGN BONDS (CONTINUED):</b>			
JPMORGAN CHASE & CO	30,000 4.505% DUE 10/22/2028	30,000	29,735
LOCKHEED MARTIN CORP	65,000 4.950% DUE 10/15/2025	64,837	65,138
MCDONALD'S CORP	22,000 4.800% DUE 08/14/2028	21,992	22,041
MASTERCARD INC	25,000 4.100% DUE 01/15/2028	24,986	24,729
MET TOWER GLOBAL FUNDING	28,000 4.000% DUE 10/01/2027	27,983	27,528
MONDELEZ INTERNATIONAL	39,000 4.750% DUE 02/20/2029	38,822	38,859
MORGAN STANLEY BANK NA	23,000 5.882% DUE 10/30/2026	23,000	23,483
MORGAN STANLEY BANK NA	22,000 4.654% DUE 10/18/2030	22,000	21,528
NATIONAL RURAL UTIL COOP	23,000 5.600% DUE 11/13/2026	22,992	23,380
NATIONAL RURAL UTIL COOP	20,000 5.050% DUE 09/15/2028	19,998	20,151
NESTLE CAPITAL CORP	45,000 4.650% DUE 03/12/2029	44,933	44,962
NEW YORK LIFE GLOBAL	31,000 4.900% DUE 04/02/2027	30,981	31,183
NEW YORK LIFE GLOBAL	15,000 4.600% DUE 12/05/2029	14,991	14,891
NVIDIA CORP	28,000 2.850% DUE 04/01/2030	25,306	25,659
ONEOK INC	22,000 5.650% DUE 11/01/2028	21,971	22,449
O'REILLY AUTOMOTIVE INC	24,000 5.750% DUE 11/20/2026	23,989	24,415
OTIS WORLDWIDE CORP	24,000 5.250% DUE 08/16/2028	23,914	24,295
PACCAR FINANCIAL CORP	48,000 3.550% DUE 08/11/2025	47,966	47,715
PACCAR FINANCIAL CORP	21,000 4.000% DUE 09/26/2029	20,975	20,311
PEPSICO INC	34,000 4.550% DUE 02/13/2026	33,980	34,074
PEPSICO INC	16,000 5.125% DUE 11/10/2026	15,996	16,199
PFIZER INVESTMENT	56,000 4.650% DUE 05/19/2025	55,968	56,021
PHILIP MORRIS INTL INC	25,000 4.375% DUE 11/01/2027	24,830	24,793
PROCTER & GAMBLE CO	15,000 4.100% DUE 01/26/2026	14,990	14,957
PROCTER & GAMBLE CO	25,000 4.350% DUE 01/29/2029	24,989	24,883
PROCTER & GAMBLE CO	10,000 4.150% DUE 10/24/2029	9,981	9,884
RTX CORP	23,000 5.750% DUE 11/08/2026	22,979	23,410
SCHLUMBERGER INVESTMENT	62,000 4.500% DUE 05/15/2028	61,444	61,509
STATE STREET BANK & TRUST	26,000 4.782% DUE 11/23/2029	26,000	25,919
T-MOBILE ISA INC	48,000 4.850% DUE 01/15/2029	47,928	47,730
TEXAS INSTRUMENTS INC	23,000 4.600% DUE 02/08/2027	22,985	23,099
TEXAS INSTRUMENTS INC	23,000 4.600% DUE 02/08/2029	22,976	22,937
TOYOTA MOTOR CREDIT CORP	29,000 3.950% DUE 06/30/2025	28,972	28,901
TOYOTA MOTOR CREDIT CORP	27,000 4.350% DUE 10/08/2027	26,989	26,811
TYCO ELECTRONICS GROUP	20,000 4.625% DUE 02/01/2030	19,812	19,802
UNILEVER CAPITAL CORP	55,000 4.875% DUE 09/08/2028	54,889	55,440
UNION PACIFIC CORP	29,000 4.750% DUE 02/21/2026	28,950	29,071
UNITEDHEALTHCARE GROUP INC	18,000 4.750% DUE 07/15/2026	17,970	18,045
UNITEDHEALTHCARE GROUP INC	19,000 4.800% DUE 01/15/2030	18,989	18,900

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

**UNITED FOOD AND COMMERCIAL WORKERS**

**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500**

**AS OF DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(b) Identity of issue, borrower lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>CORPORATE AND FOREIGN BONDS (CONTINUED):</b>			
US BANCORP	23,000 6.787% DUE 10/26/2027	23,000	23,778
WASTE MANAGEMENT INC	35,000 4.500% DUE 03/15/2028	34,922	34,784
WELLS FARGO & CO	43,000 5.198% DUE 01/23/2030	42,864	43,122
WILLIAMS COMPANIES INC	27,000 4.900% DUE 03/15/2029	26,957	26,800
	<b>Total corporate and foreign bonds</b>	<b>2,406,675</b>	<b>2,411,863</b>
<b>U.S. GOVERNMENT SECURITIES:</b>			
U.S. TREASURY BILL	340,000 DUE 03/20/2025	323,717	336,960
U.S. TREASURY BILL	750,000 DUE 05/01/2025	734,389	739,688
U.S. TREASURY NOTE	70,000 4.375% DUE 07/31/2026	70,014	70,115
U.S. TREASURY NOTE	70,000 4.375% DUE 07/15/2027	70,397	70,179
U.S. TREASURY NOTE	300,000 3.750% DUE 08/15/2027	301,044	296,187
U.S. TREASURY NOTE	300,000 4.000% DUE 06/30/2028	298,800	296,898
U.S. TREASURY NOTE	300,000 3.750% DUE 08/31/2026	299,978	297,624
U.S. TREASURY NOTE	150,000 4.000% DUE 01/31/2029	148,477	147,945
U.S. TREASURY NOTE	125,000 4.250% DUE 12/31/2026	124,815	125,010
U.S. TREASURY NOTE	375,000 4.125% DUE 01/31/2025	374,738	374,910
U.S. TREASURY NOTE	150,000 4.250% DUE 03/15/2027	149,315	149,960
U.S. TREASURY NOTE	150,000 4.125% DUE 02/15/2027	148,993	149,591
U.S. TREASURY NOTE	175,000 4.625% DUE 02/28/2026	174,973	175,707
U.S. TREASURY NOTE	300,000 4.125% DUE 06/15/2026	297,572	299,484
U.S. TREASURY NOTE	440,000 5.000% DUE 09/30/2025	438,388	442,297
U.S. TREASURY NOTE	575,000 4.250% DUE 12/31/2025	574,373	575,144
U.S. TREASURY NOTE	225,000 4.625% DUE 06/30/2025	223,946	225,540
U.S. TREASURY NOTE	375,000 1.500% DUE 02/15/2025	371,661	373,684
	<b>Total U.S. Government Securities</b>	<b>5,125,590</b>	<b>5,146,923</b>
<b>MUTUAL FUNDS:</b>			
GABELLI ASSET FUND CLASS I	15,959 SHARES MUTUAL FUND	818,544	721,674
GABELLI GROWTH FUND CLASS I	6,976 SHARES MUTUAL FUND	575,964	810,586
	<b>Total mutual funds</b>	<b>1,394,508</b>	<b>1,532,260</b>
<b>MONEY MARKET FUND,</b>			
GS FSQ GOVERNMENT INSTL FUND	85,642 SHARES MONEY MARKET FUND	85,642	85,642
	<b>Total investments</b>	<b>\$ 9,012,415</b>	<b>\$ 9,176,688</b>

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(a) Identity of party</b>	<b>(b) Description of asset (including interest rate and maturity in case of a loan)</b>	<b>(c) Purchase price</b>	<b>(d) Selling price</b>	<b>(f) Expense incurred with transaction</b>	<b>(g) Cost of asset</b>	<b>(h) Current value of asset on transaction date</b>	<b>(i) Net gain or (loss)</b>
GS FSQ Government Instl Fund	Money Market Fund	\$ 7,912,570	\$ -	\$ -	\$ 7,912,570	\$ 7,912,570	\$ -
GS FSQ Government Instl Fund	Money Market Fund	-	7,837,392	-	7,837,392	7,837,392	-
U.S. Treasury Bill Due 01/11/2024	U.S. Government	-	1,704,847	-	1,702,396	1,704,847	2,451
U.S. Treasury Bill Due 03/21/2024	U.S. Government	-	1,405,811	-	1,375,786	1,405,811	30,025
U.S. Treasury Bill Due 07/18/2024	U.S. Government	707,532	-	-	707,532	707,532	-
U.S. Treasury Bill Due 07/18/2024	U.S. Government	-	720,934	-	707,532	720,934	13,402
U.S. Treasury Bill Due 08/31/2024	U.S. Government	625,000	-	-	625,000	625,000	-
U.S. Treasury Bill Due 08/31/2024	U.S. Government	-	625,000	-	625,000	625,000	-
U.S. Treasury Bill Due 12/31/2025	U.S. Government	734,389	-	-	734,389	734,389	-

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____		
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b>	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b>	If the plan is a collectively-bargained plan, check here .....	<input checked="" type="checkbox"/>
<b>D</b>	Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> special extension (enter description)
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here .....	<input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>																
<b>1a</b>	Name of plan United Food & Commercial Workers Local 1000 Oklahoma Health and Welfare Fund	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶</td> <td>501</td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan</td> <td>9/8/2002</td> </tr> <tr> <td><b>2b</b></td> <td>Employer Identification Number (EIN)</td> <td>02-0642001</td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number</td> <td>800-842-5899</td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)</td> <td>445110</td> </tr> </table>	<b>1b</b>	Three-digit plan number (PN) ▶	501	<b>1c</b>	Effective date of plan	9/8/2002	<b>2b</b>	Employer Identification Number (EIN)	02-0642001	<b>2c</b>	Plan Sponsor's telephone number	800-842-5899	<b>2d</b>	Business code (see instructions)	445110
<b>1b</b>	Three-digit plan number (PN) ▶	501															
<b>1c</b>	Effective date of plan	9/8/2002															
<b>2b</b>	Employer Identification Number (EIN)	02-0642001															
<b>2c</b>	Plan Sponsor's telephone number	800-842-5899															
<b>2d</b>	Business code (see instructions)	445110															
<b>2a</b>	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 of UFCW Local 1000 Oklahoma Health and Welfare Fund  2010 NW 150 Street, Suite 200 Pembroke Pines FL 33028  2010 NW 150th Avenue, Suite 200 Pembroke Pines FL 33028																

Electronic Filing Only

**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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		9/8/25	
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address Same	<input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b>	2,572
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....		<b>6a(1)</b>	2,572
<b>a(2)</b> Total number of active participants at the end of the plan year .....		<b>6a(2)</b>	
<b>b</b> Retired or separated participants receiving benefits .....		<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....		<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....		<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....		<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e .....		<b>6f</b>	0
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....		<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....		<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input 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)

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

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

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**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 \_\_\_\_\_

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Electronic Filing Only

**UNITED FOOD AND COMMERCIAL WORKERS**  
**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**  
**REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500**  
**FOR THE YEAR ENDED DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(a) Identity of party</b>	<b>(b) Description of asset (including interest rate and maturity in case of a loan)</b>	<b>(c) Purchase price</b>	<b>(d) Selling price</b>	<b>(f) Expense incurred with transaction</b>	<b>(g) Cost of asset</b>	<b>(h) Current value of asset on transaction date</b>	<b>(i) Net gain or (loss)</b>
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U.S. Treasury Bill Due 07/18/2024	U.S. Government	707,532	-	-	707,532	707,532	-
U.S. Treasury Bill Due 07/18/2024	U.S. Government	-	720,934	-	707,532	720,934	13,402
U.S. Treasury Bill Due 08/31/2024	U.S. Government	625,000	-	-	625,000	625,000	-
U.S. Treasury Bill Due 08/31/2024	U.S. Government	-	625,000	-	625,000	625,000	-
U.S. Treasury Bill Due 12/31/2025	U.S. Government	734,389	-	-	734,389	734,389	-

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

**UNITED FOOD AND COMMERCIAL WORKERS**

**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500**

**AS OF DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(b) Identity of issue, borrower lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>CORPORATE AND FOREIGN BONDS:</b>			
ABBVIE INC	28,000 4.800% DUE 03/15/2029	\$ 27,942	\$ 27,979
AIR PRODUCTS & CHEMICALS	30,000 4.600% DUE 02/08/2029	29,957	29,858
AMERICAN EXPRESS	39,000 4.900% DUE 02/13/2026	38,969	39,126
AMERICAN EXPRESS	30,000 5.098% DUE 02/16/2028	30,000	30,173
AMERICAN WATER CAPITAL CORP	28,000 3.750% DUE 09/01/2028	26,736	26,926
ASTRAZENECA FINANCE LLC	10,000 4.850% DUE 02/26/2029	9,990	10,021
BANK OF AMERICA CORP	45,000 5.933% DUE 09/15/2027	45,000	45,804
BANK OF NY MELLON CORP	23,000 4.890% DUE 07/21/2028	23,000	23,093
BHP BILLITON FIN USA LTD	32,000 5.250% DUE 09/08/2026	31,948	32,331
BHP BILLITON FIN USA LTD	23,000 5.100% DUE 09/08/2028	22,877	23,211
BP CAP MARKETS AMERICA	41,000 4.699% DUE 04/10/2029	40,992	40,771
BLACKROCK FUNDING INC	15,000 4.600% DUE 07/26/2027	15,000	15,034
BRISTOL-MEYERS SQUIBB CO	29,000 4.900% DUE 02/22/2029	28,939	29,141
CATERPILLAR FINANCIAL SERVICE	27,000 4.500% DUE 01/08/2027	26,971	27,055
CATERPILLAR FINANCIAL SERVICE	29,000 4.600% DUE 11/15/2027	28,975	29,016
CATERPILLAR FINANCIAL SERVICE	9,000 4.375% DUE 08/16/2029	8,976	8,863
CHARLES SCHWAB CORP	22,000 5.875% DUE 08/24/2026	21,982	22,375
CHUBB INA HOLDINGS LLC	28,000 4.650% DUE 08/15/2029	27,973	27,900
CISCO SYSTEMS INC	25,000 4.850% DUE 02/26/2029	24,991	25,147
COCA-COLA CONSOLIDATED	26,000 5.250% DUE 06/01/2029	25,959	26,362
COLGATE-PALMOLIVE CO	60,000 3.100% DUE 08/15/2025	59,883	59,502
CONOCOPHILLIPS CO	25,000 4.700% DUE 01/15/2030	24,967	24,724
CONSUMERS ENERGY CO	38,000 4.600% DUE 05/30/2029	37,912	37,647
DTE ENERGY CO	24,000 4.950% DUE 07/01/2027	23,971	24,090
ELI LILLY & CO	28,000 4.500% DUE 02/09/2029	27,982	27,848
ENTERPRISE PRODUCTS	54,000 4.600% DUE 01/11/2027	53,944	54,013
GENERAL MILLS INC	25,000 5.241% DUE 11/18/2025	25,042	25,000
GENERAL MILLS INC	20,000 5.500% DUE 10/17/2028	19,893	20,415
GENERAL MOTORS FINANCIAL CO	45,000 6.050% DUE 10/10/2025	44,912	45,385
GOLDMAN SACHS BANK USA	20,000 5.414% DUE 05/21/2027	20,000	20,156
GOLDMAN SACHS GROUP INC	23,000 4.692% DUE 10/23/2030	23,000	22,518
HOME DEPOT INC	50,000 4.000% DUE 09/15/2025	49,982	49,832
HONEYWELL INTERNATIONAL	34,000 4.875% DUE 09/01/2029	34,000	34,204
IBM INTERNATIONAL CAPITAL	24,000 4.700% DUE 02/05/2026	23,970	24,018
IBM INTERNATIONAL CAPITAL	29,000 4.600% DUE 02/05/2027	28,954	29,013
IBM INTERNATIONAL CAPITAL	24,000 4.600% DUE 02/05/2029	23,965	23,785
INTEL CORP	29,000 4.875% DUE 02/10/2026	29,153	29,007
JM SMUCKER CO	10,000 5.900% DUE 11/15/2028	9,996	10,358
JOHN DEERE CAPITAL CORP	47,000 4.050% DUE 09/08/2025	46,976	46,841

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

**UNITED FOOD AND COMMERCIAL WORKERS**

**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500**

**AS OF DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(b) Identity of issue, borrower lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>CORPORATE AND FOREIGN BONDS (CONTINUED):</b>			
JPMORGAN CHASE & CO	30,000 4.505% DUE 10/22/2028	30,000	29,735
LOCKHEED MARTIN CORP	65,000 4.950% DUE 10/15/2025	64,837	65,138
MCDONALD'S CORP	22,000 4.800% DUE 08/14/2028	21,992	22,041
MASTERCARD INC	25,000 4.100% DUE 01/15/2028	24,986	24,729
MET TOWER GLOBAL FUNDING	28,000 4.000% DUE 10/01/2027	27,983	27,528
MONDELEZ INTERNATIONAL	39,000 4.750% DUE 02/20/2029	38,822	38,859
MORGAN STANLEY BANK NA	23,000 5.882% DUE 10/30/2026	23,000	23,483
MORGAN STANLEY BANK NA	22,000 4.654% DUE 10/18/2030	22,000	21,528
NATIONAL RURAL UTIL COOP	23,000 5.600% DUE 11/13/2026	22,992	23,380
NATIONAL RURAL UTIL COOP	20,000 5.050% DUE 09/15/2028	19,998	20,151
NESTLE CAPITAL CORP	45,000 4.650% DUE 03/12/2029	44,933	44,962
NEW YORK LIFE GLOBAL	31,000 4.900% DUE 04/02/2027	30,981	31,183
NEW YORK LIFE GLOBAL	15,000 4.600% DUE 12/05/2029	14,991	14,891
NVIDIA CORP	28,000 2.850% DUE 04/01/2030	25,306	25,659
ONEOK INC	22,000 5.650% DUE 11/01/2028	21,971	22,449
O'REILLY AUTOMOTIVE INC	24,000 5.750% DUE 11/20/2026	23,989	24,415
OTIS WORLDWIDE CORP	24,000 5.250% DUE 08/16/2028	23,914	24,295
PACCAR FINANCIAL CORP	48,000 3.550% DUE 08/11/2025	47,966	47,715
PACCAR FINANCIAL CORP	21,000 4.000% DUE 09/26/2029	20,975	20,311
PEPSICO INC	34,000 4.550% DUE 02/13/2026	33,980	34,074
PEPSICO INC	16,000 5.125% DUE 11/10/2026	15,996	16,199
PFIZER INVESTMENT	56,000 4.650% DUE 05/19/2025	55,968	56,021
PHILIP MORRIS INTL INC	25,000 4.375% DUE 11/01/2027	24,830	24,793
PROCTER & GAMBLE CO	15,000 4.100% DUE 01/26/2026	14,990	14,957
PROCTER & GAMBLE CO	25,000 4.350% DUE 01/29/2029	24,989	24,883
PROCTER & GAMBLE CO	10,000 4.150% DUE 10/24/2029	9,981	9,884
RTX CORP	23,000 5.750% DUE 11/08/2026	22,979	23,410
SCHLUMBERGER INVESTMENT	62,000 4.500% DUE 05/15/2028	61,444	61,509
STATE STREET BANK & TRUST	26,000 4.782% DUE 11/23/2029	26,000	25,919
T-MOBILE ISA INC	48,000 4.850% DUE 01/15/2029	47,928	47,730
TEXAS INSTRUMENTS INC	23,000 4.600% DUE 02/08/2027	22,985	23,099
TEXAS INSTRUMENTS INC	23,000 4.600% DUE 02/08/2029	22,976	22,937
TOYOTA MOTOR CREDIT CORP	29,000 3.950% DUE 06/30/2025	28,972	28,901
TOYOTA MOTOR CREDIT CORP	27,000 4.350% DUE 10/08/2027	26,989	26,811
TYCO ELECTRONICS GROUP	20,000 4.625% DUE 02/01/2030	19,812	19,802
UNILEVER CAPITAL CORP	55,000 4.875% DUE 09/08/2028	54,889	55,440
UNION PACIFIC CORP	29,000 4.750% DUE 02/21/2026	28,950	29,071
UNITEDHEALTHCARE GROUP INC	18,000 4.750% DUE 07/15/2026	17,970	18,045
UNITEDHEALTHCARE GROUP INC	19,000 4.800% DUE 01/15/2030	18,989	18,900

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**

**UNITED FOOD AND COMMERCIAL WORKERS**

**LOCAL 1000 OKLAHOMA HEALTH & WELFARE FUND**

**ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500**

**AS OF DECEMBER 31, 2024**

**EIN: 02-0642001**

<b>(b) Identity of issue, borrower lessor or similar party</b>	<b>(c) Description of investment including maturity date, rate of interest, collateral, par or maturity</b>	<b>(d) Cost</b>	<b>(e) Current value</b>
<b>CORPORATE AND FOREIGN BONDS (CONTINUED):</b>			
US BANCORP	23,000 6.787% DUE 10/26/2027	23,000	23,778
WASTE MANAGEMENT INC	35,000 4.500% DUE 03/15/2028	34,922	34,784
WELLS FARGO & CO	43,000 5.198% DUE 01/23/2030	42,864	43,122
WILLIAMS COMPANIES INC	27,000 4.900% DUE 03/15/2029	26,957	26,800
	<b>Total corporate and foreign bonds</b>	<b>2,406,675</b>	<b>2,411,863</b>
<b>U.S. GOVERNMENT SECURITIES:</b>			
U.S. TREASURY BILL	340,000 DUE 03/20/2025	323,717	336,960
U.S. TREASURY BILL	750,000 DUE 05/01/2025	734,389	739,688
U.S. TREASURY NOTE	70,000 4.375% DUE 07/31/2026	70,014	70,115
U.S. TREASURY NOTE	70,000 4.375% DUE 07/15/2027	70,397	70,179
U.S. TREASURY NOTE	300,000 3.750% DUE 08/15/2027	301,044	296,187
U.S. TREASURY NOTE	300,000 4.000% DUE 06/30/2028	298,800	296,898
U.S. TREASURY NOTE	300,000 3.750% DUE 08/31/2026	299,978	297,624
U.S. TREASURY NOTE	150,000 4.000% DUE 01/31/2029	148,477	147,945
U.S. TREASURY NOTE	125,000 4.250% DUE 12/31/2026	124,815	125,010
U.S. TREASURY NOTE	375,000 4.125% DUE 01/31/2025	374,738	374,910
U.S. TREASURY NOTE	150,000 4.250% DUE 03/15/2027	149,315	149,960
U.S. TREASURY NOTE	150,000 4.125% DUE 02/15/2027	148,993	149,591
U.S. TREASURY NOTE	175,000 4.625% DUE 02/28/2026	174,973	175,707
U.S. TREASURY NOTE	300,000 4.125% DUE 06/15/2026	297,572	299,484
U.S. TREASURY NOTE	440,000 5.000% DUE 09/30/2025	438,388	442,297
U.S. TREASURY NOTE	575,000 4.250% DUE 12/31/2025	574,373	575,144
U.S. TREASURY NOTE	225,000 4.625% DUE 06/30/2025	223,946	225,540
U.S. TREASURY NOTE	375,000 1.500% DUE 02/15/2025	371,661	373,684
	<b>Total U.S. Government Securities</b>	<b>5,125,590</b>	<b>5,146,923</b>
<b>MUTUAL FUNDS:</b>			
GABELLI ASSET FUND CLASS I	15,959 SHARES MUTUAL FUND	818,544	721,674
GABELLI GROWTH FUND CLASS I	6,976 SHARES MUTUAL FUND	575,964	810,586
	<b>Total mutual funds</b>	<b>1,394,508</b>	<b>1,532,260</b>
<b>MONEY MARKET FUND,</b>			
GS FSQ GOVERNMENT INSTL FUND	85,642 SHARES MONEY MARKET FUND	85,642	85,642
	<b>Total investments</b>	<b>\$ 9,012,415</b>	<b>\$ 9,176,688</b>

**THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.**