

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan UFCW LOCAL ONE ACTIVE HEALTH CARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BRD OF TTEES UFCW LOCAL ONE ACTIVE HEALTH CARE FUND 5911 AIRPORT ROAD ORISKANY, NY 13424
2b Employer Identification Number (EIN) 16-0915820
2c Plan Sponsor's telephone number 315-797-9600
2d Business code (see instructions) 445110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for FRANK DERISO and RAYMOND WARDYNSKI.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8165
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	8165
	6a(2)	8374
	6b	
	6c	
	6d	8374
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	48

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 4L

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan UFCW LOCAL ONE ACTIVE HEALTH CARE FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TTEES UFCW LOCAL ONE ACTIVE HEALTH CARE FUND</p>	<p>D Employer Identification Number (EIN) 16-0915820</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	0211769	10776	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.

<p>(a) Total amount of commissions paid 30367</p>	<p>(b) Total amount of fees paid 0</p>
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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
LAWLEY LLC **361 DELAWARE AVENUE**
BUFFALO, NY 14202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30367	0		3

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	626901
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan UFCW LOCAL ONE ACTIVE HEALTH CARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TTEES UFCW LOCAL ONE ACTIVE HEALTH CARE FUND	D Employer Identification Number (EIN) 16-0915820	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EXCELLUS BLUECROSS BLUESHIELD

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	1883901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYER MATRIX LLC

81-3946362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	1764074	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UPRISE HEALTH/HMC HEALTHWORKS, INC.

95-4146179

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	258916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HEALTHSMART RX SOLUTIONS

34-1635597

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	245253	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL CIANCAGLINI

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	134089	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	130125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SLEVIN & HART, PC

52-1708613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	117083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELTA DENTAL OF NEW YORK, INC.

11-1980218

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	96494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPING AND INFO	92602	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOOMIS COMPANY

23-2238132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	66609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REGINA HEILAND

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59772	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHANNA PACIELLO

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EMILIA D'AMBRO

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	51617	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNA MOSCA

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROSEANNE HEMMITT

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CALIBRE CPA GROUP PLLC

47-0900880

(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	ACCOUNTANT	37000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELIZABETH BURKE

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLENE BROCCOLI

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	35919	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAVIS VISION

11-3051991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	31732	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PETER DECARLO CPA PLLC

51-0545975

(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	UNION ACCOUNTANT	28000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARTWELL INVESTMENT PARTNERS LLC

23-2891243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	25059	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INVESTMENT PERFORMANCE SERVICES

58-1645832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT CONSULTANT	22500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BONDARTECH

46-3261507

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	IT CONSULTANT	18394	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NAVIANT

23-2889732

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	IT CONSULTANT	14226	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	INVESTMENT CUSTODIAN	10005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN FREEMAN

16-0915820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	5415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEAVER & TIDWELL, LLP

75-0786316

(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	ACCOUNTANT	5392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: WEAVER & TIDWELL, LLP	b EIN: 75-0786316
c Position: INDEPENDENT AUDITOR	
d Address: ONE PENNSYLVANIA PLAZA, SUITE 3200 NEW YORK, NY 10119	e Telephone: 212-695-5003

Explanation: **THE BOARD OF TRUSTEES ELECTED TO NOT CONTINUE TO ENGAGE WEAVER & TIDWELL, LLP AS INDEPENDENT AUDITOR OF THE PLAN'S 2024 FINANCIAL STATEMENTS.**

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UFCW LOCAL ONE ACTIVE HEALTH CARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 BRD OF TTEES UFCW LOCAL ONE ACTIVE HEALTH CARE FUND	D Employer Identification Number (EIN) 16-0915820

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1662313	1506484
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5816165	5869569
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4821280	4760966
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7352924	11049998
(2) U.S. Government securities	1c(2)		8473025
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		53219
(B) All other	1c(3)(B)	8682494	15754343
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	6336389	7675998
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	47466600	34502910
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2207	788
f Total assets (add all amounts in lines 1a through 1e).....	1f	82140372	89647300
Liabilities			
g Benefit claims payable.....	1g	10988229	13109606
h Operating payables.....	1h	146875	301148
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4278185	222688
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	15413289	13633442
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	66727083	76013858

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	67031167	
(B) Participants.....	2a(1)(B)	155544	
(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)		67186711
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	99572	
(B) U.S. Government securities.....	2b(1)(B)	33818	
(C) Corporate debt instruments.....	2b(1)(C)	553955	
(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)		687345
(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)	2155766	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		2155766
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3994148	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3987868	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		6280
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-841612	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		78759
c Other income	2c		3280877
d Total income. Add all income amounts in column (b) and enter total	2d		72554126

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56677203	
(2) To insurance carriers for the provision of benefits	2e(2)	665898	
(3) Other	2e(3)	4346979	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		61690080
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	479124	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	28000	
(4) IQPA audit fees	2i(4)	42392	
(5) Investment advisory and investment management fees	2i(5)	47559	
(6) Bank or trust company trustee/custodial fees	2i(6)	10005	
(7) Actuarial fees	2i(7)	130125	
(8) Legal fees	2i(8)	117083	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	722983	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1577271
j Total expenses. Add all expense amounts in column (b) and enter total	2j		63267351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9286775
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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



UFCW LOCAL ONE HEALTH CARE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024





UFCW LOCAL ONE HEALTH CARE FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
UFCW Local One Health Care Fund

Opinion

We have audited the accompanying financial statements of UFCW Local One Health Care Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits and plan benefit obligations as of December 31, 2024, and the related statement of changes in net assets available for benefits and plan benefit obligations for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Prior Year Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2023, were audited by other auditors, which expressed an unmodified opinion on those financial statements on January 13, 2025.





Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance U.S. GAAP. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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


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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- 
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
 - Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA


Our 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 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's (DOL) 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

Other Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of benefits paid to or on behalf of participants, beneficiaries or dependents and schedules of general and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying



accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole. The schedules of benefits paid to or on behalf of participants, beneficiaries or dependents and schedules of general and administrative expenses for the year ended December 31, 2023, were subjected to auditing procedures applied to the 2023 audit of the basic financial statements by other auditor's, who report on such information stated that it was fairly stated in all material respects to the 2023 financial statements taken as a whole.

Calibre CPA Group, PLLC

New York, NY
October 14, 2025



UFCW LOCAL ONE HEALTH CARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND PLAN BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Corporate and other bonds and notes	\$ 24,280,586	\$ 8,682,494
Real estate investment fund	3,736,803	2,086,389
Limited partnerships	3,939,195	4,250,000
Mutual fund	34,502,910	47,466,600
Interest-bear cash	<u>11,049,999</u>	<u>7,368,954</u>
Total investments	<u>77,509,493</u>	<u>69,854,437</u>
Receivables		
Employer's contributions, net of allowance of \$718,419 and \$718,419 as of December 31, 2024 and 2023, respectively	5,869,569	5,816,165
Due from UFCW Local One Retiree Health Care Fund	-	488,465
Due from UFCW Local One Pension Fund	152,336	-
Due from UFCW Local One 401(k) Plan	-	390,021
Due from UFCW Local One	-	-
Due from UFCW Local One Retiree Health Care Plan	535,057	-
Interest and dividends	362,880	293,277
Prescription drug rebates	<u>1,480,000</u>	<u>1,594,032</u>
Total receivables	<u>8,399,842</u>	<u>8,581,960</u>
Cash	<u>1,506,484</u>	<u>1,646,283</u>
Deposit with insurance company	<u>2,002,300</u>	<u>2,002,300</u>
Prepaid expenses	<u>228,393</u>	<u>53,185</u>
Fixed assets at cost, net of accumulated depreciation of \$336,727 and \$335,308 at 2024 and 2023, respectively	<u>788</u>	<u>2,207</u>
Total assets	<u>89,647,300</u>	<u>82,140,372</u>

See accompanying notes to financial statements.



UFCW LOCAL ONE HEALTH CARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND PLAN BENEFIT OBLIGATIONS (CONTINUED)

DECEMBER 31, 2024 AND 2023

	2024	2023
Liabilities		
Accounts payable and accrued expenses	\$ 286,020	\$ 146,875
Due to UFCW Local One Pension Fund	-	19,632
Due to UFCW Local One 401(k) Plan	76,327	-
Due to UFCW Local One Retiree Health Care Plan	-	8,553
Due to UFCW Local One Active	353	-
Due to broker for purchase of securities	146,008	4,250,000
Total liabilities	508,708	4,425,060
Net assets available for benefits	89,138,592	77,715,312
Benefit obligations		
Amount currently payable to or on behalf of participants, beneficiaries or dependents		
Benefit claims payable	8,651,934	4,639,329
Other obligations for current benefit coverage, at estimated amounts		
Benefit claims incurred but not yet reported	4,472,800	6,348,900
Total benefit obligations	13,124,734	10,988,229
Excess of net assets available for benefits over benefit obligations	\$ 76,013,858	\$ 66,727,083

See accompanying notes to financial statements.



UFCW LOCAL ONE HEALTH CARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND PLAN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ (756,573)	\$ 73,573
Interest and dividends	3,005,017	1,833,455
Net investment income	2,248,444	1,907,028
Less: investment expense	(57,564)	(60,767)
Net investment income	2,190,880	1,846,261
 Contributions		
Employers	67,031,167	67,831,505
Participants (COBRA)	155,544	209,199
Total contributions	67,186,711	68,040,704
Prescription drug rebates	3,084,534	3,122,840
Other Income	34,437	1,272
Total additions	72,496,562	73,011,077
 Deductions		
Benefits paid to or on behalf of participants, beneficiaries or dependents		
Health benefits	54,346,830	51,594,720
Insurance premiums	665,898	433,062
Education and safety	193,868	219,625
Total benefits paid to or on behalf of participants, beneficiaries or dependents	55,206,596	52,247,407
Administrative expenses	5,866,686	6,329,876
Total deductions	61,073,282	58,577,283
Net change	11,423,280	14,433,794

See accompanying notes to financial statements.



UFCW LOCAL ONE HEALTH CARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND PLAN BENEFIT OBLIGATIONS (CONTINUED)

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Net change in benefit obligations attributable to		
Change in amounts payable to or on behalf of participants, beneficiaries or dependents Benefit claims payable	<u>\$ 4,012,605</u>	<u>\$ (2,328,771)</u>
Change in other obligations for current benefit coverage, at estimated amounts Claims incurred but not reported	<u>(1,876,100)</u>	<u>1,687,900</u>
Net change in benefit obligations	<u>2,136,505</u>	<u>(640,871)</u>
Change in excess of net assets available for benefits over benefit obligations	9,286,775	15,074,665
Excess of net assets available for benefits over benefit obligations		
Beginning of year	<u>66,727,083</u>	<u>51,652,418</u>
End of year	<u>\$ 76,013,858</u>	<u>\$ 66,727,083</u>

See accompanying notes to financial statements.



UFCW LOCAL ONE HEALTH CARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the UFCW Local One Health Care Fund (the Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan document for a complete description of the Plan's provisions, which is available from Plan management.

General - The Plan was established under an Agreement and Declaration of Trust dated January 1, 1959, pursuant to a collective bargaining agreement between United Food and Commercial Workers District Union Local One (the Local) and various employers in industries such as retail food stores, food processing, transportation and health care. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits - The Plan provides hospital, medical, prescription, vision, group life, accident and dismemberment, disability, and wellness benefits for eligible members and dependents of members.

Life and accidental death and dismemberment benefits are provided through a contract with an insurance carrier.

Insured Benefits - The Plan fully insures the accidental death and disability benefits. Premiums for basic life insurance and basic accidental death and dismemberment insurance programs are paid to the insurance company from the general assets of the Plan.

Self-Insured Benefits - All other Plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claim's processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Participation - Participants employed by an employer in the retail food industry that have met the eligibility conditions for Plan coverage under the collective bargaining agreement between their employer and the Local will become covered under the Plan on the earlier of (1) the date a participant completed the applicable eligibility requirements; or (2) the 90th day after completion of 1,200 hours of covered employment.

Participants employed by an employer that is no will become covered under the Plan on the earlier of (1) the date their employer makes its first required contribution to the Plan on their behalf; or (2) the 90th day after completion of 1,200 hours of covered employment.

Contributions - Contribution rates have been established under collective bargaining agreements entered into between the Local and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement. Contribution rates vary depending on the types of coverage negotiated.

In addition, the Local, a related party, makes contributions to the Plan on behalf of its employees.

The Plan is noncontributory for employees except for COBRA premiums as required by law and is funded mainly from contributions received from employers.

Insurance Premiums - The Plan pays insurance premiums to certain insurance carriers for the Plan's fully insured arrangements under the Plan.

NOTE 2. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Cash and Cash Equivalents - The Plan considers all non-interest bearing cash deposits to be cash or cash equivalents.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees (the Trustees) determines the Plan's valuation policies and procedures. See Note 5 for discussion of fair value measurements.

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



NOTE 2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Fixed Assets - Fixed assets are depreciated by the straight-line method at rates calculated to amortize the cost of the assets over their respective estimated useful lives.

Payment of Benefits - Premiums paid by the Plan are recorded as premium payments in the accompanying statements of changes in net assets available for benefits and plan benefit obligations.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying statements of net assets available for benefits and plan's benefit obligations.

Employers' Contributions Receivable - The Plan receives contributions from employers under the terms of the collective bargaining agreements. Allowance for uncollectible contributions is provided based on management's review of the collectability of the receivable balance.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Reclassifications - Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

NOTE 3. CONCENTRATIONS OF CREDIT RISK

Financial instruments that subject the Plan to concentrations of credit risk include cash, corporate and other bonds and notes, mutual funds, real estate investment fund, limited and employers' contributions. The Plan maintains accounts at a high-quality financial institution. Its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

One employer accounted for approximately 72% and 69% of employers' contribution income for the years ended December 31, 2024 and 2023, respectively, and approximately 67% and 67% of employers' contributions receivable as of December 31, 2024 and 2023, respectively.



NOTE 4. CLAIMS INCURRED BUT NOT REPORTED

Plan obligations at December 31 for claims incurred but not reported are estimated in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. These amounts are paid by the Plan only if claims are submitted and approved for payment.

NOTE 5. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 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 Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; 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 asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Mutual funds: Valued at the daily closing price as reported by the funds. The mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish its daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Limited partnership and real estate investment fund: The limited partnership and real estate investment fund are valued at the NAV as determined by the custodians. The NAV, as provided by the custodians, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the investment in the limited partnership and real estate investment fund. Transactions may occur daily. If the Plan were to initiate a full redemption of the limited partnership and real estate investment fund, the investment advisors reserve the right to temporarily delay withdrawal from the limited partnership and real estate investment fund in order to ensure that securities liquidations will be carried out in an orderly business manner.

Interest-bearing cash: Held primarily in short-term money market funds, which are valued at cost plus accrued interest.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 34,502,910	\$ 34,502,910	\$ -	\$ -
Interest-bearing cash	11,049,999	11,049,999	-	-
Corporate bonds and other bonds and notes	24,280,586	8,473,025	15,807,561	-
	69,833,495	<u>\$ 54,025,934</u>	<u>\$ 15,807,561</u>	<u>\$ -</u>
Investments measured at net asset value*	<u>7,675,998</u>			
Investments at fair value	<u>\$ 77,509,493</u>			
	Assets at Fair Value as of December 31, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 47,466,600	\$ 47,466,600	\$ -	\$ -
Interest-bearing cash	7,352,924	7,352,924	-	-
Corporate bonds and other bonds and notes	8,682,494	-	8,682,494	-
	63,502,018	<u>\$ 54,819,524</u>	<u>\$ 8,682,494</u>	<u>\$ -</u>
Investments measured at net asset value*	<u>6,336,389</u>			
Investments at fair value	<u>\$ 69,838,407</u>			

* In accordance with Accounting Standards Codification, investments that were measured at net asset value (NAV) per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

	2024	2023
Real estate investment fund (a)		
Fair value	\$ 3,736,803	\$ 2,086,389
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None
Limited partnership (b)		
Fair value	\$ 3,939,195	\$ 4,250,000
Unfunded commitment	None	None
Redemption frequency	Immediate	Immediate
Other redemption restrictions	None	None
Redemption notice period	None	None

- (a) US Real Estate Investment Fund – Real Estate Investment Fund - The U.S. Real Estate Investment Fund, LLC is a balanced portfolio of yield-driven real estate related assets that are broadly diversified by geography and product type. The objectives of the fund are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments.
- (b) Boyd Watterson GSA Fund LP – Limited Partnership - The Boyd Watterson GSA Fund, LP is a diversified portfolio of real estate investments in commercial property. The fund was formed to operate as a perpetual life, open-end, commingled collective investment fund and intends to invest primarily in real estate primarily leased to the U.S. federal government either through the General Services Administration or other federal government agencies.

NOTE 6. ADMINISTRATIVE EXPENSES

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators. These expenses are reported on the statements of changes in net assets available for benefits and plan benefit obligations as administrative expenses.



NOTE 7. TAX STATUS

The Plan is exempt from federal income tax under Section 501 (c) (9) of the Internal Revenue Code (the IRC). The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS), and the Plan sponsor believes that the Plan, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC. U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan has the right to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the plan sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of Plan participants.

NOTE 9. FIXED ASSETS

Fixed assets, at cost, as of December 31, 2024 and 2023 consist of the following:

	<u>2024</u>	<u>2023</u>
Furniture, fixtures, and equipment	\$ 166,791	\$ 166,792
Automobiles	67,693	67,693
Leasehold improvements	75,381	75,380
Computer equipment	<u>27,650</u>	<u>27,650</u>
	337,515	337,515
Less: accumulated depreciation and amortization	<u>336,727</u>	<u>335,308</u>
Net property assets	<u>\$ 788</u>	<u>\$ 2,207</u>

Depreciation and amortization expense amounted to \$1,419 and \$19,224 for the years ended December 31, 2024 and 2023, respectively.



NOTE 10. EXCELLUS BLUECROSS BLUESHIELD PROVIDER AGREEMENT

The Plan and Excellus BlueCross BlueShield are parties to a contract for the administration and payment of medical and hospitalization benefits provided by the Plan. Excellus BlueCross BlueShield charges the Plan for actual medical and hospitalization claims plus retention.

Prior to 2000, the Plan and BlueCross BlueShield were parties to a contract that required the payment of premiums and retention charges. Such contract requires that the Plan deposit funds as a cash flow advance to be held by BlueCross BlueShield. Total deposits held by BlueCross BlueShield was \$2,002,300 as of December 31, 2024 and 2023.

NOTE 11. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

The Local operates in a jointly administered office with the Plan and other related collectively-bargaining employee benefit plans. Since these organizations coexist in the same premises, utilizing mutual resources, equipment and personnel to effectuate cost-savings and to minimize duplication of efforts, inter-fund relationships have been established on a continuing basis. Due from/(to) related entities balances result from the reimbursement of shared expenses, allocations of shared expenses or transfers of funds. The Plan reimburses the Local for its allocated portion of payroll and related employee benefits, and operations expense. Such expenses are charged directly or allocated based on utilization and are payable monthly. Operations expense totaled \$38,639 and \$45,000 for the years ended December 31, 2024 and 2023, respectively.

The Plan reimburses the Local for its allocated portion of electronic data processing and computer expenses. Such expenses are allocated based on utilization and totaled \$-0- for the years ended December 31, 2024 and 2023, respectively.

The Plan allocates certain administrative expenses to other related entities based on utilization. During the years ended December 31, 2024 and 2023, such activity was as follows:

	<u>2024</u>	<u>2023</u>
Total allocable administrative expenses	\$ 2,067,021	\$ 2,181,409
Less: amounts charged to related entities		
UFCW Local One Pension Fund	(787,914)	(632,809)
UFCW Local One 401 (k) Savings Plan	<u>(232,801)</u>	<u>(387,162)</u>
Active Health Care Fund portion of allocable administrative expenses	<u>\$ 1,046,306</u>	<u>\$ 1,161,438</u>



NOTE 11. RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Plan was also reimbursed by the UFCW Local One 401(k) Savings Plan for direct expenses amounting to \$43,341 and \$38,809 for the years ended in December 31, 2024 and 2023, respectively.

NOTE 12. LEASE COMMITMENT

The Plan leases office space under the terms of an operating lease that commenced July 1, 2024 and expires on July 31, 2029. The lease contains provisions that require the Plan to pay pro rata charges for certain building operating expenses.

Rent expense, net of allocations to the UFCW Local One Pension Fund and UFCW Local One 401 (k) Savings Plan amounted to \$87,705 and \$85,520 for the years ended December 31, 2024 and 2023, respectively. The future minimum rental payments are as follows:

<u>Years Ending December 31,</u>	<u>Amount</u>
2025	\$ 117,475
2026	120,795
2027	124,187
2028	127,732
2029	<u>64,770</u>
Total	<u>\$ 554,959</u>

NOTE 13. EMPLOYEE BENEFIT PLANS

The Plan participated in the UFCW Local One Pension Plan and participates in the UFCW International Union Pension Plan for Employees (the Multiemployer Plans), defined benefit multiemployer pension plans which covers its employees.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects:

- Assets contributed to the Multiemployer Plans by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the Multiemployer Plans, the Plan may be required to pay the Multiemployer Plans an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

NOTE 13. EMPLOYEE BENEFIT PLANS (CONTINUED)

The Plan's participation in the Multiemployer Plans for the year ended December 31, 2024, is outlined in the table below. The "EIN/Pension plan number" row provides the Multiemployer Plans' Employee Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2023 is for the Multiemployer Plans' year end at December 31, 2024. The zone status is based on information that the Plan received from the Multiemployer Plans and is certified by the Multiemployer Plans' actuaries. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP status pending/implemented" row indicates whether a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the Multiemployer Plans. The last row lists the expiration date of the collective-bargaining agreement to which the Plan is subject.

Pension Fund	UFCW International Union Pension Plan for Employees	
EIN/Pension plan number	52-1106251/001	
	<u>2024</u>	<u>2023</u>
Pension Protection Act zone status	Green	Green
FIP/RP status pending/implemented	No	No
Total Plan contributions	\$ 27,837	\$ 31,983
Plan's contributions are more than 5% of total plan contributions	No	No
Surcharge imposed	No	No
Expiration date of collective-bargaining agreement	N/A	N/A

The Plan also participates in the UFCW Local One 401(k) Savings Plan, a multiemployer defined contribution plan. Contributions totaled \$30,377 and \$34,304 for the years ended December 31, 2024 and 2023, respectively.

NOTE 14. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits and plan benefit obligations.

NOTE 15. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2024	2023
Net assets available for benefits	\$ 89,138,592	\$ 77,715,312
Benefits claims payable	(8,651,934)	(4,639,329)
Benefits claims incurred but not yet reported	<u>(4,472,800)</u>	<u>(6,348,900)</u>
Net assets available for benefits per the Form 5500	<u>\$ 76,013,858</u>	<u>\$ 66,727,083</u>

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

	2024	2023
Benefits paid to or on behalf of participants, beneficiaries or dependents	\$ 55,206,596	\$ 52,247,406
Add: benefit claims payable at December 31, 2024 and 2023	4,012,605	4,639,329
Less: benefit claims payable at December 31, 2023 and 2022	2,328,771	(6,968,100)
Add: benefit claims incurred but not yet reported at December 31, 2024 and 2023	(1,876,100)	6,348,900
Less: benefit claims incurred but not yet reported at December 31, 2023 and 2022	<u>(1,687,900)</u>	<u>(4,661,000)</u>
	<u>\$ 57,983,972</u>	<u>\$ 51,606,535</u>
Amounts per Form 5500, Schedule H, Part II		
Item 2e (1)	\$ 57,318,074	\$ 51,173,474
Item 2e (2)	<u>665,898</u>	<u>433,062</u>
Total claims and premiums paid per Form 5500	<u>\$ 57,983,972</u>	<u>\$ 51,606,536</u>

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

	2024	2023
Total additions per the financial statements	\$ 72,496,562	\$ 73,011,077
Add: investment expenses	<u>57,564</u>	<u>60,767</u>
Total income per the Form 5500	<u>\$ 72,554,126</u>	<u>\$ 73,071,844</u>

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

	2024	2023
Total deduction per the financial statements	\$ 61,073,282	\$ 58,577,283
Add: changes in benefits paid to or for participants	(2,777,376)	640,871
Add: investment expenses	<u>57,564</u>	<u>60,767</u>
Total expenses per the Form 5500	<u>\$ 58,353,470</u>	<u>\$ 59,278,921</u>



NOTE 16. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through October 14, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

SCHEDULE H, LINE 4I

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral		
U.S. Government bonds and notes							
	UNITED STATES OF AMER TREAS NOTES	Fixed income	11/15/2033	4.500%	N/A	400,000	\$ 398,250
	UNITED STATES OF AMER TREAS NOTES	Fixed income	10/31/2026	1.125%	N/A	630,000	593,817
	UNITED STATES OF AMER TREAS NOTES	Fixed income	3/31/2030	3.500%	N/A	1,315,000	1,278,144
	UNITED STATES OF AMER TREAS NOTES	Fixed income	5/15/2026	3.625%	N/A	705,000	699,068
	UNITED STATES TREAS NTS	Fixed income	5/31/2027	0.500%	N/A	745,000	679,598
	UNITED STATES TREAS NTS DTD	Fixed income	6/30/2028	1.250%	N/A	1,095,000	988,426
	UNITED STATES TREAS NTS DTD	Fixed income	2/15/2026	1.625%	N/A	210,000	203,179
	UNITED STATES TREAS NTS WIT 1 1/2	Fixed income	5/15/2031	1.625%	N/A	1,450,000	1,238,502
	UNITED STATES TREAS NTS	Fixed income	3/31/2029	2.375%	N/A	1,770,000	1,645,753
	UNITED STATES TREAS NTS	Fixed income	8/15/2032	2.750%	N/A	885,000	798,256
	Total U.S. Government bonds and notes					8,532,441	8,473,025
Corporate and other bonds and notes							
	AERCAP IRELAND CAP / GLOBA	Fixed income	10/29/28	3.000%	N/A	70,000	65,075
	AMERICAN EXPRESS	Fixed income	10/30/31	6.489%	N/A	55,000	59,394
	AMGEN INC	Fixed income	03/02/28	5.150%	N/A	35,000	35,555
	ANTHEM INC	Fixed income	03/01/28	4.101%	N/A	95,000	93,262
	BANK AMER CORP	Fixed income	07/01/28	3.593%	N/A	130,000	126,049
	BANK OF AMERICA CORPORATION	Fixed income	04/25/34	5.288%	N/A	70,000	70,499
	BARCLAYS PLC FLTG RT	Fixed income	09/13/29	6.490%	N/A	65,000	68,226
	BAT INTL FINANCE PLC	Fixed income	02/02/29	5.931%	N/A	90,000	93,429
	BBCMS MTS TR	Fixed income	05/15/57	5.829%	N/A	50,000	52,758
	BENCHMARK	Fixed income	02/04/26	5.505%	N/A	75,000	77,054
	BOEING CO FIXED	Fixed income	02/04/26	2.196%	N/A	135,000	130,120
	BOYD GAMING CORP	Fixed income	12/01/27	4.750%	N/A	280,000	261,623
	BRINKS CO	Fixed income	10/15/27	4.625%	N/A	35,000	34,034
	BSTN PPTYS LTD	Fixed income	06/21/29	3.400%	N/A	75,000	69,132
	CAPITAL ONE FINANCIAL CORP	Fixed income	06/08/29	6.312%	N/A	70,000	72,826
	CENTENE CORP DEL SR NT	Fixed income	12/15/27	4.250%	N/A	275,000	256,726
	CHARTER	Fixed income	07/23/25	4.908%	N/A	270,000	268,780
	CITIGROUP INC	Fixed income	11/17/23	6.270%	N/A	65,000	69,406
	CITIGROUP INC	Fixed income	01/10/28	3.887%	N/A	65,000	63,773
	CLEARWAY ENERGY	Fixed income	03/15/28	4.750%	N/A	220,000	213,844
	CROWN AMERS LLC/CROWN	Fixed income	02/01/26	4.750%	N/A	280,000	275,005
	CVS HEALTH CORP	Fixed income	02/21/23	5.250%	N/A	55,000	54,149
	D R HORTON INC	Fixed income	10/15/27	1.400%	N/A	40,000	36,702
	DC COML MTG TR	Fixed income	09/12/40	6.314%	N/A	65,000	67,029
	DCP MIDSTREAM OPER	Fixed income	07/15/25	5.375%	N/A	102,000	103,258
	DEUTSCHE BK AG NY FLTG RT	Fixed income	11/24/26	2.129%	N/A	135,000	130,822
	DIAMONDBACK ENERGY	Fixed income	04/18/34	5.400%	N/A	75,000	74,863
	DISNEY WALT CO FIXED	Fixed income	01/13/26	1.750%	N/A	40,000	38,754

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

SCHEDULE H, LINE 4i

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral		
	DR HORTON INC	Fixed income	10/15/34	5.000%	N/A	\$ 39,338	\$ 38,685
	DUKE ENERGY CORP	Fixed income	09/01/26	2.650%	N/A	125,501	125,820
	ENBRIDGE	Fixed income	11/15/30	6.200%	N/A	69,181	68,537
	ENBRIDGE ENERGY	Fixed income	10/15/25	5.875%	N/A	45,323	45,234
	ENERGY TRANSFER	Fixed income	05/15/30	3.750%	N/A	65,446	65,315
	ENTERFY TEX INC	Fixed income	03/30/29	4.000%	N/A	53,711	53,219
	EQUINIX EUROPE 2 FINANCING CORP	Fixed income	06/15/34	5.500%	N/A	70,000	70,212
	EXTENDED STAY AMER TR	Fixed income	07/15/38	5.506%	N/A	88,079	88,134
	FIRST CITIZENS BANCSHARES	Fixed income	03/15/30	3.375%	N/A	54,533	54,674
	FISERV	Fixed income	10/01/28	4.200%	N/A	54,002	53,484
	FORD MOTOR CREDIT CO LLC	Fixed income	11/07/33	7.122%	N/A	70,000	74,571
	FORTRESS TRANSN & INFRASTRUCTURE	Fixed income	05/01/28	5.500%	N/A	280,000	267,671
	GEN DYNAMICS CORP FIXED	Fixed income	04/01/27	3.500%	N/A	60,000	58,789
	GENERAL MOTORS FNL	Fixed income	10/15/28	2.400%	N/A	75,000	67,988
	GENERAL MTRS FNL	Fixed income	06/10/31	2.700%	N/A	40,000	34,108
	GLP CAP LP GLP	Fixed income	06/01/25	5.250%	N/A	185,000	183,664
	GLP CAP LP GLP	Fixed income	04/15/26	5.375%	N/A	85,000	83,602
	GOLDMAN SACHS FLTG RT	Fixed income	02/12/26	8.550%	N/A	100,000	98,703
	HCP INC	Fixed income	07/15/26	3.250%	N/A	30,000	29,365
	HILTON DOMESTIC	Fixed income	05/01/25	5.375%	N/A	195,000	195,392
	HSBC HLDGS PLC	Fixed income	06/04/26	2.099%	N/A	70,000	65,758
	HUNTINGTON BANCSHARES	Fixed income	02/02/35	5.709%	N/A	70,000	70,949
	HYATT HOTELS CORP	Fixed income	01/30/27	5.750%	N/A	20,000	20,411
	ICAHN ENTERPRISES LP	Fixed income	05/15/26	6.250%	N/A	63,000	60,936
	ICAHN ENTERPRISES LP	Fixed income	05/15/27	5.250%	N/A	190,000	176,306
	JPMORGAN CHASE	Fixed income	04/22/26	2.083%	N/A	135,000	133,086
	KYNDRYL HLDGS	Fixed income	02/20/34	6.350%	N/A	70,000	72,841
	MAGNA INT INC	Fixed income	06/15/30	2.450%	N/A	85,000	74,885
	MARRIOTT INC	Fixed income	12/01/28	4.650%	N/A	20,000	19,982
	MARRIOTT INT INC	Fixed income	04/15/25	4.000%	N/A	50,000	48,931
	MCDONALDS CORP	Fixed income	08/14/28	4.800%	N/A	40,000	40,338
	MERCEDES BENZ AUTO LEASE TRUST SER 24	Fixed income	01/18/28	5.320%	N/A	50,000	50,709
	MORGAN STANLEY	Fixed income	10/18/33	6.342%	N/A	55,000	59,435
	MORGAN STANLEY VAR RT	Fixed income	07/22/28	VARIABLE	N/A	120,000	116,364
	NIKE INC	Fixed income	03/27/27	2.750%	N/A	50,000	48,248
	NUCOR CORP	Fixed income	06/01/25	2.000%	N/A	45,000	44,258
	OCCIDENTAL PETE CORP	Fixed income	01/01/32	5.375%	N/A	25,000	24,767
	ONEMAIN FIN CORP SR NT	Fixed income	01/15/27	3.500%	N/A	135,000	126,094
	ONEMAIN FINANCIAL CORPORATION	Fixed income	09/15/28	3.875%	N/A	70,000	64,769
	OWENS CORNING	Fixed income	09/15/26	3.400%	N/A	65,000	63,645
	PENSKE AUTOMOTIVE GROUP INC	Fixed income	09/01/25	3.500%	N/A	110,000	104,048
	PFIZER INVEST ENTER	Fixed income	05/19/26	4.450%	N/A	60,000	59,966
	PHILIP MORRIS INT INC	Fixed income	02/13/31	5.125%	N/A	70,000	70,948
	PHILIP MORRIS INTL	Fixed income	05/01/25	1.500%	N/A	45,000	44,315
	PLANS ALL AMERI PIPELINE	Fixed income	09/15/34	5.700%	N/A	70,000	70,718
	PNC FINANCIAL SVCS	Fixed income	06/12/29	5.582%	N/A	130,000	133,065
	PROLOGIS LP	Fixed income	06/15/28	4.875%	N/A	65,000	65,698
	PVPL AADVANTAGE LOYALTY	Fixed income	04/20/26	5.500%	N/A	202,499	199,312
	PVPL ALBERTSONS COS INC SAFEWAY	Fixed income	03/15/26	3.250%	N/A	75,000	73,825

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

SCHEDULE H, LINE 4i

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments				(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral		
	PVTPL ALBERTSONS COS INC SAFEWAY	Fixed income	03/15/26	3.250%	N/A	\$ 259,140	\$ 273,162
	PVTPL BRINKS COMPANY	Fixed income	06/15/29	6.500%	N/A	160,000	162,146
	PVTPL CI PPTY NT	Fixed income	12/01/26	4.250%	N/A	280,000	275,354
	PVTPL CLEVELAND CLIFFS INC	Fixed income	11/01/29	6.875%	N/A	25,000	24,733
	PVTPL CMO BX TR	Fixed income	10/15/36	VARIABLE	N/A	85,000	84,761
	PVTPL ESAB CORP	Fixed income	04/15/29	6.250%	N/A	225,000	227,799
	PVTPL GENTING NEW YORK LLC	Fixed income	10/01/29	7.250%	N/A	100,000	103,020
	PVTPL GFL ENVIRONMENTAL INC	Fixed income	08/01/25	3.750%	N/A	160,000	158,417
	PVTPL GGAM FIN LTD	Fixed income	02/15/27	8.000%	N/A	135,000	139,247
	PVTPL GGAM FINANCE LTD	Fixed income	05/15/26	7.750%	N/A	120,000	121,759
	PVTPL HAT HLDGS	Fixed income	06/15/26	3.375%	N/A	175,000	169,571
	PVTPL HAT HLDGS	Fixed income	06/15/27	8.000%	N/A	100,000	104,220
	PVTPL HERC HLDGS INC	Fixed income	07/15/27	5.500%	N/A	140,000	138,219
	PVTPL HERC HLDGS INC	Fixed income	06/15/29	6.625%	N/A	125,000	126,584
	PVTPL INTERNATIONAL GAME TECHNOLOGY	Fixed income	01/15/27	6.250%	N/A	270,000	271,696
	PVTPL JAZZ SECS DESIGNATED ACTIVITY	Fixed income	01/15/29	4.375%	N/A	295,000	278,144
	PVTPL KIBNETIK HLDGS LP	Fixed income	12/15/28	6.625%	N/A	260,000	265,982
	PVTPL MACQUARIE ARFINANCE HLDGS LTS	Fixed income	03/26/29	6.400%	N/A	20,000	20,612
	PVTPL MACQUARIE ARFINANCE HLDGS LTS	Fixed income	05/01/28	8.375%	N/A	155,000	162,425
	PVTPL PARK INTER HLDGS LLC PK DOMESTIC	Fixed income	05/15/29	4.875%	N/A	145,000	136,274
	PVTPL PARK INTER HLDGS LLC PK DOMESTIC	Fixed income	10/01/28	5.875%	N/A	140,000	136,847
	PVTPL PHINIA INC	Fixed income	04/15/29	6.750%	N/A	185,000	188,701
	PVTPL PRIME SEC SVCS BORROWER LLC	Fixed income	04/15/26	5.750%	N/A	270,000	269,849
	PVTPL SIRIUS XM RADIO INC	Fixed income	09/01/26	3.125%	N/A	285,000	273,759
	PVTPL STARWOOD PPTY TR INC	Fixed income	07/15/26	3.625%	N/A	170,000	164,068
	PVTPL TALL GRASS ENERGY PARTNERS	Fixed income	01/15/28	5.500%	N/A	85,000	81,739
	PVTPL TALLGRASS ENERGY PARTNERS	Fixed income	03/01/27	6.000%	N/A	55,000	54,489
	PVTPL TALLGRASS ENERGY PARTNERS	Fixed income	02/15/29	7.375%	N/A	130,000	130,412
	PVTPL TEGNA INC SR INT	Fixed income	03/15/26	4.750%	N/A	220,000	216,964
	PVTPL TRANSDIGM INC	Fixed income	03/01/29	6.375%	N/A	135,000	135,300
	PVTPL TRANSIGM INC	Fixed income	08/15/28	6.750%	N/A	125,000	126,090
	PVTPL VISTRA OPERATIONS CO LLC	Fixed income	09/01/26	5.500%	N/A	270,000	269,148
	PVTPL WESCO DISTRIBUTION INC	Fixed income	03/15/29	6.375%	N/A	90,000	91,203
	PVTPL XPO INC	Fixed income	06/01/28	6.250%	N/A	210,000	211,285
	QUANTA SVCS INC	Fixed income	10/01/30	2.900%	N/A	70,000	62,521
	REGIONS FINANCIAL CORP	Fixed income	08/12/28	1.800%	N/A	105,000	93,519
	SBA COMMUNICATIONS CORP NEW SR NT	Fixed income	02/15/27	3.875%	N/A	280,000	268,429
	SLG OFFICE TR	Fixed income	07/15/41	2.585%	N/A	50,000	41,987
	SLM CORP FIXED	Fixed income	11/02/26	3.125%	N/A	140,000	133,622
	SLM CORP FIXED	Fixed income	10/29/25	4.200%	N/A	140,000	138,750
	SOUTHWEST AIRLINES CO	Fixed income	06/15/27	5.125%	N/A	65,000	65,295
	SOUTHWESTERN ENERGY CO	Fixed income	02/01/29	5.375%	N/A	70,000	68,953
	SPRINGLEAF PPTY TR INC	Fixed income	03/15/26	7.125%	N/A	80,000	81,437
	STARWOOD PPTY TR INC SR NT	Fixed income	01/15/27	4.375%	N/A	60,000	58,010
	STARWOOD PROPERTY TRUST	Fixed income	03/15/25	4.750%	N/A	56,000	55,971

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

SCHEDULE H, LINE 4i

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments				Principal or Shares	(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral			
	SUNOCO LP SUNOCO	Fixed income	03/15/28	5.875%	N/A	210,000	\$ 207,943	\$ 209,143
	SUNOCO LP SUNOCO FIXED	Fixed income	04/15/27	6.000%	N/A	60,000	58,575	59,881
	TAPESTRY INC	Fixed income	03/11/33	5.100%	N/A	70,000	70,050	69,202
	TEGNA INC	Fixed income	03/15/28	4.625%	N/A	60,000	55,800	56,700
	TENET HEALTHCARE FIXED	Fixed income	01/06/29	4.250%	N/A	145,000	134,522	136,126
	TENET HEALTHCARE FIXED	Fixed income	01/11/27	5.125%	N/A	135,000	132,605	132,206
	TEVA	Fixed income	10/01/26	3.150%	N/A	130,000	116,613	124,917
	TEVA	Fixed income	05/09/27	4.750%	N/A	80,000	77,028	78,066
	TEVA PHARMACEUTICAL FIN NTH III	Fixed income	03/01/28	6.750%	N/A	70,000	71,250	71,467
	T-MOBILE USA INC	Fixed income	07/15/33	5.050%	N/A	70,000	69,775	68,560
	UNITED HEALTH GROUP	Fixed income	03/15/26	3.100%	N/A	50,000	49,135	49,265
	US BANCORP MEDIUM NTS	Fixed income	02/01/34	4.839%	N/A	110,000	106,809	105,321
	WARNERMEDIA HOLDINGS	Fixed income	03/15/26	6.412%	N/A	115,000	115,273	115,046
	WELLS FARGO & CO MEDIUM	Fixed income	04/30/26	2.188%	N/A	115,000	113,330	113,961
	WELLS FARGO & COMPANY	Fixed income	04/24/34	5.389%	N/A	70,000	70,575	69,238
	WELLS FARGO COML	Fixed income	11/15/57	5.920%	N/A	40,000	41,200	41,206
	WESTERN DIG CORP	Fixed income	02/15/26	4.750%	N/A	270,000	262,041	267,397
	WESTERN MIDSTREAM OPER	Fixed income	02/01/25	3.100%	N/A	160,000	154,410	159,590
	WYNDHAM	Fixed income	07/31/26	6.625%	N/A	80,000	80,256	80,855
	WYNDHAM WORLDWIDE FIXED	Fixed income	10/01/25	5.100%	N/A	185,000	189,025	185,463
	Total corporate and other bonds and notes						<u>15,647,813</u>	<u>15,807,561</u>
	Mutual funds							
	MFB Northern Instl Fds Govt Portfolio CI A	RIC	N/A	N/A	N/A	422,643	422,643	422,643
	MFB Northern Instl Fds Treas Portfolio Premier CL	RIC	N/A	N/A	N/A	596,211	596,211	596,211
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	RIC	N/A	N/A	N/A	33,484,056	33,484,056	33,484,056
	Total mutual funds						<u>34,502,910</u>	<u>34,502,910</u>
	Real estate investment fund							
	US Real Estate Investment Fund	Other	N/A	N/A	N/A	1,567	4,558,120	3,736,803
	Limited partnership							
	Boyd Watterson GSA Fund LP	Other	N/A	N/A	N/A	N/A	4,423,095	3,939,195
	Interest-bearing cash							
	Cash - interest bearing - Bank of Utica	Cash	Demand	Variable	N/A	11,043,164	11,049,999	11,049,999
	Total assets (held at end of year)						<u>\$ 70,181,937</u>	<u>\$ 77,509,493</u>

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

SCHEDULE H, LINE 4j

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net gain or (loss)
Single Transactions Exceeding 5% of Plan Assets						
	MFB Northern Instl Fds Govt Portfolio CI A	\$ 12,331,487	\$ -	\$ 12,331,487	\$ 12,331,487	\$ -
	MFB Northern Instl Fds Govt Portfolio CI A	-	4,500,000	4,500,000	4,500,000	-
	MFB Northern Instl Fds Govt Portfolio CI A	-	12,403,678	12,403,678	12,403,678	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	6,000,000	-	6,000,000	6,000,000	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	12,403,678	-	12,403,678	12,403,678	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	-	6,291,783	6,291,783	6,291,783	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	-	10,789,359	10,789,359	10,789,359	-
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	6,291,783	-	6,291,783	6,291,783	-
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	-	3,929,492	3,929,492	3,929,492	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	4,500,000	-	4,500,000	4,500,000	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	-	12,331,487	12,331,487	12,331,487	-
Series of Transactions Exceeding 5% of Plan Assets						
	MFB Northern Instl Fds Govt Portfolio CI A	16,896,187	-	16,896,187	16,896,187	-
	MFB Northern Instl Fds Govt Portfolio CI A	-	21,392,555	21,392,555	21,392,555	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	24,489,233	-	24,489,233	24,489,233	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	-	24,213,531	24,213,531	24,213,531	-
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	-	6,842,772	6,842,772	6,842,772	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	4,824,808	-	4,824,808	4,824,808	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	-	12,331,487	12,331,487	12,331,487	-



UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULES OF BENEFITS PAID TO OR ON BEHALF OF PARTICIPANTS BENEFICIARIES OR DEPENDENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Payments to health care providers		
Medical and hospital	\$ 41,279,177	\$ 38,332,212
Prescription drugs	11,010,330	10,971,495
Dental	1,670,196	1,917,164
Vision	284,653	271,776
Medical - self administered	102,474	102,073
Total payments to health care providers	54,346,830	51,594,720
Payments to insurance carriers		
Group insurance premiums - life and accidental death and dismemberment	665,898	433,062
Education and safety		
Scholarships	193,838	219,125
Maternity incentive benefits	-	472
Continuing adult education	30	28
Total education and safety	193,868	219,625
Total benefits paid to or on behalf of participants, beneficiaries or dependents	\$ 55,206,596	\$ 52,247,407

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Payroll	\$ 479,124	\$ 544,702
Claims administration fees		
Excellus BlueCross BlueShield	1,883,901	1,851,109
Health management and wellness programs	197,245	256,416
Loomis - dental	163,103	196,784
HMC - EMAP	61,671	81,586
Davis Vision	31,732	26,128
HealthSmart Rx - prescription drugs	2,009,327	2,133,678
Employee benefits - welfare	130,407	145,392
Employee benefits - pension	58,214	66,287
Rent and occupancy	87,805	85,520
Legal fees	117,083	124,504
Benefits consulting and actuarial fees	130,125	254,133
Accounting and auditing	70,392	69,380
Computer software support	126,443	123,745
Depreciation and amortization	1,419	19,224
Insurance	85,699	89,314
Payroll taxes	39,970	44,649
Operations expense	38,482	45,000
Postage	48,254	29,822
Printing and publications	6,021	30,279
Conferences, meetings, and seminars	24,600	32,363
Office supplies and expenses	54,560	51,160
Temporary help	934	9,135
Maintenance	7,788	8,255
Member services	4,031	-
Travel and auto	3,950	4,918
Telephone	2,269	2,090
Trustee meetings	-	2,072
Payroll service fees	1,159	1,270
Scholarship consultant	800	800
Bank charges	178	161
	<u>\$ 5,866,686</u>	<u>\$ 6,329,876</u>
Total administrative expenses	<u>\$ 5,866,686</u>	<u>\$ 6,329,876</u>

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2024

SCHEDULE H, LINE 4i

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments				(d) Cost	(e) Current Value	
		Description	Maturity Date	Interest Rate	Collateral			Principal or Shares
	U.S. Government bonds and notes							
	UNITED STATES OF AMER TREAS NOTES	Fixed income	11/15/2033	4.500%	N/A	400,000	\$ 407,698	\$ 398,250
	UNITED STATES OF AMER TREAS NOTES	Fixed income	10/31/2026	1.125%	N/A	630,000	593,817	595,522
	UNITED STATES OF AMER TREAS NOTES	Fixed income	3/31/2030	3.500%	N/A	1,315,000	1,278,144	1,267,177
	UNITED STATES OF AMER TREAS NOTES	Fixed income	5/15/2026	3.625%	N/A	705,000	699,068	699,162
	UNITED STATES TREA NTS	Fixed income	5/31/2027	0.500%	N/A	745,000	679,598	681,122
	UNITED STATES TREA NTS DTD	Fixed income	6/30/2028	1.250%	N/A	1,095,000	988,426	986,484
	UNITED STATES TREA NTS DTD	Fixed income	2/15/2026	1.625%	N/A	210,000	203,179	203,995
	UNITED STATES TREA NTS WIT 1 1/2	Fixed income	5/15/2031	1.625%	N/A	1,450,000	1,238,502	1,223,154
	UNITED STATES TREA NTS	Fixed income	3/31/2029	2.375%	N/A	1,770,000	1,645,753	1,633,309
	UNITED STATES TREA NTS	Fixed income	8/15/2032	2.750%	N/A	885,000	798,256	784,850
	Total U.S. Government bonds and notes						8,532,441	8,473,025
	Corporate and other bonds and notes							
	AERCAP IRELAND CAP / GLOBA	Fixed income	10/29/28	3.000%	N/A	70,000	65,075	64,797
	AMERICAN EXPRESS	Fixed income	10/30/31	6.489%	N/A	55,000	59,394	58,806
	AMGEN INC	Fixed income	03/02/28	5.150%	N/A	35,000	35,555	35,252
	ANTHEM INC	Fixed income	03/01/28	4.101%	N/A	95,000	93,262	92,902
	BANK AMER CORP	Fixed income	07/01/28	3.593%	N/A	130,000	126,049	125,830
	BANK OF AMERICA CORPORATION	Fixed income	04/25/34	5.288%	N/A	70,000	70,499	69,528
	BARCLAYS PLC FLTG RT	Fixed income	09/13/29	6.490%	N/A	65,000	68,226	67,628
	BAT INTL FINANCE PLC	Fixed income	02/02/29	5.931%	N/A	90,000	93,429	92,701
	BBCMS MTS TR	Fixed income	05/15/57	5.829%	N/A	50,000	52,758	52,188
	BENCHMARK	Fixed income	02/04/26	5.505%	N/A	75,000	77,054	76,857
	BOEING CO FIXED	Fixed income	02/04/26	2.196%	N/A	135,000	130,120	130,916
	BOYD GAMING CORP	Fixed income	12/01/27	4.750%	N/A	280,000	261,623	270,702
	BRINKS CO	Fixed income	10/15/27	4.625%	N/A	35,000	34,034	33,958
	BSTN PPTY LTD	Fixed income	06/21/29	3.400%	N/A	75,000	69,132	68,810
	CAPITAL ONE FINANCIAL CORP	Fixed income	06/08/29	6.312%	N/A	70,000	72,826	72,295
	CENTENE CORP DEL SR NT	Fixed income	12/15/27	4.250%	N/A	275,000	256,726	266,805
	CHARTER	Fixed income	07/23/25	4.908%	N/A	270,000	268,780	269,684
	CITIGROUP INC	Fixed income	11/17/23	6.270%	N/A	65,000	69,406	68,132
	CITIGROUP INC	Fixed income	01/10/28	3.887%	N/A	65,000	63,773	63,722
	CLEARWAY ENERGY	Fixed income	03/15/28	4.750%	N/A	220,000	213,844	210,393
	CROWN AMERS LLC/CROWN	Fixed income	02/01/26	4.750%	N/A	280,000	275,005	276,593
	CVS HEALTH CORP	Fixed income	02/21/23	5.250%	N/A	55,000	54,149	52,739
	D R HORTON INC	Fixed income	10/15/27	1.400%	N/A	40,000	36,702	36,534
	DC COML MITG TR	Fixed income	09/12/40	6.314%	N/A	65,000	67,029	66,637
	DCP MIDSTREAM OPER	Fixed income	07/15/25	5.375%	N/A	102,000	103,258	102,127
	DEUTSCHE BK AG NY FLTG RT	Fixed income	11/24/26	2.129%	N/A	135,000	130,822	131,581
	DIAMONDBACK ENERGY	Fixed income	04/18/34	5.400%	N/A	75,000	74,863	73,813
	DISNEY WALT CO FIXED	Fixed income	01/13/26	1.750%	N/A	40,000	38,754	38,930

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

SCHEDULE H, LINE 4I

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments	(c)			(d) Principal or Shares	(d) Cost	(e) Current Value
			Maturity Date	Interest Rate	Collateral			
	DR HORTON INC	Fixed income	10/15/34	5.000%	N/A	40,000	\$ 39,338	\$ 38,685
	DUKE ENERGY CORP	Fixed income	09/01/26	2.650%	N/A	130,000	125,501	125,820
	ENBRIDGE	Fixed income	11/15/30	6.200%	N/A	65,000	69,181	68,537
	ENBRIDGE ENERGY	Fixed income	10/15/25	5.875%	N/A	45,000	45,323	45,234
	ENERGY TRANSFER	Fixed income	05/15/30	3.750%	N/A	70,000	65,446	65,315
	ENTERFY TEX INC	Fixed income	03/30/29	4.000%	N/A	55,000	53,711	53,219
	EQUINIX EUROPE 2 FINANCING CORP	Fixed income	06/15/34	5.500%	N/A	70,000	71,237	70,212
	EXTENDED STAY AMER TR	Fixed income	07/15/38	5.506%	N/A	88,079	88,134	88,134
	FIRST CITIZENS BANCSHARES	Fixed income	03/15/30	3.375%	N/A	55,000	54,533	54,674
	FISERV	Fixed income	10/01/28	4.200%	N/A	55,000	54,002	53,484
	FORD MOTOR CREDIT CO LLC	Fixed income	11/07/33	7.122%	N/A	70,000	74,571	73,081
	FORTRESS TRANSN & INFRASTRUCTURE	Fixed income	05/01/28	5.500%	N/A	280,000	267,671	273,843
	GEN DYNAMICS CORP FIXED	Fixed income	04/01/27	3.500%	N/A	60,000	58,789	58,691
	GENERAL MOTORS FNL	Fixed income	10/15/28	2.400%	N/A	75,000	67,988	67,992
	GENERAL MTRS FNL	Fixed income	06/10/31	2.700%	N/A	40,000	34,108	33,901
	GLP CAP LP GLP	Fixed income	06/01/25	5.250%	N/A	185,000	183,664	184,957
	GLP CAP LP GLP	Fixed income	04/15/26	5.375%	N/A	85,000	83,602	84,998
	GOLDMAN SACHS FLTG RT	Fixed income	02/12/26	8.550%	N/A	100,000	98,703	99,507
	HCP INC	Fixed income	07/15/26	3.250%	N/A	30,000	29,365	29,320
	HILTON DOMESTIC	Fixed income	05/01/25	5.375%	N/A	195,000	195,392	194,037
	HSBC HLDGS PLC	Fixed income	06/04/26	2.099%	N/A	70,000	65,758	69,177
	HUNTINGTON BANCSHARES	Fixed income	02/02/35	5.709%	N/A	70,000	70,949	69,963
	HYATT HOTELS CORP	Fixed income	01/30/27	5.750%	N/A	20,000	20,411	20,306
	ICAHN ENTERPRISES LP	Fixed income	05/15/26	6.250%	N/A	63,000	60,936	62,416
	ICAHN ENTERPRISES LP	Fixed income	05/15/27	5.250%	N/A	190,000	176,306	179,887
	JPMORGAN CHASE	Fixed income	04/22/26	2.083%	N/A	135,000	133,086	133,839
	KYNDRYL HLDGS	Fixed income	02/20/34	6.350%	N/A	70,000	72,841	72,832
	MAGNA INT INC	Fixed income	06/15/30	2.450%	N/A	85,000	74,885	74,704
	MARRIOTT INC	Fixed income	12/01/28	4.650%	N/A	20,000	19,982	19,850
	MARRIOTT INT INC	Fixed income	04/15/25	4.000%	N/A	50,000	48,931	48,633
	MCDONALDS CORP	Fixed income	08/14/28	4.800%	N/A	40,000	40,338	40,069
	MERCEDES BENZ AUTO LEASE TRUST SER 24	Fixed income	01/18/28	5.320%	N/A	50,000	50,709	50,592
	MORGAN STANLEY	Fixed income	10/18/33	6.342%	N/A	55,000	59,435	58,197
	MORGAN STANLEY VAR RT	Fixed income	07/22/28	VARIABLE	N/A	120,000	116,364	115,706
	NIKE INC	Fixed income	03/27/27	2.750%	N/A	50,000	48,248	48,203
	NUCOR CORP	Fixed income	06/01/25	2.000%	N/A	45,000	44,258	44,478
	OCCIDENTAL PETE CORP	Fixed income	01/01/32	5.375%	N/A	25,000	24,767	24,501
	ONEMAIN FIN CORP SR NT	Fixed income	01/15/27	3.500%	N/A	135,000	126,094	128,769
	ONEMAIN FINANCIAL CORPORATION	Fixed income	09/15/28	3.875%	N/A	70,000	64,769	64,508
	OWENS CORNING	Fixed income	09/15/26	3.400%	N/A	65,000	63,645	63,567
	PENSKE AUTOMOTIVE GROUP INC	Fixed income	09/01/25	3.500%	N/A	110,000	104,048	108,609
	PFIZER INVEST ENTER	Fixed income	05/19/26	4.450%	N/A	60,000	59,966	59,916
	PHILIP MORRIS INT INC	Fixed income	02/13/31	5.125%	N/A	70,000	70,948	70,044
	PHILIP MORRIS INTL	Fixed income	05/01/25	1.500%	N/A	45,000	44,315	44,517
	PLANS ALL AMERI PIPELINE	Fixed income	09/15/34	5.700%	N/A	70,000	70,718	69,856
	PNC FINANCIAL SVCS	Fixed income	06/12/29	5.582%	N/A	130,000	133,065	132,258
	PROLOGIS LP	Fixed income	06/15/28	4.875%	N/A	65,000	65,698	65,147
	PVTPL AADVANTAGE LOYALTY	Fixed income	04/20/26	5.500%	N/A	202,499	199,312	202,056
	PVTPL ALBERTSONS COS INC SAFEWAY	Fixed income	03/15/26	3.250%	N/A	75,000	73,825	74,377

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

SCHEDULE H, LINE 4i

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments	(c)			(d) Cost	(e) Current Value	
			Maturity Date	Interest Rate	Collateral			
	PVTPL ALBERTSONS COS INC SAFEWAY	Fixed income	03/15/26	3.250%	N/A	280,000	\$ 259,140	\$ 273,162
	PVTPL BRINKS COMPANY	Fixed income	06/15/29	6.500%	N/A	160,000	161,551	162,146
	PVTPL CI PPTY NT	Fixed income	12/01/26	4.250%	N/A	280,000	263,647	275,354
	PVTPL CLEVELAND CLIFFS INC	Fixed income	11/01/29	6.875%	N/A	25,000	25,000	24,733
	PVTPL CMO BX TR	Fixed income	10/15/36	VARIABLE	N/A	85,000	84,548	84,761
	PVTPL ESAB CORP	Fixed income	04/15/29	6.250%	N/A	225,000	226,362	227,799
	PVTPL GENTING NEW YORK LLC	Fixed income	10/01/29	7.250%	N/A	100,000	100,455	103,020
	PVTPL GFL ENVIROMENTAL INC	Fixed income	08/01/25	3.750%	N/A	160,000	153,897	158,417
	PVTPL GGAM FIN LTD	Fixed income	02/15/27	8.000%	N/A	135,000	136,804	139,247
	PVTPL GGAM FINANCE LTD	Fixed income	05/15/26	7.750%	N/A	120,000	120,000	121,759
	PVTPL HAT HLDGS	Fixed income	06/15/26	3.375%	N/A	175,000	164,372	169,571
	PVTPL HAT HLDGS	Fixed income	06/15/27	8.000%	N/A	100,000	103,668	104,220
	PVTPL HERC HLDGS INC	Fixed income	07/15/27	5.500%	N/A	140,000	139,288	138,219
	PVTPL HERC HLDGS INC	Fixed income	06/15/29	6.625%	N/A	125,000	125,848	126,584
	PVTPL INTERNATIONAL GAME TECHNOLOGY	Fixed income	01/15/27	6.250%	N/A	270,000	270,088	271,696
	PVTPL JAZZ SECS DESIGNATED ACTIVITY	Fixed income	01/15/29	4.375%	N/A	295,000	274,119	278,144
	PVTPL KIBNETIK HLDGS LP	Fixed income	12/15/28	6.625%	N/A	260,000	262,239	265,982
	PVTPL MACQUARIE ARFINANCE HLDGS LTS	Fixed income	03/26/29	6.400%	N/A	20,000	20,400	20,612
	PVTPL MACQUARIE ARFINANCE HLDGS LTS	Fixed income	05/01/28	8.375%	N/A	155,000	160,306	162,425
	PVTPL PARK INTER HLDGS LLC PK DOMESTIC	Fixed income	05/15/29	4.875%	N/A	145,000	136,119	136,274
	PVTPL PARK INTER HLDGS LLC PK DOMESTIC	Fixed income	10/01/28	5.875%	N/A	140,000	137,944	136,847
	PVTPL PHINIA INC	Fixed income	04/15/29	6.750%	N/A	185,000	187,708	188,701
	PVTPL PRIME SEC SVCS BORROWER LLC	Fixed income	04/15/26	5.750%	N/A	270,000	264,014	269,849
	PVTPL SIRIUS XM RADIO INC	Fixed income	09/01/26	3.125%	N/A	285,000	260,246	273,759
	PVTPL STARWOOD PPTY TR INC	Fixed income	07/15/26	3.625%	N/A	170,000	155,369	164,068
	PVTPL TALL GRASS ENERGY PARTNERS	Fixed income	01/15/28	5.500%	N/A	85,000	81,535	81,739
	PVTPL TALLGRASS ENERGY PARTNERS	Fixed income	03/01/27	6.000%	N/A	55,000	54,025	54,489
	PVTPL TALLGRASS ENERGY PARTNERS	Fixed income	02/15/29	7.375%	N/A	130,000	130,420	130,412
	PVTPL TEGNA INC SR INT	Fixed income	03/15/26	4.750%	N/A	220,000	217,307	216,964
	PVTPL TRANSDIGM INC	Fixed income	03/01/29	6.375%	N/A	135,000	135,028	135,300
	PVTPL TRANSIGM INC	Fixed income	08/15/28	6.750%	N/A	125,000	126,941	126,090
	PVTPL VISTRA OPERATIONS CO LLC	Fixed income	09/01/26	5.500%	N/A	270,000	264,221	269,148
	PVTPL WESCO DISTRIBUTION INC	Fixed income	03/15/29	6.375%	N/A	90,000	90,063	91,203
	PVTPL XPO INC	Fixed income	06/01/28	6.250%	N/A	210,000	210,396	211,285
	QUANTA SVCS INC	Fixed income	10/01/30	2.900%	N/A	70,000	63,125	62,521
	REGIONS FINANCIAL CORP	Fixed income	08/12/28	1.800%	N/A	105,000	93,720	93,519
	SBA COMMUNICATIONS CORP NEW SR NT	Fixed income	02/15/27	3.875%	N/A	280,000	259,257	268,429
	SLG OFFICE TR	Fixed income	07/15/41	2.585%	N/A	50,000	42,289	41,987
	SLM CORP FIXED	Fixed income	11/02/26	3.125%	N/A	140,000	121,941	133,622
	SLM CORP FIXED	Fixed income	10/29/25	4.200%	N/A	140,000	132,553	138,750
	SOUTHWEST AIRLINES CO	Fixed income	06/15/27	5.125%	N/A	65,000	65,498	65,295
	SOUTHWESTERN ENERGY CO	Fixed income	02/01/29	5.375%	N/A	70,000	69,311	68,953
	SPRINGLEAF PPTY TR INC	Fixed income	03/15/26	7.125%	N/A	80,000	81,416	81,437
	STARWOOD PPTY TR INC SR NT	Fixed income	01/15/27	4.375%	N/A	60,000	58,363	58,010
	STARWOOD PROPERTY TRUST	Fixed income	03/15/25	4.750%	N/A	56,000	54,044	55,971

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2024

SCHEDULE H, LINE 4i

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investments				Principal or Shares	(d) Cost	(e) Current Value
		Description	Maturity Date	Interest Rate	Collateral			
	SUNOCO LP SUNOCO	Fixed income	03/15/28	5.875%	N/A	210,000	\$ 207,943	\$ 209,143
	SUNOCO LP SUNOCO FIXED	Fixed income	04/15/27	6.000%	N/A	60,000	58,575	59,881
	TAPESTRY INC	Fixed income	03/11/33	5.100%	N/A	70,000	70,050	69,202
	TEGNA INC	Fixed income	03/15/28	4.625%	N/A	60,000	55,800	56,700
	TENET HEALTHCARE FIXED	Fixed income	01/06/29	4.250%	N/A	145,000	134,522	136,126
	TENET HEALTHCARE FIXED	Fixed income	01/11/27	5.125%	N/A	135,000	132,605	132,206
	TEVA	Fixed income	10/01/26	3.150%	N/A	130,000	116,613	124,917
	TEVA	Fixed income	05/09/27	4.750%	N/A	80,000	77,028	78,066
	TEVA PHARMACEUTICAL FIN NTH III	Fixed income	03/01/28	6.750%	N/A	70,000	71,250	71,467
	T-MOBILE USA INC	Fixed income	07/15/33	5.050%	N/A	70,000	69,775	68,560
	UNITED HEALTH GROUP	Fixed income	03/15/26	3.100%	N/A	50,000	49,135	49,265
	US BANCORP MEDIUM NTS	Fixed income	02/01/34	4.839%	N/A	110,000	106,809	105,321
	WARNERMEDIA HOLDINGS	Fixed income	03/15/26	6.412%	N/A	115,000	115,273	115,046
	WELLS FARGO & CO MEDIUM	Fixed income	04/30/26	2.188%	N/A	115,000	113,330	113,961
	WELLS FARGO & COMPANY	Fixed income	04/24/34	5.389%	N/A	70,000	70,575	69,238
	WELLS FARGO COML	Fixed income	11/15/57	5.920%	N/A	40,000	41,200	41,206
	WESTERN DIG CORP	Fixed income	02/15/26	4.750%	N/A	270,000	262,041	267,397
	WESTERN MIDSTREAM OPER	Fixed income	02/01/25	3.100%	N/A	160,000	154,410	159,590
	WYNDHAM	Fixed income	07/31/26	6.625%	N/A	80,000	80,256	80,855
	WYNDHAM WORLDWIDE FIXED	Fixed income	10/01/25	5.100%	N/A	185,000	189,025	185,463
	Total corporate and other bonds and notes						<u>15,647,813</u>	<u>15,807,561</u>
	Mutual funds							
	MFB Northern Instl Fds Govt Portfolio CI A	RIC	N/A	N/A	N/A	422,643	422,643	422,643
	MFB Northern Instl Fds Treas Portfolio Premier CL	RIC	N/A	N/A	N/A	596,211	596,211	596,211
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	RIC	N/A	N/A	N/A	33,484,056	33,484,056	33,484,056
	Total mutual funds						<u>34,502,910</u>	<u>34,502,910</u>
	Real estate investment fund							
	US Real Estate Investment Fund	Other	N/A	N/A	N/A	1,567	<u>4,558,120</u>	<u>3,736,803</u>
	Limited partnership							
	Boyd Watterson GSA Fund LP	Other	N/A	N/A	N/A	N/A	<u>4,423,095</u>	<u>3,939,195</u>
	Interest-bearing cash							
	Cash - interest bearing - Bank of Ulica	Cash	Demand	Variable	N/A	11,043,164	<u>11,049,999</u>	<u>11,049,999</u>
	Total assets (held at end of year)						<u>\$ 70,181,937</u>	<u>\$ 77,509,493</u>

UFCW LOCAL ONE HEALTH CARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

SCHEDULE H, LINE 4j

EIN NO. 16-0915820
PLAN NO. 501

(a)	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net gain or (loss)
	Single Transactions Exceeding 5% of Plan Assets					
	MFB Northern Instl Fds Govt Portfolio CI A	\$ 12,331,487	\$ -	\$ 12,331,487	\$ 12,331,487	\$ -
	MFB Northern Instl Fds Govt Portfolio CI A	-	4,500,000	4,500,000	4,500,000	-
	MFB Northern Instl Fds Govt Portfolio CI A	-	12,403,678	12,403,678	12,403,678	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	6,000,000	-	6,000,000	6,000,000	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	12,403,678	-	12,403,678	12,403,678	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	-	6,291,783	6,291,783	6,291,783	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	-	10,789,359	10,789,359	10,789,359	-
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	6,291,783	-	6,291,783	6,291,783	-
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	-	3,929,492	3,929,492	3,929,492	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	4,500,000	-	4,500,000	4,500,000	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	-	12,331,487	12,331,487	12,331,487	-
	Series of Transactions Exceeding 5% of Plan Assets					
	MFB Northern Instl Fds Govt Portfolio CI A	16,896,187	-	16,896,187	16,896,187	-
	MFB Northern Instl Fds Govt Portfolio CI A	-	21,392,555	21,392,555	21,392,555	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	24,489,233	-	24,489,233	24,489,233	-
	MFB Northern Instl Fds Treas Portfolio Premier CL	-	24,213,531	24,213,531	24,213,531	-
	MFB Northern Instl Fds Treas Portfolio Shs CL Fund	-	6,842,772	6,842,772	6,842,772	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	4,824,808	-	4,824,808	4,824,808	-
	MFB Baird Fds Inc Inter Bd Fd Instl CI Shs	-	12,331,487	12,331,487	12,331,487	-