

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>STOREWORKERS SECURITY PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES STOREWORKERS SECURITY PLAN</u>  <u>370 SEVENTH AVE</u> <u>SUITE 1401</u> <u>NEW YORK, NY 10001</u>	<b>1c</b> Effective date of plan <u>02/01/1949</u>  <b>2b</b> Employer Identification Number (EIN) <u>13-6162367</u>  <b>2c</b> Plan Sponsor's telephone number <u>212-308-4800</u>  <b>2d</b> Business code (see instructions) <u>448150</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	11/11/2025	MICHAEL VAN SERTIMA, CPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	824
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	510
	<b>6a(2)</b>	517
	<b>6b</b>	282
	<b>6c</b>	
	<b>6d</b>	799
	<b>6e</b>	
	<b>6f</b>	799
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	2

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<p><b>A</b> Name of plan <b>STOREWORKERS SECURITY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES STOREWORKERS</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>13-6162367</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**UNITEDHEALTHCARE 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
36-2739571	79413	327936	7	02/01/2024	01/31/2025

**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 <b>4623</b></p>	<p>(b) Total amount of fees paid <b>540</b></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  
**WESTWOOD PLANS, INC. 6 WHITE PINE LANE SETAUKET, NY 11733**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4623			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**PROFESSIONAL GROUP PLANS, INC 225 WIRELESS BLVD STE 200 HAUPPAUGE, NY 11788**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	540	<b>SERVICE FEE AGREEMENT</b>	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
	(c) Amount	(d) Purpose	

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

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

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

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

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

**6** Contracts With Allocated Funds:

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	123287
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

<b>A</b> Name of plan <b>STOREWORKERS SECURITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES STOREWORKERS</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6162367</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

SYNTONIC SYSTEMS

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	23700	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 WIEDERHOLD

13-6162367

(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	NONE	85800	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)

GOULD, KOBRICK & SCHLAPP

13-3082707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25500	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)

MARIAN OCONNOR

13-6162367

(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	NONE	49407	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

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	25000	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)

EISNER & DICTOR P.C.

13-3062532

(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	UNION ATTORNEY	21911	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)

MARITZA DIAZ

13-6162367

(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	NONE	33192	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)

MERRILL LYNCH WEALTH MANAGEMENT

7 ROSZEL ROAD  
FLOOR 4  
PRINCETON, NJ 08540

(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	UNION INVESTMENT MANAGER	20426	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
MERRILL LYNCH WEALTH MANAGEMENT 7 ROSZEL ROAD FLOOR 4 PRINCETON, NJ 08540	19	INFORMATION ON INDIRECT COMPENSATION

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
THE ABBRACCIAMENTO-STRANDSKOV GROUP 7 ROSZEL ROAD FLOOR 4 PRINCETON, NJ 08540	19	INFORMATION ON INDIRECT COMPENSATION

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>02/01/2024</b> and ending <b>01/31/2025</b>	
<b>A</b> Name of plan <b>STOREWORKERS SECURITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES STOREWORKERS</b>	<b>D</b> Employer Identification Number (EIN) <b>13-6162367</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	51156	42808
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	31881	32066
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	49350	48177
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	42263	68981
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2824201	2386861
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		88397
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1070469	966024
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1309183	1160294
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	14371	17732
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	5392874	4811340
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	28850	31150
<b>h</b> Operating payables.....	<b>1h</b>	34068	34812
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	235734	162710
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	298652	228672
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	5094222	4582668

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	171857	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	17854	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		189711
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	774	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	87266	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	41066	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		129106
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	56564	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		56564
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	888301	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	923072	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-34771
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	21902	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-13418
<b>c</b> Other income .....	<b>2c</b>		30544
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		379638

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	349276	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	123287	
(3) Other .....	<b>2e(3)</b>	23638	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		496201
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	192437	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	25500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	20426	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	25000	
(8) Legal fees .....	<b>2i(8)</b>	21911	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	61	
(11) Other expenses .....	<b>2i(11)</b>	109656	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		394991
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		891192

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-511554
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **GOULD, KOBRICK & SCHLAPP, PC**

(2) EIN: **13-3082707**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**STOREWORKERS SECURITY PLAN**

**FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024**

**STOREWORKERS SECURITY PLAN  
FINANCIAL STATEMENTS  
JANUARY 31, 2025 AND 2024**

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D. ROBERT GOULD, C.P.A. (1933-2015)  
STUART L. KOBRICK, C.P.A. (RETIRED)  
STEVEN T. SCHLAPP, C.P.A.  
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.  
RONDELL E. MARSHALL, C.P.A.

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees  
Storeworkers Security Plan

### **Opinion**

We have audited the financial statements of Storeworkers Security Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of January 31, 2025 and 2024, and the related statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of Storeworkers Security Plan as of January 31, 2025 and 2024, and the changes in benefit obligations and in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Storeworkers Security 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.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

## **INDEPENDENT AUDITORS' REPORT (continued)**

### **Auditors' Responsibilities for the Audit of the Financial Statements (continued)**

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

In performing an audit in accordance with GAAS, we:

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

### **Other Matter – Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held at end of year attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

**INDEPENDENT AUDITORS' REPORT (continued)**

**Other Matter – Other Supplemental Information**

The supplemental schedules on pages 14 through 17 are presented for purposes of additional analysis and are not a required part of the basic financial statements. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Auld, Kohnstien & Adolph, P.C.*

New York, NY  
October 23, 2025

## STOREWORKERS SECURITY PLAN

### STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS AVAILABLE FOR BENEFITS JANUARY 31, 2025 AND 2024

	2025	2024
<b>BENEFIT OBLIGATIONS</b>		
Benefits currently payable	\$ 250	\$ 50
Benefits incurred but not reported	30,900	28,800
Postretirement benefit obligations	1,735,553	1,847,454
Total Benefit Obligations	1,766,703	1,876,304
<b>ASSETS</b>		
Investments, at fair value	4,670,557	5,246,116
Receivables:		
Employer contributions	32,066	31,881
Accrued investment income	25,494	26,751
Total Receivables	57,560	58,632
Other assets:		
Cash, operating accounts	42,808	51,156
Deposit - NY Workers Compensation Board	14,000	14,000
Cemetery plots	13,565	13,565
Prepaid expenses	12,850	8,599
Fixed assets, net of accumulated depreciation	0	806
Total Other Assets	83,223	88,126
Total Assets	4,811,340	5,392,874
<b>LIABILITIES</b>		
Due to employer for excess contributions	104,413	150,994
Accrued administrative expenses	34,812	34,068
Due to Union	34,787	56,124
Vacation benefits payable	21,523	26,817
Other liabilities	1,987	1,799
Total Liabilities	197,522	269,802
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	4,613,818	5,123,072
<b>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</b>	\$ 2,847,115	\$ 3,246,768

The accompanying notes are an integral part of the financial statements.

## STOREWORKERS SECURITY PLAN

### STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED JANUARY 31, 2025 AND 2024

	2025	2024
<b>NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS</b>		
Benefits currently payable	\$ 200	\$ 50
Benefits incurred but not reported	2,100	(3,400)
Postretirement benefit obligations	(111,901)	(214,106)
Net (Decrease) in Benefit Obligations	(109,601)	(217,456)
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>		
Contributions:		
Employers	171,857	120,521
Participants	17,854	18,344
Total Contributions	189,711	138,865
Investment income:		
Interest and dividends	185,670	165,932
Net (depreciation) in fair value of investments	(26,287)	(13,983)
Total Contributions	159,383	151,949
Less - Investment fees	20,426	21,881
Net Investment Income	138,957	130,068
Total Additions	328,668	268,933
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>		
Benefits paid	493,901	437,014
Administrative expenses	344,021	521,713
Total Deductions	837,922	958,727
Net (decrease) in net assets available for benefits	(509,254)	(689,794)
Net (decrease) in excess of net assets available for benefits over benefit obligations	(399,653)	(472,338)
Excess of net assets available for benefits over benefit obligations:		
Beginning	3,246,768	3,719,106
Ending	\$ 2,847,115	\$ 3,246,768

The accompanying notes are an integral part of the financial statements.

**STOREWORKERS SECURITY PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 31, 2025 AND 2024**

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**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Storeworkers Security Plan (the “Plan”) provides only general information. Participants should refer to the Plan document and Summary Plan Description for a more complete description of the Plan’s provisions.

**General:** The Plan is a multiemployer defined benefit plan established for the purpose of providing health care and other benefits to eligible employees covered by collective bargaining agreements between the United Storeworkers, Local 3, RWDSU, AFL-CIO, (the “Union”) and individual employers who are signatory to the agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

**Plan Administration:** The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by an investment manager and maintained by a separate Plan custodian.

**Benefits and Eligibility:** The Plan provides benefits as enumerated on Page 16 to persons who meet the Plan eligibility requirements for the particular benefit and to their eligible beneficiaries and dependents. The Plan also provides coverage to Plan and Union employees, separated participants, and retirees and their spouses as defined by the Plan.

Effective September 1, 2009 the Plan no longer directly provides coverage for the following benefits to the covered employees of Bloomingdale’s:

- Hospital
- Medical
- Surgical/anesthesia
- Diagnostics (lab, x-ray, CAT scans, MRI, etc.)
- Prescription drugs
- Dental

These benefits will be provided through Macy’s and administered by CIGNA (a national insurance carrier). Bloomingdale’s deducts the funding for these benefits from its required contributions to the Plan.

The Plan will continue to directly provide sick leave, optical, dismemberment, a partial reimbursement of participants’ annual deductible in the Local 3/Bloomingdale’s Plan, death and burial benefits, and benefits to eligible retired employees.

In the most recent collective bargaining agreement which expired March 1, 2017, the bargaining parties have agreed to provide or to continue certain benefits from the Plan to assist in the transition to a new health benefit program structure. It is the desire of the bargaining parties to wind down, to the extent possible, those transitional benefits and other less utilized benefits and to reduce the administrative costs of the Plan under an agreed-upon schedule.

**Funding:** Employer contribution rates have been established under collective bargaining agreements entered into between the Union and various employers. Active participants who have medical and hospital coverage under the Plan are required to make contributions based on a percentage (as determined by the Board of Trustees) of pay.

**Plan Termination:** The Plan document provides that upon the termination of the Plan, any monies remaining after the payment of all expenses and obligations shall be paid or used for the continuance of one or more benefits in accordance with the provisions of the Plan document until the Plan is exhausted.

## STOREWORKERS SECURITY PLAN

### NOTES TO FINANCIAL STATEMENTS JANUARY 31, 2025 AND 2024

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#### NOTE 1 – DESCRIPTION OF PLAN (continued)

**Other:** Although they have not expressed any intention to do so, the Plan's Board of Trustees, as sponsor, has the right under the Plan to modify benefits provided to participants. The Plan may be terminated at any time by the Trustees, subject to the provisions set forth in ERISA.

#### NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting:** The financial statements were prepared on the accrual basis of accounting.

**Fixed Assets and Depreciation:** Furniture and equipment are stated at cost less depreciation accumulated since acquisition and does not purport to represent replacement or realizable value. All assets are depreciated using the straight-line method over estimated useful lives. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized, except for those funded by grants and included in the grant budget as fixed asset expenditures.

**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. (See Note 11 on Fair Value Measurements.)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold.

**Postretirement Benefit Obligations:** The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

The following were the significant assumptions used in the valuations as of January 31, 2025 and 2024:

- Interest Rate – 5.25%; 4.75% in the prior year.
- Mortality – Non-annuitant: Headcount-Weighted RP-2006 Employee Mortality Table.  
Annuitant: Headcount-Weighted RP-2006 Healthy Annuitant Mortality Table.

**STOREWORKERS SECURITY PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 31, 2025 AND 2024**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Postretirement Benefit Obligations (continued):**

- Retirement rates –

Age	Rate (%)
62-64	5
65-66	10
67	20
68-69	5
70-74	10
75 and over	100

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

The Plan along with Gimbels' and certain other former contributing employers were party to an agreement to provide benefits to participants of those former employers who had retired or had attained certain age and service requirements for future entitlement to benefits. The former employers and the Plan made a one-time contribution totaling \$5,000,000 on behalf of participants employed by these employers for estimated future benefit payments. The contribution is invested and accounted for separately, relative to these participants. These benefits will cease when the separate fund (the "Retirees' Fund") is expended, thus, the estimated future benefits are limited to the net assets available for benefits of this fund, which was \$866,504 and \$869,862 at January 31, 2025 and 2024, respectively. The estimated future benefits as of January 31, 2025 and 2024 as calculated by the Plan's actuary, using an interest rate of 5.25% (4.75% in the prior year), amounted to \$128,624 and \$125,829 respectively.

**Other Plan Benefits:** Plan obligations at January 31 for health claims payable and incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at net present value.

**Use of Estimates:** The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Current Expected Credit Losses:** The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the "ASU") significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financials assets held by the Plan that are subject to the ASU are accounts receivables.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan's financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

## STOREWORKERS SECURITY PLAN

### NOTES TO FINANCIAL STATEMENTS JANUARY 31, 2025 AND 2024

#### NOTE 3 – TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c) (9) of the Internal Revenue Code (IRC), as amended and, accordingly, the trust's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated April 9, 1953. The Plan has been amended since receiving the determination letter. However, the Plan's management believes that the Plan currently is designed and is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

#### NOTE 4 – POSTRETIREMENT BENEFIT OBLIGATIONS

The weighted-average health care cost-trend rate assumption was assumed to be 0% for hospital, Medicare premium allowance, and Medicare Part B reimbursement, and 3% for optical benefits. The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased or decreased, it would significantly affect the total of benefit obligations. The impact of a 1% increase in the health care cost trend assumptions would increase the Plan's postretirement obligations by approximately \$109,370 (including \$465 for the Retirees' Fund) as of January 31, 2025.

The calculation of an accounting obligation does not, in and of itself, imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense. The Plan's postretirement benefit obligation (including \$128,624 for the Retirees' Fund) and changes therein are summarized as follows:

	2025	2024
<b>POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Current retirees	\$ 1,228,399	\$ 1,337,572
Other participants fully eligible for benefits	428,302	383,314
Other participants not yet fully eligible for benefits	78,852	126,568
Total Postretirement Benefit Obligations	<u>\$ 1,735,553</u>	<u>\$ 1,847,454</u>
<b>NET CHANGE IN POSTRETIREMENT BENEFIT OBLIGATIONS</b>		
Benefits earned and other changes	\$ (121,178)	\$ (130,857)
Actuarial experience (gain) loss	0	(60,532)
Changes in actuarial assumptions	9,277	(22,717)
Net Change in Postretirement Benefit Obligations	<u>(111,901)</u>	<u>(214,106)</u>
Postretirement Benefit Obligations:		
Beginning	<u>1,847,454</u>	<u>2,061,560</u>
Ending	<u>\$ 1,735,553</u>	<u>\$ 1,847,454</u>

#### NOTE 5 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

**STOREWORKERS SECURITY PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 31, 2025 AND 2024**

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**NOTE 6 – RISKS AND UNCERTAINTIES**

Due to various risks (e.g., interest rate, market and credit risks) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term that could materially affect the amounts reported in the statement of net assets available for benefits.

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

**NOTE 7 – PENSION PLAN**

Eligible employees are covered under the Simplified Employees' Pension Plan, a single employer defined contribution retirement plan. The Plan's contributions to this retirement plan were \$17,415 and \$25,650 for the years ended January 31, 2025 and 2024.

**NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to January 31, but not yet paid as of that date

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

	Year Ended January 31,	
	2025	2024
Net assets available for benefits per the financial statements	\$ 4,613,818	\$ 5,123,072
Less - Benefits currently payable and incurred but not reported	<u>(31,150)</u>	<u>(28,850)</u>
Net assets available for benefits per Form 5500	<u>\$ 4,582,668</u>	<u>\$ 5,094,222</u>

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

	Year Ended January 31,	
	2025	2024
Benefits paid per the financial statements	\$ 493,901	\$ 437,014
Less - Benefit obligations currently payable, beginning	<u>(28,850)</u>	<u>(32,200)</u>
Add - Benefit obligations currently payable, end	<u>31,150</u>	<u>28,850</u>
Benefits paid per Form 5500	<u>\$ 496,201</u>	<u>\$ 433,664</u>

**STOREWORKERS SECURITY PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 31, 2025 AND 2024**

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**NOTE 9 – FIXED ASSETS**

Fixed assets at January 31, 2025 and 2024 by classification are summarized as follows:

	2025	2024
Office equipment, furniture and fixtures	\$ 46,461	\$ 46,461
Leasehold improvements	35,399	35,399
	81,860	81,860
Less - Accumulated depreciation	81,860	81,054
Net Fixed Assets	\$ 0	\$ 806

**NOTE 10 – EVALUATION OF SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through October 23, 2025, the date the financial statements were available to be issued.

**NOTE 11 – FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 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.
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

## STOREWORKERS SECURITY PLAN

### NOTES TO FINANCIAL STATEMENTS JANUARY 31, 2025 AND 2024

#### NOTE 11 – FAIR VALUE MEASUREMENTS (continued)

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at January 31, 2025 and 2024.

*Interest bearing cash:* Valued at cost which approximates fair market value.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate debt instruments:* 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. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

*Registered investment companies:* Certain registered investment companies are valued at the closing price, reported in the active market on which they are traded. Others are valued at estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end.

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

The following table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2025 and 2024:

January 31, 2025				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 68,981	\$ 0	\$ 0	\$ 68,981
U.S. government securities	0	2,386,861	0	2,386,861
Registered investment companies	1,160,294	0	0	1,160,294
Corporate debt instruments	0	1,054,421	0	1,054,421
Total	\$ 1,229,275	\$ 3,441,282	\$ 0	\$ 4,670,557

January 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 42,263	\$ 0	\$ 0	\$ 42,263
U.S. government securities	0	2,824,201	0	2,824,201
Registered investment companies	1,309,183	0	0	1,309,183
Corporate debt instruments	0	1,070,469	0	1,070,469
Total	\$ 1,351,446	\$ 3,894,670	\$ 0	\$ 5,246,116

**STOREWORKERS SECURITY PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JANUARY 31, 2025 AND 2024**

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**NOTE 12 – TRANSACTIONS WITH PARTIES-IN-INTEREST**

The Plan shares personnel with the Union. Certain payroll and payroll related expenses are allocated between the Union and the Plan based on time sheets. In addition, other common administrative costs are allocated between the Union and the Plan based on time sheets and space measurements. The Plan allocated \$30,544 of net payroll and administrative costs to the Union for the year ended January 31, 2025. The Plan's related party transactions with the Union are summarized as follows:

Beginning balances	\$ (56,124)
Current period activity:	
Payments/receipts (net)	(9,207)
Payroll and administrative (net)	<u>30,544</u>
Total Current Activity	<u>21,337</u>
Ending balances	<u>\$ (34,787)</u>

**STOREWORKERS SECURITY PLAN**

**SUPPLEMENTAL STATEMENTS OF BENEFIT OBLIGATIONS  
AND NET ASSETS AVAILABLE FOR BENEFITS  
JANUARY 31, 2025 AND 2024**

	2025					2024				
	TOTALS	SECURITY PLAN	RETIREEES' FUND	ADMINIS-TRATIVE	ELIMINATION	TOTALS	SECURITY PLAN	RETIREEES' FUND	ADMINIS-TRATIVE	ELIMINATION
<b>BENEFIT OBLIGATIONS</b>										
Benefits currently payable	\$ 250	\$ 250	\$ 0	\$ 0	\$ 0	\$ 50	\$ 50	\$ 0	\$ 0	\$ 0
Benefits incurred but not reported	30,900	30,900	0	0	0	28,800	28,800	0	0	0
Postretirement benefit obligations	1,735,553	1,606,929	128,624	0	0	1,847,454	1,721,625	125,829	0	0
Total Benefit Obligations	1,766,703	1,638,079	128,624	0	0	1,876,304	1,750,475	125,829	0	0
<b>ASSETS</b>										
Investments, at fair value	4,670,557	3,799,941	870,616	0	0	5,246,116	4,379,775	866,341	0	0
Receivables:										
Employer contributions	32,066	32,066	0	0	0	31,881	31,881	0	0	0
Accrued investment income	25,494	20,781	4,713	0	0	26,751	22,319	4,432	0	0
Due from Retiree Fund	0	8,825	0	0	(8,825)	0	911	0	0	(911)
Due from Security Plan	0	0	0	74,313	(74,313)	0	0	0	102,080	(102,080)
Total Receivables	57,560	61,672	4,713	74,313	(83,138)	58,632	55,111	4,432	102,080	(102,991)
Other assets:										
Cash, operating accounts	42,808	38,945	0	3,863	0	51,156	45,110	0	6,046	0
Deposits - NY Workers Compensation Board	14,000	14,000	0	0	0	14,000	14,000	0	0	0
Cemetery plots	13,565	13,565	0	0	0	13,565	13,565	0	0	0
Prepaid expenses	12,850	0	0	12,850	0	8,599	0	0	8,599	0
Fixed assets, net of accumulated depreciation	0	0	0	0	0	806	806	0	0	0
Total Other Assets	83,223	66,510	0	16,713	0	88,126	73,481	0	14,645	0
Total Assets	4,811,340	3,928,123	875,329	91,026	(83,138)	5,392,874	4,508,367	870,773	116,725	(102,991)
<b>LIABILITIES</b>										
Due to employer for excess contributions	104,413	104,413	0	0	0	150,994	150,994	0	0	0
Accrued administrative expenses	34,812	2,083	0	32,729	0	34,068	2,083	0	31,985	0
Due to Union	34,787	0	0	34,787	0	56,124	0	0	56,124	0
Vacation benefits payable	21,523	0	0	21,523	0	26,817	0	0	26,817	0
Other liabilities	1,987	0	0	1,987	0	1,799	0	0	1,799	0
Due to Administrative Fund	0	74,313	0	0	(74,313)	0	102,080	0	0	(102,080)
Due to Security Plan	0	0	8,825	0	(8,825)	0	0	911	0	(911)
Total Liabilities	197,522	180,809	8,825	91,026	(83,138)	269,802	255,157	911	116,725	(102,991)
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	4,613,818	3,747,314	866,504	0	0	5,123,072	4,253,210	869,862	0	0
<b>EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS</b>	\$ 2,847,115	\$ 2,109,235	\$ 737,880	\$ 0	\$ 0	\$ 3,246,768	\$ 2,502,735	\$ 744,033	\$ 0	\$ 0

## STOREWORKERS SECURITY PLAN

### SUPPLEMENTAL STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND IN NET ASSETS AVAILABLE FOR BENEFITS YEARS ENDED JANUARY 31, 2025 AND 2024

	2025					2024				
	TOTALS	SECURITY PLAN	RETIREEES' FUND	ADMINIS-TRATIVE	ELIMINATION	TOTALS	SECURITY PLAN	RETIREEES' FUND	ADMINIS-TRATIVE	ELIMINATION
<b>NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS</b>										
Benefits current payable	\$ 200	\$ 200	\$ 0	\$ 0	\$ 0	\$ 50	\$ 50	\$ 0	\$ 0	\$ 0
Benefits incurred but not reported	2,100	2,100	0	0	0	(3,400)	(3,400)	0	0	0
Postretirement benefit obligations	(111,901)	(114,696)	2,795	0	0	(214,106)	(179,788)	(34,318)	0	0
Net Increase (Decrease) in Benefit Obligations	(109,601)	(112,396)	2,795	0	0	(217,456)	(183,138)	(34,318)	0	0
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO</b>										
Contributions:										
Employers	171,857	171,857	0	0	0	120,521	120,521	0	0	0
Participants	17,854	17,854	0	0	0	18,344	18,344	0	0	0
Total Contributions	189,711	189,711	0	0	0	138,865	138,865	0	0	0
Investment income:										
Interest and dividends	185,670	153,206	32,464	0	0	165,932	140,175	25,757	0	0
Net (depreciation) in fair value of investments	(26,287)	(21,912)	(4,375)	0	0	(13,983)	(13,356)	(627)	0	0
	159,383	131,294	28,089	0	0	151,949	126,819	25,130	0	0
Less - Investment fees	20,426	16,891	3,535	0	0	21,881	18,460	3,421	0	0
Net investment income	138,957	114,403	24,554	0	0	130,068	108,359	21,709	0	0
Administrative expense reimbursements:										
Security Plan	0	0	0	290,533	(290,533)	0	0	0	468,105	(468,105)
Retiree Fund	0	0	0	20,000	(20,000)	0	0	0	20,000	(20,000)
	0	0	0	310,533	(310,533)	0	0	0	488,105	(488,105)
Total Additions	328,668	304,114	24,554	310,533	(310,533)	268,933	247,224	21,709	488,105	(488,105)
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO</b>										
Benefits paid	493,901	485,989	7,912	0	0	437,014	424,893	12,121	0	0
Administrative expenses	344,021	324,021	20,000	310,533	(310,533)	521,713	501,713	20,000	488,105	(488,105)
Total Deductions	837,922	810,010	27,912	310,533	(310,533)	958,727	926,606	32,121	488,105	(488,105)
Net (decrease) in net assets available for benefits	(509,254)	(505,896)	(3,358)	0	0	(689,794)	(679,382)	(10,412)	0	0
Net increase (decrease) in excess of net assets available for benefits over benefit obligations	(399,653)	(393,500)	(6,153)	0	0	(472,338)	(496,244)	23,906	0	0
Excess of net assets available for benefits over benefit obligations:										
Beginning	3,246,768	2,502,735	744,033	0	0	3,719,106	2,998,979	720,127	0	0
Ending	\$ 2,847,115	\$ 2,109,235	\$ 737,880	\$ 0	\$ 0	\$ 3,246,768	\$ 2,502,735	\$ 744,033	\$ 0	\$ 0

**STOREWORKERS SECURITY PLAN**  
**SUPPLEMENTAL SCHEDULES OF BENEFITS PAID**  
**YEARS ENDED JANUARY 31, 2025 AND 2024**

	2025			2024		
	TOTALS	SECURITY PLAN	RETIREES' FUND	TOTALS	SECURITY PLAN	RETIREES' FUND
<b>CLAIMS AND OTHER BENEFITS:</b>						
Insured						
Group health insurance premium	\$ 123,287	\$ 123,287	\$ 0	\$ 128,949	\$ 128,949	\$ 0
Self-Insured:						
Sick leave	282,869	282,869	0	210,758	210,758	0
Medicare	59,286	52,971	6,315	68,071	58,560	9,511
Medical reimbursement	16,623	16,623	0	10,357	10,357	0
Death	7,121	5,547	1,574	9,855	7,245	2,610
Dental	3,205	3,205	0	6,398	6,398	0
Optical	1,303	1,280	23	1,480	1,480	0
Retirees health insurance	207	207	0	617	617	0
Other	0	0	0	529	529	0
Total Self-Insured Benefits Paid	<u>370,614</u>	<u>362,702</u>	<u>7,912</u>	<u>308,065</u>	<u>295,944</u>	<u>12,121</u>
Total Benefits Paid	<u>\$ 493,901</u>	<u>\$ 485,989</u>	<u>\$ 7,912</u>	<u>\$ 437,014</u>	<u>\$ 424,893</u>	<u>\$ 12,121</u>

## STOREWORKERS SECURITY PLAN

### SUPPLEMENTAL SCHEDULES OF ADMINISTRATIVE EXPENSES JANUARY 31, 2025 AND 2024

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	2025	2024
Professional fees:		
Auditing	\$ 25,500	\$ 25,500
Actuarial	25,000	25,000
Legal	21,911	63,292
Payroll audits	0	3,275
Payroll	163,012	267,717
Employee benefits	29,425	44,274
Computer	28,434	34,031
Insurance	19,436	18,269
Postage	17,208	14,743
Payroll taxes	13,523	20,888
Bank charges	7,682	6,994
Other general and administrative	7,440	7,440
Stationery and supplies	6,270	9,817
Equipment rental	5,964	5,309
Telephone	2,233	1,967
Depreciation and amortization	806	1,614
Moving	660	120
Travel	61	141
	<u>374,565</u>	<u>550,391</u>
Net allocation of expenses (to) related organization	<u>(30,544)</u>	<u>(28,678)</u>
Total Administrative Expenses	<u>\$ 344,021</u>	<u>\$ 521,713</u>

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<b>Form 5500</b>	<b>Annual Return/Report of Employee Benefit Plan</b>	OMB Nos. 1210-0110 1210-0089
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).	<b>2024</b>
Department of Labor Employee Benefits Security Administration		<b>This Form is Open to Public Inspection</b>
Pension Benefit Guaranty Corporation		

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

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

**B** This return/report is:  the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

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

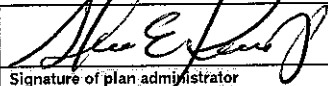
**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information — enter all requested information**

<b>1 a</b> Name of plan STOREWORKERS SECURITY PLAN	<b>1 b</b> Three-digit plan number (PN).... ▶ 501
	<b>1 c</b> Effective date of plan 02/01/1949
<b>2 a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  BOARD OF TRUSTEES STOREWORKERS SECURITY PLAN 370 SEVENTH AVE SUITE 1401 NEW YORK, NY 10001	<b>2 b</b> Employer Identification Number (EIN) 13-6162367
	<b>2 c</b> Plan Sponsor's telephone number 212-308-4800
	<b>2 d</b> Business code (see instructions) 448150

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

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

<b>SIGN HERE</b>		<u>10/27/25</u>	<u>Shawn Kavanagh</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

10/08/25

11:33AM

STATEMENT 7  
 SCHEDULE H, PAGE 4, LINE 4I  
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 STOREWORKERS SECURITY PLAN 13-6162367 501

<u>PARTY IN INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT AMOUNT</u>
	SEE SCHEDULE ATTACH	A/C # 876-02667 RET.	\$ 933,768.	\$ 870,616.
	SEE SCHEDULE ATTACH	A/C # 876-02680 MAIN	4,088,113.	3,799,941.

## YOUR WCMA BANK DEPOSIT INTEREST SUMMARY

January 01, 2025 - January 31, 2025

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
Bank of America, N.A.	24,095	30,297	4.22	106.61	39,604
<b>TOTAL ML Bank Deposit Program</b>	24,095			106.61	39,604

## YOUR WCMA ASSETS

CASH/MONEY ACCOUNTS	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH	4,739.04	4,739.04		4,739.04		
+ML BANK DEPOSIT PROGRAM +FDIC INSURED NOT SIPC COVERED	39,604.00	39,604.00	1.0000	39,604.00	1,671	4.22
<b>TOTAL</b>		44,343.04		44,343.04	1,671	4.22

GOVERNMENT AND AGENCY SECURITIES <sup>1</sup>	Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
U.S. TREASURY NOTE	05/19/21	65,000	64,799.48	95.8400	62,296.00	(2,503.48)	123.89	488	
0.750% APR 30 2026 MOODY'S: AAA S&P: *** CUSIP: 91282CBWO ORIGINAL UNIT/TOTAL COST: 99.6915/64,799.48 CURRENT YIELD 0.782%									
Δ U.S. TREASURY NOTE	02/18/20	18,000	18,040.66	96.7770	17,419.86	(620.80)	62.22	293	
1.625% MAY 15 2026 MOODY'S: AAA S&P: *** CUSIP: 912828R36 ORIGINAL UNIT/TOTAL COST: 101.0587/18,190.57 CURRENT YIELD 1.679%									
Δ U.S. TREASURY NOTE	12/02/21	81,000	81,463.08	96.7770	78,389.37	(3,073.71)	279.98	1,317	
ORIGINAL UNIT/TOTAL COST: 101.9415/82,572.67									
Subtotal									
		99,000	99,503.74		95,809.23	(3,694.51)	342.20	1,610	
Δ U.S. TREASURY NOTE	12/04/23	71,000	71,209.64	100.6480	71,460.08	250.44	974.30	3,284	
4.625% OCT 15 2026 04.625% OCT 15 2026 MOODY'S: AAA S&P: *** CUSIP: 91282CJC6 ORIGINAL UNIT/TOTAL COST: 100.4845/71,343.99 CURRENT YIELD 4.595%									
θ U.S. TREASURY NOTE	02/27/24	111,000	109,504.28	99.6020	110,558.22	1,053.94	196.24	4,440	
4.000% JAN 15 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CJT9 ORIGINAL UNIT/TOTAL COST: 98.6525/109,504.28 CURRENT YIELD 4.015%									

STOREWORKERS SECURITY PLAN

Account Number: 876-02680

**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>1</sup> (continued)								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
θ U.S. TREASURY NOTE 2.750% APR 30 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CEN7 ORIGINAL UNIT/TOTAL COST: 98.7736/216,314.19 CURRENT YIELD 2.837%	05/06/22	219,000	216,314.19	96.9060	<b>212,224.14</b>	(4,090.05)	1,530.58	<b>6,023</b>
Δ U.S. TREASURY NOTE 4.500% MAY 15 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CKR1 ORIGINAL UNIT/TOTAL COST: 100.5275/46,242.65 CURRENT YIELD 4.473%	07/23/24	46,000	46,199.27	100.5900	<b>46,271.40</b>	72.13	440.30	<b>2,070</b>
θ U.S. TREASURY NOTE 2.750% JUL 31 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CFB2 ORIGINAL UNIT/TOTAL COST: 94.2306/46,172.94 CURRENT YIELD 2.848%	09/29/22	49,000	46,172.94	96.5390	<b>47,304.11</b>	1,131.17		<b>1,348</b>
U.S. TREASURY NOTE 4.625% SEP 30 2028 MOODY'S: AAA S&P: *** CUSIP: 91282CJA0 ORIGINAL UNIT/TOTAL COST: 99.1252/37,667.59 CURRENT YIELD 4.573%	10/30/23	38,000	37,667.59	101.1170	38,424.46	756.87	593.88	1,758
Δ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 101.6642/54,898.67	07/23/24	54,000	54,793.59	101.1170	54,603.18	(190.41)	843.94	2,498
<b>Subtotal</b>		<b>92,000</b>	<b>92,461.18</b>		<b>93,027.64</b>	<b>566.46</b>	<b>1,437.82</b>	<b>4,256</b>
U.S. TREASURY NOTE 01.750% JAN 31 2029 MOODY'S: AAA S&P: *** CUSIP: 91282CDW8 ORIGINAL UNIT/TOTAL COST: 99.0158/118,818.98 CURRENT YIELD 1.929%	02/24/22	120,000	118,818.98	90.6950	<b>108,834.00</b>	(9,984.98)		<b>2,100</b>
Δ U.S. TREASURY NOTE 2.625% FEB 15 2029 MOODY'S: AAA S&P: *** CUSIP: 9128286B1 ORIGINAL UNIT/TOTAL COST: 110.9728/12,207.00 CURRENT YIELD 2.798%	02/26/20	11,000	11,561.37	93.8130	10,319.43	(1,241.94)	132.61	289
Δ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 115.0783/101,268.93	11/18/20	88,000	94,605.24	93.8130	82,555.44	(12,049.80)	1,060.84	2,310
<b>Subtotal</b>		<b>99,000</b>	<b>106,166.61</b>		<b>92,874.87</b>	<b>(13,291.74)</b>	<b>1,193.45</b>	<b>2,599</b>
Δ U.S. TREASURY NOTE 4.625% APR 30 2029 MOODY'S: AAA S&P: *** CUSIP: 91282CKP5 ORIGINAL UNIT/TOTAL COST: 101.3713/71,973.62 CURRENT YIELD 4.571%	06/27/24	71,000	71,863.74	101.1680	<b>71,829.28</b>	(34.46)	834.54	<b>3,284</b>
Δ U.S. TREASURY NOTE 3.250% JUN 30 2029 MOODY'S: AAA S&P: *** CUSIP: 91282CEV9 ORIGINAL UNIT/TOTAL COST: 103.2815/46,476.67 CURRENT YIELD 3.395%	07/28/22	45,000	45,973.80	95.7030	43,066.35	(2,907.45)	125.24	1,463
θ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 93.9104/939.10	08/01/22	1,000	1,030.40	95.7030	957.03	(73.37)	2.78	33
θ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 93.9104/43,198.79	08/25/23	46,000	43,198.79	95.7030	44,023.38	824.59	128.02	1,495
<b>Subtotal</b>		<b>92,000</b>	<b>90,202.99</b>		<b>88,046.76</b>	<b>(2,156.23)</b>	<b>256.04</b>	<b>2,991</b>

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YOUR WCMA ASSETS

January 01, 2025 - January 31, 2025

GOVERNMENT AND AGENCY SECURITIES <sup>1</sup> (continued)	Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
Ø U.S. TREASURY NOTE	10/03/23	16,000	15,241.28	98.1720	15,707.52	466.24			640
4.000% JUL 31 2030 04.000% JUL 31 2030 MOODY'S: AAA S&P: *** CUSIP: 91282CHR5 ORIGINAL UNIT/TOTAL COST: 95.2580/15,241.28 CURRENT YIELD 4.074%									
Ø U.S. TREASURY NOTE	03/19/24	110,000	108,015.05	98.1720	107,989.20	(25.85)			4,400
ORIGINAL UNIT/TOTAL COST: 98.1955/108,015.05									
<b>Subtotal</b>			<b>126,000</b>	<b>123,256.33</b>		<b>123,696.72</b>	<b>440.39</b>		<b>5,040</b>
U.S. TREASURY NOTE	11/21/24	49,000	48,364.62	98.1600	48,098.40	(266.22)		513.69	2,022
4.125% OCT 31 2031 MOODY'S: AAA S&P: *** CUSIP: 91282CLU3 ORIGINAL UNIT/TOTAL COST: 98.7033/48,364.62 CURRENT YIELD 4.202%									
Ø U.S. TREASURY NOTE	11/17/22	21,000	19,251.16	89.0860	18,708.06	(543.10)		265.21	578
2.750% AUG 15 2032 MOODY'S: AAA S&P: *** CUSIP: 91282CFF3 ORIGINAL UNIT/TOTAL COST: 91.6721/19,251.16 CURRENT YIELD 3.086%									
Ø U.S. TREASURY NOTE	01/26/23	68,000	64,135.29	89.0860	60,578.48	(3,556.81)		858.78	1,870
ORIGINAL UNIT/TOTAL COST: 94.3166/64,135.29									
<b>Subtotal</b>			<b>89,000</b>	<b>83,386.45</b>		<b>79,286.54</b>	<b>(4,099.91)</b>	<b>1,123.99</b>	<b>2,448</b>
Δ U.S. TREASURY NOTE	05/24/23	27,000	27,686.69	97.7930	26,404.11	(1,282.58)		236.90	1,114
4.125% NOV 15 2032 04.125% NOV 15 2032 MOODY'S: AAA S&P: *** CUSIP: 91282CFV8 ORIGINAL UNIT/TOTAL COST: 103.0041/27,811.13 CURRENT YIELD 4.218%									
U.S. TREASURY NOTE	05/28/23	1,000	1,036.54	97.7930	977.93	(58.61)		8.77	42
ORIGINAL UNIT/TOTAL COST: 98.7893/987.89									
U.S. TREASURY NOTE	08/25/23	46,000	45,443.08	97.7930	44,984.78	(458.30)		403.61	1,898
ORIGINAL UNIT/TOTAL COST: 98.7893/45,443.08									
<b>Subtotal</b>			<b>74,000</b>	<b>74,166.31</b>		<b>72,366.82</b>	<b>(1,799.49)</b>	<b>649.28</b>	<b>3,054</b>
Ø U.S. TREASURY NOTE	06/29/23	49,000	47,581.76	93.3440	45,738.56	(1,843.20)		787.59	1,715
3.500% FEB 15 2033 MOODY'S: AAA S&P: *** CUSIP: 91282CGM7 ORIGINAL UNIT/TOTAL COST: 97.1057/47,581.76 CURRENT YIELD 3.749%									
U.S. TREASURY NOTE	10/10/24	49,000	48,067.97	94.8590	46,480.91	(1,587.06)		871.98	1,899
3.875% AUG 15 2034 MOODY'S: AAA S&P: *** CUSIP: 91282CLF6 ORIGINAL UNIT/TOTAL COST: 98.0979/48,067.97 CURRENT YIELD 4.085%									
FNMA P888129 05 50%2037	05/26/10	70,000	524.81	101.0063	492.97	(31.84)		2.24	27
AMORTIZED FACTOR 0.006972200 AMORTIZED VALUE 488 MOODY'S: *** S&P: *** CUSIP: 31410FVW2 CURRENT YIELD 5.445%									
FNMA PAU3742 03 50%2043	08/20/13	82,000	13,077.24	91.0727	11,993.19	(1,084.05)		38.41	461
AMORTIZED FACTOR 0.160595200 AMORTIZED VALUE 13,168 MOODY'S: *** S&P: *** CUSIP: 3138X3EQ1 CURRENT YIELD 3.843%									

STOREWORKERS SECURITY PLAN

Account Number: 876-02680

**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>GOVERNMENT AND AGENCY SECURITIES <sup>1</sup> (continued)</b>								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
FHLMC G6 0713 03 50%2046 AMORTIZED FACTOR 0.188266000	10/12/16	163,000	32,622.10	90.6569	<b>27,820.21</b>	N/A	89.50	<b>1,075</b>
AMORTIZED VALUE 30,687 MOODY'S: *** S&P: *** CUSIP: 31335AYJ1 CURRENT YIELD 3.860%								
FNMA PBC4714 03%2046 AMORTIZED FACTOR 0.278844100	10/12/16	240,000	69,353.76	86.8466	<b>58,119.99</b>	N/A	167.31	<b>2,008</b>
AMORTIZED VALUE 66,922 MOODY'S: *** S&P: *** CUSIP: 3140FOGY4 CURRENT YIELD 3.454%								
FHLMC G0 8737 03%2046 AMORTIZED FACTOR 0.210519900	12/12/16	200,000	41,659.91	86.7564	<b>36,527.90</b>	N/A	105.26	<b>1,264</b>
AMORTIZED VALUE 42,103 MOODY'S: *** S&P: *** CUSIP: 3128MJZB9 CURRENT YIELD 3.457%								
FHLMC SD 8107 02 50%2050 AMORTIZED FACTOR 0.539927400	10/21/20	84,000	47,449.75	82.2675	<b>37,311.52</b>	(10,138.23)	94.49	<b>1,134</b>
AMORTIZED VALUE 45,353 MOODY'S: *** S&P: *** CUSIP: 3132DWAG8 CURRENT YIELD 3.038%								
FNMA PMA4378 02%2051 AMORTIZED FACTOR 0.791857900	06/23/21	158,000	126,208.29	78.2652	<b>97,920.37</b>	(28,287.92)	208.52	<b>2,503</b>
AMORTIZED VALUE 125,113 MOODY'S: *** S&P: *** CUSIP: 31418D2L5 CURRENT YIELD 2.555%								
FNMA PMA4379 02 50%2051 AMORTIZED FACTOR 0.729889600	06/23/21	121,000	91,293.88	82.0149	<b>72,432.81</b>	(18,861.07)	183.99	<b>2,208</b>
AMORTIZED VALUE 88,316 MOODY'S: *** S&P: *** CUSIP: 31418D2M3 CURRENT YIELD 3.048%								
FHLMC SD 2254 03 50%2052 AMORTIZED FACTOR 0.870714900	04/19/23	62,000	49,716.22	89.1116	<b>48,106.29</b>	(1,609.93)	157.45	<b>1,890</b>
AMORTIZED VALUE 53,984 MOODY'S: *** S&P: *** CUSIP: 3132DPQF8 CURRENT YIELD 3.927%								
FHLMC SD 8277 05 50%2052 AMORTIZED FACTOR 0.833440400	11/17/22	12,000	10,075.12	99.1073	9,912.00	(163.12)	45.84	551
AMORTIZED VALUE 10,001 MOODY'S: *** S&P: *** CUSIP: 3132DWFS7 CURRENT YIELD 5.549%								
FHLMC SD 8277 05 50%2052 AMORTIZED VALUE 35,837	11/17/22	43,000	36,102.53	99.1073	35,518.01	(584.52)	164.26	1,972
Subtotal								
		55,000	46,177.65		<b>45,430.01</b>	(747.64)	210.10	<b>2,523</b>
<b>TOTAL YIELD 3.37%</b>		2,805,000	2,076,124.09		<b>1,952,358.94</b>	(102,597.48)	12,533.16	<b>65,764</b>
<b>CORPORATE BONDS</b>								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
Δ ABBVIE INC GLB 03.600% MAY 14 2025 MOODY'S: A3 S&P: A- CUSIP: 00287YAQ2 PAR CALL DATE: 02/14/25 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 111.1290/42,229.02	10/21/20	38,000	38,271.33	99.7540	<b>37,906.52</b>	(364.81)	292.60	<b>1,368</b>
CURRENT YIELD 3.608%								

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## YOUR WCMA ASSETS

January 01, 2025 - January 31, 2025

<b>CORPORATE BONDS</b> (continued)									
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	
Δ ABBVIE INC	01/25/21	52,000	53,680.77	97.3740	<b>50,634.48</b>	(3,046.29)	298.28	<b>1,534</b>	
GLB 02.950% NOV 21 2026 MOODY'S: A3 S&P: A- CUSIP: 00287YBVO PAR CALL DATE: 09/21/26 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 110.1830/57,295.16 CURRENT YIELD 3.029%									
CVS HEALTH CORP	08/25/20	41,000	40,886.84	91.2570	<b>37,415.37</b>	(3,471.47)	236.89	<b>533</b>	
GLB 01.300% AUG 21 2027 MOODY'S: BAA3 S&P: BBB CUSIP: 126650DM9 PAR CALL DATE: 06/21/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.7240/40,886.84 CURRENT YIELD 1.424%									
Θ CAPITAL ONE FINANCIAL CO	02/15/18	26,000	25,299.30	96.9990	<b>25,219.74</b>	(79.56)		<b>988</b>	
GLB 03.800% JAN 31 2028 MOODY'S: BAA1 S&P: BBB CUSIP: 14040HBW4 PAR CALL DATE: 12/31/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 97.3050/25,299.30 CURRENT YIELD 3.917%									
Δ AMGEN INC	03/29/23	38,000	38,438.22	101.1300	<b>38,429.40</b>	(8.82)	809.98	<b>1,957</b>	
GLB 05.150% MAR 02 2028 MOODY'S: BAA1 S&P: BBB+ CUSIP: 031162DP2 PAR CALL DATE: 02/02/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.7640/38,670.32 CURRENT YIELD 5.092%									
Δ JPMORGAN CHASE & CO	09/28/17	28,000	28,094.21	97.3870	<b>27,268.36</b>	(825.85)	247.80	<b>992</b>	
GLB VAR%MAY 01 2028 MOODY'S: A1 S&P: A CUSIP: 46647PAF3 PAR CALL DATE: 05/01/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.9720/28,272.16 CURRENT YIELD 3.634%									
Δ VERIZON COMMUNICATIONS	08/25/20	32,000	35,189.72	98.6450	<b>31,566.40</b>	(3,623.32)	500.24	<b>1,386</b>	
GLB 04.329% SEP 21 2028 MOODY'S: BAA1 S&P: BBB+ CUSIP: 92343VER1 ORIGINAL UNIT/TOTAL COST: 121.3890/38,844.48 CURRENT YIELD 4.388%									
KINDER MORGAN INC	02/08/24	37,000	36,889.74	99.8110	<b>36,930.07</b>	40.33	925.00	<b>1,850</b>	
COMPANY GUARNT GLB 05.000% FEB 01 2029 MOODY'S: BAA2 S&P: BBB CUSIP: 494553AD2 PAR CALL DATE: 01/01/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.7020/36,889.74 CURRENT YIELD 5.009%									
Δ MARSH & MCLENNAN COS INC	01/11/19	32,000	32,143.93	98.3860	<b>31,483.52</b>	(660.41)	528.89	<b>1,400</b>	
GLB 04.375% MAR 15 2029 MOODY'S: A3 S&P: A- CUSIP: 571748BG6 PAR CALL DATE: 12/15/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.9830/32,314.56 CURRENT YIELD 4.446%									
Δ FISERV INC	02/18/20	38,000	39,544.33	94.0820	<b>35,751.16</b>	(3,793.17)	110.83	<b>1,330</b>	
GLB 03.500% JUL 01 2029 MOODY'S: BAA2 S&P: BBB CUSIP: 337738AU2 PAR CALL DATE: 04/01/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 108.1140/41,083.32 CURRENT YIELD 3.720%									

STOREWORKERS SECURITY PLAN

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**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>CORPORATE BONDS</b> (continued)									
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	
<b>WELLS FARGO &amp; COMPANY</b>	11/16/23	46,000	45,558.40	101.8840	<b>46,866.64</b>	1,308.24	42.73	<b>2,565</b>	
SER MTN GLB VAR%JUL 25 2029 MOODY'S: A1 S&P: BBB+ CUSIP: 95000U3E1 PAR CALL DATE: 07/25/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.0400/45,558.40 CURRENT YIELD 5.470%									
<b>Δ MORGAN STANLEY</b>	07/12/19	59,000	61,892.42	97.8240	<b>57,716.16</b>	(4,176.26)	58.09	<b>2,615</b>	
SER GMTN GLB VAR%JAN 23 2030 MOODY'S: A1 S&P: A- CUSIP: 6174468G7 PAR CALL DATE: 01/23/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 109.4860/64,596.74 CURRENT YIELD 4.529%									
<b>Δ ORACLE CORP</b>	11/18/20	46,000	49,069.24	90.6130	<b>41,681.98</b>	(7,387.26)	452.33	<b>1,357</b>	
GLB 02.950% APR 01 2030 MOODY'S: BAA2 S&P: BBB CUSIP: 68389XBV6 PAR CALL DATE: 01/01/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 111.7040/51,383.84 CURRENT YIELD 3.255%									
<b>Δ NEXTERA ENERGY CAPITAL</b>	08/25/20	37,000	38,151.99	86.9130	<b>32,157.81</b>	(5,994.18)	138.75	<b>833</b>	
COMPANY GUARNT GLB 02.250% JUN 01 2030 MOODY'S: BAA1 S&P: BBB+ CUSIP: 65339KBRO PAR CALL DATE: 03/01/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 105.5010/39,035.37 CURRENT YIELD 2.588%									
<b>Δ GOLDMAN SACHS GROUP INC</b>	09/06/24	45,000	46,043.81	99.7390	<b>44,882.55</b>	(1,161.26)	50.49	<b>2,273</b>	
GLB VAR%JUL 23 2030 MOODY'S: A2 S&P: BBB+ CUSIP: 38141GB29 PAR CALL DATE: 07/23/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 102.4660/46,109.70 CURRENT YIELD 5.062%									
<b>Δ JPMORGAN CHASE &amp; CO</b>	01/25/21	49,000	51,305.52	90.5200	<b>44,354.80</b>	(6,950.72)	395.18	<b>1,343</b>	
GLB VAR%OCT 15 2030 MOODY'S: A1 S&P: A CUSIP: 46647PBE5 PAR CALL DATE: 10/15/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 107.7280/52,786.72 CURRENT YIELD 3.025%									
<b>COMCAST CORP</b>	08/13/20	41,000	40,836.82	81.8520	<b>33,559.32</b>	(7,277.50)	283.58	<b>615</b>	
COMPANY GUARNT GLB 01.500% FEB 15 2031 MOODY'S: A3 S&P: A- CUSIP: 20030NDN8 PAR CALL DATE: 11/15/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.6020/40,836.82 CURRENT YIELD 1.832%									
<b>Δ HCA INC</b>	09/06/24	35,000	36,269.41	100.4900	<b>35,171.50</b>	(1,097.91)	635.83	<b>1,908</b>	
COMPANY GUARNT GLB 05.450% APR 01 2031 MOODY'S: BAA3 S&P: BBB- CUSIP: 404119CT4 PAR CALL DATE: 02/01/31 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 103.8260/36,339.10 CURRENT YIELD 5.423%									
<b>θ GOLDMAN SACHS GROUP INC</b>	04/28/22	43,000	36,596.87	85.8550	<b>36,917.65</b>	320.78	309.22	<b>1,125</b>	
GLB VAR%APR 22 2032 MOODY'S: A2 S&P: BBB+ CUSIP: 38141GYB4 PAR CALL DATE: 04/22/31 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 85.1090/36,596.87 CURRENT YIELD 3.045%									



**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>CORPORATE BONDS</b> (continued)			Adjusted/Total	Estimated	Estimated	Unrealized	Estimated	Estimated
Description	Acquired	Quantity	Cost Basis	Market Price	Market Value	Gain/(Loss)	Accrued Interest	Annual Income
USD ROGERS COMMUNIC 5.300% FEB 15 2034 MOODY'S: BAA3 S&P: BBB- CUSIP: 775109DF5 PAR CALL DATE: 11/15/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 98.1560/49,078.00 CURRENT YIELD 5.464%	02/27/24	50,000	49,078.00	96.9960	<b>48,498.00</b>	(580.00)	1,221.94	<b>2,650</b>
Δ PNC FINANCIAL SERVICES GLB VAR%OCT 20 2034 MOODY'S: A3 S&P: A- CUSIP: 693475BU8 PAR CALL DATE: 10/20/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.4490/34,152.66 CURRENT YIELD 6.274%	10/30/23	34,000	34,140.35	109.5700	<b>37,253.80</b>	3,113.45	655.80	<b>2,338</b>
TRUIST FINANCIAL CORP SER MTN VAR%JAN 24 2035 MOODY'S: BAA1 S&P: A- CUSIP: 89788MAS1 PAR CALL DATE: 01/24/34 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.8860/42,950.98 CURRENT YIELD 5.654%	01/24/24	43,000	42,950.98	100.9950	<b>43,427.85</b>	476.87	47.75	<b>2,456</b>
CHASE MTG FIN CMO 2006 S4 A3 06.000%DEC25 36 AMORTIZED VALUE 680 MOODY'S: CA S&P: CCC CUSIP: 16162YAC9 CURRENT YIELD 14.177%	10/27/09	15,000	128.72	42.3199	287.93	159.21	3.40	41
CHASE MTG FIN CMO 2006 AMORTIZED VALUE 453	10/27/09	10,000	128.73	42.3199	191.95	63.22	2.27	28
<i>Subtotal</i>		25,000	257.45		<b>479.88</b>	222.43	5.67	<b>69</b>
<b>TOTAL</b> YIELD 4.15%		915,000	900,589.65		<b>855,572.96</b>	(45,016.69)	8,247.87	<b>35,485</b>

PLEASE REFER TO NOTES BELOW FOR INFORMATION REGARDING CREDIT RATINGS.

<b>MUTUAL FUNDS/CLOSED END FUNDS/UITs/ETPs</b>		Quantity	Total	Estimated	Estimated	Unrealized	Total Client	Cumulative	Estimated
Description			Cost Basis	Market Price	Market Value	Gain/(Loss)	Investment	Investment	Annual
								Return (\$)	Income
BLACKROCK ALLOCATION TARGET SHARES SERIES S CURRENT YIELD 4.579% SYMBOL: BRASX Initial Purchase: 07/07/20 Fixed Income 100%		10,819.0000	104,727.92	9.2000	<b>99,534.80</b>	(5,193.12)	104,727	(5,193)	<b>4,558</b>
BLACKROCK ALLOCATION TARGET SHARES SERIES M CURRENT YIELD 4.060% SYMBOL: BRAMX Initial Purchase: 02/15/18 Fixed Income 100%		90,912.0890	865,563.84	8.2500	<b>750,024.73</b>	(115,539.11)	865,563	(115,539)	<b>30,451</b>
BLACKROCK ALLOCATION TARGET SHARES SERIES A CURRENT YIELD 6.408% SYMBOL: BATAX Initial Purchase: 03/19/24 Fixed Income 100%		10,327.0000	96,763.99	9.5000	<b>98,106.50</b>	1,342.51	96,763	1,342	<b>6,287</b>
<i>Subtotal (Fixed Income)</i>					947,666.03				
<b>TOTAL</b> YIELD 4.36%			1,067,055.75		<b>947,666.03</b>	(119,389.72)		(119,390)	<b>41,296</b>

STOREWORKERS SECURITY PLAN

Account Number: 876-02680

**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

LONG PORTFOLIO		Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
<b>TOTAL</b>	YIELD 3.80%	4,088,112.53	<b>3,799,940.97</b>	(267,003.89)	20,781.03	<b>144,216</b>

**Total Client Investment:** Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

**Cumulative Investment Return:** Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

**Unrealized Gain** of **Sch H Assets held at year end** is Total Cost Basis (total cost of shares directly purchased and still held, including shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

**Initial Purchase:** Date of your initial investment in this fund.

**Market Timing:** Merrill's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

**Sales Charge Discounts or Waivers:** Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

Bank of America Merrill Lynch Global Research publishes research reports and ratings ("Research Ratings") regarding a select universe of ETFs and ETNs (collectively, "ETPs"). Research Ratings on ETPs are intended to assess the potential for outperformance of ETP peers in the same coverage category. Bank of America Merrill Lynch Global Research and other business areas, including CIO, apply different methodologies in their review of ETPs, and may arrive at different or inconsistent conclusions with respect to one or more ETPs. Neither the CIO review process nor the internal business review performed by product teams will rely on or otherwise use the Research Ratings on ETPs as an input or factor; and the CIO review process and product team's internal business review will determine an ETP's inclusion, status, and availability for solicitation through the Global Wealth & Investment Management area of MLPF&S and its affiliates.

**Notes**  
 Δ Debt Instruments purchased at a premium show amortization      Θ Debt Instruments purchased at a discount show accretion

<sup>1</sup> Some agency securities are not backed by the full faith and credit of the United States government.

Total values exclude N/A items

◆ Cost basis has been adjusted by the deferred loss amount from a previous "Wash Sale" and the acquisition date has been adjusted to include the holding period of the lot closed by that previous "Wash Sale".

For Credit Ratings: S&P and Moody's provide credit ratings on the credit quality of certain bonds and preferred stocks. For a credit enhanced security, Moody's and S&P publish and provide third party vendors the higher of the rating on the credit enhancer (guarantor) or the stand alone rating on the underlying security.



**YOUR WCMA BANK DEPOSIT INTEREST SUMMARY**

January 01, 2025 - January 31, 2025

Money Account Description	Opening Balance	Average Deposit Balance	Current Yield%	Interest on Deposits	Closing Balance
Bank of America, N.A.	19,826	21,223	4.22	74.74	<b>23,527</b>
<b>TOTAL ML Bank Deposit Program</b>	19,826			74.74	<b>23,527</b>

**YOUR WCMA ASSETS**

<b>CASH/MONEY ACCOUNTS</b>						
Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Estimated Annual Income	Est. Annual Yield%
CASH	1,110.72	1,110.72		<b>1,110.72</b>		
+ML BANK DEPOSIT PROGRAM	23,527.00	23,527.00	1.0000	<b>23,527.00</b>	<b>993</b>	4.22
+FDIC INSURED NOT SIPC COVERED						
<b>TOTAL</b>		24,637.72		<b>24,637.72</b>	<b>993</b>	4.22

<b>GOVERNMENT AND AGENCY SECURITIES <sup>1</sup></b>								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
U.S. TREASURY NOTE 0.750% APR 30 2026 MOODY'S: AAA S&P: *** CUSIP: 91282CBWO ORIGINAL UNIT/TOTAL COST: 99.6915/14,953.73 CURRENT YIELD 0.782%	05/19/21	15,000	14,953.73	95.8400	<b>14,376.00</b>	(577.73)	28.59	<b>113</b>
U.S. TREASURY NOTE 1.625% MAY 15 2026 MOODY'S: AAA S&P: *** CUSIP: 912828R36 ORIGINAL UNIT/TOTAL COST: 99.9921/9,999.22 CURRENT YIELD 1.679%	09/25/19	10,000	9,999.22	96.7770	9,677.70	(321.52)	34.56	163
Δ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 101.9415/13,252.40	12/02/21	13,000	13,074.32	96.7770	12,581.01	(493.31)	44.93	212
Subtotal		23,000	23,073.54		<b>22,258.71</b>	(814.83)	79.49	<b>375</b>
Δ U.S. TREASURY NOTE 4.625% OCT 15 2026 04.625% OCT 15 2026 MOODY'S: AAA S&P: *** CUSIP: 91282CJC6 ORIGINAL UNIT/TOTAL COST: 100.4845/16,077.52 CURRENT YIELD 4.595%	12/04/23	16,000	16,047.24	100.6480	<b>16,103.68</b>	56.44	219.56	<b>740</b>
θ U.S. TREASURY NOTE 4.000% JAN 15 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CJT9 ORIGINAL UNIT/TOTAL COST: 98.6525/24,663.13 CURRENT YIELD 4.015%	02/27/24	25,000	24,663.13	99.6020	<b>24,900.50</b>	237.37	44.20	<b>1,000</b>

STOREWORKERS RETIREES HEALTH

Account Number: 876-02667

**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>1</sup> (continued)								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
Ø U.S. TREASURY NOTE 2.750% APR 30 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CEN7 ORIGINAL UNIT/TOTAL COST: 98.7736/49,386.81 CURRENT YIELD 2.837%	05/06/22	50,000	49,386.81	96.9060	<b>48,453.00</b>	(933.81)	349.45	<b>1,375</b>
Δ U.S. TREASURY NOTE 4.500% MAY 15 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CKR1 ORIGINAL UNIT/TOTAL COST: 100.5275/11,058.03 CURRENT YIELD 4.473%	07/23/24	11,000	11,047.65	100.5900	<b>11,064.90</b>	17.25	105.29	<b>495</b>
Ø U.S. TREASURY NOTE 2.750% JUL 31 2027 MOODY'S: AAA S&P: *** CUSIP: 91282CFB2 ORIGINAL UNIT/TOTAL COST: 94.3478/10,378.25 CURRENT YIELD 2.848%	09/29/22	11,000	10,378.25	96.5390	<b>10,619.29</b>	241.04		<b>303</b>
U.S. TREASURY NOTE 4.625% SEP 30 2028 MOODY'S: AAA S&P: *** CUSIP: 91282CJAO ORIGINAL UNIT/TOTAL COST: 99.1252/9,912.52 CURRENT YIELD 4.573%	10/30/23	10,000	9,912.52	101.1170	10,111.70	199.18	156.28	463
Δ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 101.6642/11,183.06	07/23/24	11,000	11,161.66	101.1170	11,122.87	(38.79)	171.91	509
Subtotal		21,000	21,074.18		<b>21,234.57</b>	160.39	328.19	<b>972</b>
U.S. TREASURY NOTE 01.750% JAN 31 2029 MOODY'S: AAA S&P: *** CUSIP: 91282CDW8 ORIGINAL UNIT/TOTAL COST: 99.0158/27,724.43 CURRENT YIELD 1.929%	02/24/22	28,000	27,724.43	90.6950	<b>25,394.60</b>	(2,329.83)		<b>490</b>
Δ U.S. TREASURY NOTE 2.625% FEB 15 2029 MOODY'S: AAA S&P: *** CUSIP: 9128286B1 ORIGINAL UNIT/TOTAL COST: 110.9728/9,987.55 CURRENT YIELD 2.798%	02/26/20	9,000	9,459.30	93.8130	8,443.17	(1,016.13)	108.50	237
Δ U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 115.0783/16,110.97	11/18/20	14,000	15,050.84	93.8130	13,133.82	(1,917.02)	168.77	368
Subtotal		23,000	24,510.14		<b>21,576.99</b>	(2,933.15)	277.27	<b>605</b>
Δ U.S. TREASURY NOTE 4.625% APR 30 2029 MOODY'S: AAA S&P: *** CUSIP: 91282CKP5 ORIGINAL UNIT/TOTAL COST: 101.3713/16,219.41 CURRENT YIELD 4.571%	06/27/24	16,000	16,194.64	101.1680	<b>16,186.88</b>	(7.76)	188.07	<b>740</b>
Δ U.S. TREASURY NOTE 3.250% JUN 30 2029 MOODY'S: AAA S&P: *** CUSIP: 91282CEV9 ORIGINAL UNIT/TOTAL COST: 103.2815/12,393.78 CURRENT YIELD 3.395%	07/28/22	12,000	12,259.68	95.7030	11,484.36	(775.32)	33.40	390
Ø U.S. TREASURY NOTE ORIGINAL UNIT/TOTAL COST: 93.9104/8,451.94	08/25/23	9,000	8,451.94	95.7030	8,613.27	161.33	25.05	293
Subtotal		21,000	20,711.62		<b>20,097.63</b>	(613.99)	58.45	<b>683</b>
Ø U.S. TREASURY NOTE 4.000% JUL 31 2030 04.000% JUL 31 2030 MOODY'S: AAA S&P: *** CUSIP: 91282CHR5 ORIGINAL UNIT/TOTAL COST: 95.2580/5,715.48 CURRENT YIELD 4.074%	10/03/23	6,000	5,715.48	98.1720	5,890.32	174.84		240



**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>†</sup> (continued)								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
θ U.S. TREASURY NOTE	03/19/24	23,000	22,584.97	98.1720	22,579.56	(5.41)		920
ORIGINAL UNIT/TOTAL COST: 98.1955/22,584.97								
Subtotal		29,000	28,300.45		<b>28,469.88</b>	169.43		<b>1,160</b>
U.S. TREASURY NOTE	11/21/24	11,000	10,857.36	98.1600	<b>10,797.60</b>	(59.76)	115.32	<b>454</b>
4.125% OCT 31 2031 MOODY'S: AAA S&P: *** CUSIP: 91282CLU3 ORIGINAL UNIT/TOTAL COST: 98.7033/10,857.36 CURRENT YIELD 4.202%								
θ U.S. TREASURY NOTE	11/17/22	7,000	6,417.05	89.0860	6,236.02	(181.03)	88.40	193
2.750% AUG 15 2032 MOODY'S: AAA S&P: *** CUSIP: 91282CFF3 ORIGINAL UNIT/TOTAL COST: 91.6721/6,417.05 CURRENT YIELD 3.086%								
θ U.S. TREASURY NOTE	01/26/23	13,000	12,261.16	89.0860	11,581.18	(679.98)	164.18	358
ORIGINAL UNIT/TOTAL COST: 94.3166/12,261.16								
Subtotal		20,000	18,678.21		<b>17,817.20</b>	(861.01)	252.58	<b>551</b>
Δ U.S. TREASURY NOTE	05/24/23	8,000	8,203.46	97.7930	7,823.44	(380.02)	70.19	330
4.125% NOV 15 2032 04.125% NOV 15 2032 MOODY'S: AAA S&P: *** CUSIP: 91282CFV8 ORIGINAL UNIT/TOTAL COST: 103.0041/8,240.33 CURRENT YIELD 4.218%								
U.S. TREASURY NOTE	08/25/23	9,000	8,891.04	97.7930	8,801.37	(89.67)	78.97	372
ORIGINAL UNIT/TOTAL COST: 98.7893/8,891.04								
Subtotal		17,000	17,094.50		<b>16,624.81</b>	(469.69)	149.16	<b>702</b>
θ U.S. TREASURY NOTE	06/29/23	11,000	10,681.62	93.3440	<b>10,267.84</b>	(413.78)	176.81	<b>385</b>
3.500% FEB 15 2033 MOODY'S: AAA S&P: *** CUSIP: 91282CGM7 ORIGINAL UNIT/TOTAL COST: 97.1057/10,681.62 CURRENT YIELD 3.749%								
U.S. TREASURY NOTE	10/10/24	11,000	10,790.77	94.8590	<b>10,434.49</b>	(356.28)	195.75	<b>427</b>
3.875% AUG 15 2034 MOODY'S: AAA S&P: *** CUSIP: 91282CLF6 ORIGINAL UNIT/TOTAL COST: 98.0979/10,790.77 CURRENT YIELD 4.085%								
FNMA PAU3742 03 50%2043	08/20/13	45,000	7,176.54	91.0727	<b>6,581.63</b>	(594.91)	21.08	<b>253</b>
AMORTIZED FACTOR 0.160595200 AMORTIZED VALUE 7,226 MOODY'S: *** S&P: *** CUSIP: 3138X3EQ1 CURRENT YIELD 3.843%								
FHLMC G6 0713 03 50%2046	10/12/16	35,000	7,004.75	90.6569	<b>5,973.66</b>	N/A	19.22	<b>231</b>
AMORTIZED FACTOR 0.188266000 AMORTIZED VALUE 6,589 MOODY'S: *** S&P: *** CUSIP: 31335AYJ1 CURRENT YIELD 3.860%								
FNMA PBC4714 03%2046	10/12/16	30,000	8,669.22	86.8466	<b>7,265.00</b>	N/A	20.91	<b>251</b>
AMORTIZED FACTOR 0.278844100 AMORTIZED VALUE 8,365 MOODY'S: *** S&P: *** CUSIP: 3140FOGY4 CURRENT YIELD 3.454%								
FHLMC G0 8737 03%2046	12/12/16	25,000	5,207.49	86.7564	<b>4,565.99</b>	N/A	13.16	<b>158</b>
AMORTIZED FACTOR 0.210519900 AMORTIZED VALUE 5,262 MOODY'S: *** S&P: *** CUSIP: 3128MJZB9 CURRENT YIELD 3.457%								

STOREWORKERS RETIREES HEALTH

Account Number: 876-02667

**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>GOVERNMENT AND AGENCY SECURITIES</b> <sup>1</sup> (continued)								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
FHLMC SD 8107 02 50%2050 AMORTIZED FACTOR 0.539927400 AMORTIZED VALUE 7,019 MOODY'S: *** S&P: *** CUSIP: 3132DWAG8 CURRENT YIELD 3.038%	10/21/20	13,000	7,343.41	82.2675	<b>5,774.40</b>	(1,569.01)	14.62	<b>176</b>
FNMA PMA4378 02%2051 AMORTIZED FACTOR 0.791857900 AMORTIZED VALUE 25,339 MOODY'S: *** S&P: *** CUSIP: 31418D2L5 CURRENT YIELD 2.555%	06/23/21	32,000	25,561.17	78.2652	<b>19,831.97</b>	(5,729.20)	42.23	<b>507</b>
FNMA PMA4379 02 50%2051 AMORTIZED FACTOR 0.729889600 AMORTIZED VALUE 22,626 MOODY'S: *** S&P: *** CUSIP: 31418D2M3 CURRENT YIELD 3.048%	06/23/21	31,000	23,389.34	82.0149	<b>18,557.16</b>	(4,832.18)	47.14	<b>566</b>
FHLMC SD 2254 03 50%2052 AMORTIZED FACTOR 0.870714900 AMORTIZED VALUE 9,577 MOODY'S: *** S&P: *** CUSIP: 3132DPQF8 CURRENT YIELD 3.927%	04/19/23	11,000	8,820.62	89.1116	<b>8,534.99</b>	(285.63)	27.94	<b>336</b>
FHLMC SD 8277 05 50%2052 AMORTIZED FACTOR 0.833440400 AMORTIZED VALUE 6,667 MOODY'S: *** S&P: *** CUSIP: 3132DWFS7 CURRENT YIELD 5.549%	11/17/22	8,000	6,716.75	99.1073	6,608.00	(108.75)	30.56	367
FHLMC SD 8277 05 50%2052 AMORTIZED VALUE 4,167	11/17/22	5,000	4,197.97	99.1073	4,130.00	(67.97)	19.10	230
<i>Subtotal</i>		<b>13,000</b>	<b>10,914.72</b>		<b>10,738.00</b>	<b>(176.72)</b>	<b>49.66</b>	<b>597</b>
<b>TOTAL</b> YIELD 3.37%		<b>594,000</b>	<b>460,255.53</b>		<b>434,501.37</b>	<b>(22,677.35)</b>	<b>2,824.14</b>	<b>14,645</b>
<b>CORPORATE BONDS</b>								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
Δ ABBVIE INC GLB 03.600% MAY 14 2025 MOODY'S: A3 S&P: A- CUSIP: 00287YAQ2 PAR CALL DATE: 02/14/25 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 111.1290/8,890.32 CURRENT YIELD 3.608%	10/21/20	8,000	8,057.12	99.7540	<b>7,980.32</b>	(76.80)	61.60	<b>288</b>
Δ ABBVIE INC GLB 02.950% NOV 21 2026 MOODY'S: A3 S&P: A- CUSIP: 00287YBVO PAR CALL DATE: 09/21/26 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 110.1830/13,221.96 CURRENT YIELD 3.029%	01/25/21	12,000	12,387.87	97.3740	<b>11,684.88</b>	(702.99)	68.83	<b>354</b>
CVS HEALTH CORP GLB 01.300% AUG 21 2027 MOODY'S: BAA3 S&P: BBB CUSIP: 126650DM9 PAR CALL DATE: 06/21/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.7240/8,975.16 CURRENT YIELD 1.424%	08/25/20	9,000	8,975.16	91.2570	<b>8,213.13</b>	(762.03)	52.00	<b>117</b>

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**YOUR WCMA ASSETS**

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<b>CORPORATE BONDS</b> (continued)									
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income	
Ø CAPITAL ONE FINANCIAL CO GLB 03.800% JAN 31 2028 MOODY'S: BAA1 S&P: BBB CUSIP: 14040HBW4 PAR CALL DATE: 12/31/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 97.3050/6,811.35 CURRENT YIELD 3.917%	02/15/18	7,000	6,811.35	96.9990	<b>6,789.93</b>	(21.42)			<b>266</b>
Δ AMGEN INC GLB 05.150% MAR 02 2028 MOODY'S: BAA1 S&P: BBB+ CUSIP: 031162DP2 PAR CALL DATE: 02/02/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 101.7640/9,158.76 CURRENT YIELD 5.092%	03/29/23	9,000	9,103.79	101.1300	<b>9,101.70</b>	(2.09)	191.84		<b>464</b>
Δ JPMORGAN CHASE & CO GLB VAR%MAY 01 2028 MOODY'S: A1 S&P: A CUSIP: 46647PAF3 PAR CALL DATE: 05/01/27 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.9720/7,068.04 CURRENT YIELD 3.634%	09/28/17	7,000	7,023.55	97.3870	<b>6,817.09</b>	(206.46)	61.95		<b>248</b>
Δ VERIZON COMMUNICATIONS GLB 04.329% SEP 21 2028 MOODY'S: BAA1 S&P: BBB+ CUSIP: 92343VER1 ORIGINAL UNIT/TOTAL COST: 121.3890/8,497.23 CURRENT YIELD 4.388%	08/25/20	7,000	7,697.75	98.6450	<b>6,905.15</b>	(792.60)	109.43		<b>304</b>
KINDER MORGAN INC COMPANY GUARNT GLB 05.000% FEB 01 2029 MOODY'S: BAA2 S&P: BBB CUSIP: 494553AD2 PAR CALL DATE: 01/01/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.7020/8,973.18 CURRENT YIELD 5.009%	02/08/24	9,000	8,973.18	99.8110	<b>8,982.99</b>	9.81	225.00		<b>450</b>
Δ MARSH & MCLENNAN COS INC GLB 04.375% MAR 15 2029 MOODY'S: A3 S&P: A- CUSIP: 571748BG6 PAR CALL DATE: 12/15/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.9830/5,049.15 CURRENT YIELD 4.446%	01/11/19	5,000	5,022.49	98.3860	<b>4,919.30</b>	(103.19)	82.64		<b>219</b>
Ø FISERV INC GLB 03.500% JUL 01 2029 MOODY'S: BAA2 S&P: BBB CUSIP: 337738AU2 PAR CALL DATE: 04/01/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 93.0490/8,374.41 CURRENT YIELD 3.720%	06/14/24	9,000	8,374.41	94.0820	<b>8,467.38</b>	92.97	26.25		<b>315</b>
WELLS FARGO & COMPANY SER MTN GLB VAR%JUL 25 2029 MOODY'S: A1 S&P: BBB+ CUSIP: 95000U3E1 PAR CALL DATE: 07/25/28 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.0400/10,894.40 CURRENT YIELD 5.470%	11/16/23	11,000	10,894.40	101.8840	<b>11,207.24</b>	312.84	10.22		<b>614</b>
Δ MORGAN STANLEY SER GMTN GLB VAR%JAN 23 2030 MOODY'S: A1 S&P: A- CUSIP: 6174468G7 PAR CALL DATE: 01/23/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 109.4860/15,328.04 CURRENT YIELD 4.529%	07/12/19	14,000	14,686.34	97.8240	<b>13,695.36</b>	(990.98)	13.79		<b>621</b>

STOREWORKERS RETIREES HEALTH

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**YOUR WCMA ASSETS**

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<b>CORPORATE BONDS</b> (continued)								
Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
Δ ORACLE CORP GLB 02.950% APR 01 2030 MOODY'S: BAA2 S&P: BBB CUSIP: 68389XBV6 PAR CALL DATE: 01/01/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 111.7040/12,287.44 CURRENT YIELD 3.255%	11/18/20	11,000	11,733.95	90.6130	<b>9,967.43</b>	(1,766.52)	108.17	<b>325</b>
Δ NEXTERA ENERGY CAPITAL COMPANY GUARNT GLB 02.250% JUN 01 2030 MOODY'S: BAA1 S&P: BBB+ CUSIP: 65339KBRO PAR CALL DATE: 03/01/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 105.5010/10,550.10 CURRENT YIELD 2.588%	08/25/20	10,000	10,311.35	86.9130	<b>8,691.30</b>	(1,620.05)	37.50	<b>225</b>
Δ GOLDMAN SACHS GROUP INC GLB VAR%JUL 23 2030 MOODY'S: A2 S&P: BBB+ CUSIP: 38141GB29 PAR CALL DATE: 07/23/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 102.4660/11,271.26 CURRENT YIELD 5.062%	09/06/24	11,000	11,255.15	99.7390	<b>10,971.29</b>	(283.86)	12.34	<b>556</b>
Δ JPMORGAN CHASE & CO GLB VAR%OCT 15 2030 MOODY'S: A1 S&P: A CUSIP: 46647PBE5 PAR CALL DATE: 10/15/29 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 107.7280/11,850.08 CURRENT YIELD 3.025%	01/25/21	11,000	11,517.56	90.5200	<b>9,957.20</b>	(1,560.36)	88.71	<b>302</b>
COMCAST CORP COMPANY GUARNT GLB 01.500% FEB 15 2031 MOODY'S: A3 S&P: A- CUSIP: 20030NDN8 PAR CALL DATE: 11/15/30 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.6020/8,964.18 CURRENT YIELD 1.832%	08/13/20	9,000	8,964.18	81.8520	<b>7,366.68</b>	(1,597.50)	62.25	<b>135</b>
Δ HCA INC COMPANY GUARNT GLB 05.450% APR 01 2031 MOODY'S: BAA3 S&P: BBB- CUSIP: 404119CT4 PAR CALL DATE: 02/01/31 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 103.8260/8,306.08 CURRENT YIELD 5.423%	09/06/24	8,000	8,290.15	100.4900	<b>8,039.20</b>	(250.95)	145.33	<b>436</b>
Θ GOLDMAN SACHS GROUP INC GLB VAR%APR 22 2032 MOODY'S: A2 S&P: BBB+ CUSIP: 38141GYB4 PAR CALL DATE: 04/22/31 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 86.7200/8,672.00 CURRENT YIELD 3.045%	04/11/22	10,000	8,672.00	85.8550	<b>8,585.50</b>	(86.50)	71.91	<b>262</b>
USD ROGERS COMMUNIC 5.300% FEB 15 2034 MOODY'S: BAA3 S&P: BBB- CUSIP: 775109DF5 PAR CALL DATE: 11/15/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 98.1560/11,778.72 CURRENT YIELD 5.464%	02/27/24	12,000	11,778.72	96.9960	<b>11,639.52</b>	(139.20)	293.27	<b>636</b>
Δ PNC FINANCIAL SERVICES GLB VAR%OCT 20 2034 MOODY'S: A3 S&P: A- CUSIP: 693475BU8 PAR CALL DATE: 10/20/33 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 100.4490/8,035.92 CURRENT YIELD 6.274%	10/30/23	8,000	8,033.03	109.5700	<b>8,765.60</b>	732.57	154.31	<b>550</b>



**YOUR WCMA ASSETS**

January 01, 2025 - January 31, 2025

<b>CORPORATE BONDS</b> (continued) Description	Acquired	Quantity	Adjusted/Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
TRUIST FINANCIAL CORP SER MTN VAR%JAN 24 2035 MOODY'S: BAA1 S&P: A- CUSIP: 89788MAS1 PAR CALL DATE: 01/24/34 PAR CALL PRICE: 100.00 ORIGINAL UNIT/TOTAL COST: 99.8860/9,988.60 CURRENT YIELD 5.654%	01/24/24	10,000	9,988.60	100.9950	<b>10,099.50</b>	110.90	11.10	<b>572</b>
<b>TOTAL</b> YIELD 4.15%		207,000	208,552.10		<b>198,847.69</b>	(9,704.41)	1,888.44	<b>8,259</b>

PLEASE REFER TO NOTES BELOW FOR INFORMATION REGARDING CREDIT RATINGS.

<b>MUTUAL FUNDS/CLOSED END FUNDS/UITs/ETPs</b> Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/(Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Income
BLACKROCK ALLOCATION TARGET SHARES SERIES S CURRENT YIELD 4.579% SYMBOL: BRASX Initial Purchase: 07/07/20 Fixed Income 100%	2,426.0000	23,483.68	9.2000	<b>22,319.20</b>	(1,164.48)	23,483	<b>(1,164)</b>	<b>1,022</b>
BLACKROCK ALLOCATION TARGET SHARES SERIES M CURRENT YIELD 4.060% SYMBOL: BRAMX Initial Purchase: 08/13/14 Fixed Income 100%	20,428.3940	195,361.89	8.2500	<b>168,534.25</b>	(26,827.64)	195,361	<b>(26,827)</b>	<b>6,843</b>
BLACKROCK ALLOCATION TARGET SHARES SERIES A CURRENT YIELD 6.408% SYMBOL: BATAX Initial Purchase: 03/19/24 Fixed Income 100%	2,292.0000	21,476.04	9.5000	<b>21,774.00</b>	297.96	21,476	<b>297</b>	<b>1,396</b>
Subtotal (Fixed Income)				212,627.45				
<b>TOTAL</b> YIELD 4.36%		240,321.61		<b>212,627.45</b>	(27,694.16)		<b>(27,694)</b>	<b>9,261</b>

<b>LONG PORTFOLIO</b>	Adjusted/Total Cost Basis	Estimated Market Value	Unrealized Gain/(Loss)	Estimated Accrued Interest	Estimated Annual Income
<b>TOTAL</b> YIELD 3.81%	933,766.96	<b>870,614.23</b>	(60,075.92)	4,712.58	<b>33,157</b>

**Total Client Investment:** Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

**Cumulative Investment Return:** Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

**Unrealized Gain/(Loss):** Estimated Market Value minus Total Cost Basis (total cost of shares purchased and still held, including shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

**Initial Purchase:** Date of your initial investment in this fund.

Sch H Assets held at year end