

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS LEGAL TRUST FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan): UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS LEGAL TRUST FUND
2b Employer Identification Number (EIN): 23-2069083
2c Plan Sponsor's telephone number: 610-941-9400
2d Business code (see instructions): 445110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <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>	2513
<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>	2513
	<b>6a(2)</b>	2642
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	2642
	<b>6e</b>	
	<b>6f</b>	
	<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>	26

**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:  
4G

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

<b>A</b> Name of plan <b>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS LEGAL TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS LEGAL TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-2069083</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)

YOUNG LAW GROUP, PC

3031 WALTON ROAD STE A330  
PLYMOUTH MEETING, PA 19462

27-1174486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	NONE	349702	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)

HEALTHCARE STRATEGIES INC

3031 B WALTON ROAD  
PLYMOUTH MEETING, PA 19462

23-2848954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	41944	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)

STEVENS & LEE

90 BOX 679  
READING, PA 19603

23-1886296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5486	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)

ALAN ROSS & COMPANY PC

10 HEARTHSTONE COURT SUITE 100  
READING, PA 19606

20-5367494

(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	5100	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"/>

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS LEGAL TRUST FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UFCW LOCAL 1776 &amp; PARTICIPATING EMPLOYERS LEGAL TRUST FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>23-2069083</u>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	13589	17555
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	116407	95067
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	18410	51979
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	181429	166773
<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>	269590	337526
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	133224	127116
<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:		(a) Beginning of Year	(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>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	732649	796016
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	5239	28558
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5239	28558
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	727410	767458

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	398179	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<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>		398179
<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>	2155	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	5061	
<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>		7216
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	13619	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	6156	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		19775
<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>	113045	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	111948	
<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>		1097
<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>	30101	
<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>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		456368

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	349702	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		349702
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	41944	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	5100	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	4655	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	5486	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	9433	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		66618
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		416320

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		40048
<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: ALAN ROSS & COMPANY PC

(2) EIN: 20-5367494

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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 \_\_\_\_\_.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

FINANCIAL REPORT

DECEMBER 31, 2024

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## INDEPENDENT AUDITORS' REPORT

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

### *Opinion*

We have audited the financial statements of UFCW Local 1776 and Participating Employers Legal Trust Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of UFCW Local 1776 and Participating Employers Legal Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

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

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

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

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

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

### *Auditor's Responsibilities for the Audit of the Financial Statements*

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

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

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

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

*Supplemental Schedules Required by ERISA*

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information and the Schedule of Administrative Expenses are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Don + Cauley, P.C.*

Reading, Pennsylvania  
November 10, 2025

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

	2024	2023
<b>ASSETS</b>		
<b>INVESTMENTS, at fair value</b>		
Common stock	\$ 337,526	\$ 269,590
Corporate bonds	166,773	181,429
Mutual funds	127,116	133,224
Cash	51,979	18,410
	<u>683,394</u>	<u>602,653</u>
<b>RECEIVABLES</b>		
Employer contributions receivable	17,555	13,589
Due from Flex Fund	90,215	111,183
	<u>107,770</u>	<u>124,772</u>
<b>OTHER ASSETS</b>		
Prepaid expenses	3,859	3,575
Accrued interest	993	1,649
	<u>4,852</u>	<u>5,224</u>
<b>TOTAL ASSETS</b>	<u>796,016</u>	<u>732,649</u>
<b>LIABILITIES</b>		
Accounts payable	<u>28,558</u>	<u>5,239</u>
<b>TOTAL LIABILITIES</b>	<u>28,558</u>	<u>5,239</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 767,458</u>	<u>\$ 727,410</u>

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

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
 LEGAL TRUST FUND  
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 For the Year Ended December 31, 2024

ADDITIONS

Employer contributions	\$	398,179
Investment income		
Net appreciation in fair value of investments		31,198
Interest		7,216
Dividends		19,775
		58,189
Less: investment expenses		(4,655)
		53,534
TOTAL ADDITIONS		451,713

DEDUCTIONS

Benefit provider fees		349,702
Administrative expenses		61,963
		411,665

TOTAL DEDUCTIONS

Net increase		40,048
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year		727,410
End of Year	\$	767,458

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

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Fund

The following description of the UFCW Local 1776 and Participating Employers Legal Trust Fund (the "Fund" or "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Fund's provisions. The Plan is a defined benefit welfare plan which was established to provide legal services for Union members.

General:

The Fund is a multi-employer benefit plan established in accordance with the terms of several collective bargaining or participation agreements between UFCW Local 1776 (the "Union") and signatory employers. The Fund provides pre-paid legal services to eligible participants and their dependents. It is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Benefits and Services:

Legal services are provided through a law firm designated by the Trustees, which has agreed to provide the following legal services:

Marital and Domestic Relations - A participant may use the Plan for contested or uncontested divorces, property settlements, child support and visitation cases, protection from abuse cases and child custody cases. A spouse is covered for child support and child custody matters as long as the case is not against the participant.

Real Estate - Services include review and preparation of purchase and sale agreements, attendance at settlements and, review of real estate leases and deed transfers for a participant's primary residence only. Services do not include title searches.

Consultation - Benefit includes two hours of consultation time during a calendar year per family. This consultation may be used for discussion of legal problems, drafting simple documents, etc. If the consultation leads to other representation under the Plan, the time spent does not count toward the yearly two-hour limit.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Benefits and Services: (Continued)

Wills - Services include drafting of wills and yearly or as necessary updates based on significant changes in marital or family status.

Adoptions - Adoption cases on behalf of a participant or spouse.

Civil Cases - Coverage applies only if a participant or dependent is a defendant in small claims court.

Criminal Cases - Includes one case per year for a participant and dependents. Coverage applies only for misdemeanors and non-traffic summary offenses. Felonies are not covered.

Deeds - Services include drafting of residential deeds for a participant's primary residence only where the participant or spouse is either being added to or being removed from the deed.

Debt Collection - Only if the participant or dependents are the defendants in a small claims action.

Settlement Negotiations - When a legal action is instituted in court against a participant or spouse in small claims court.

Traffic Offenses - Only if a participant's offense is driving under the influence of alcohol or drugs. This service can be utilized once per calendar year.

During 2020, a "skinny benefit" option was added to provide for up to 4 hours of legal services per year.

Eligibility:

Eligibility for legal services varies depending on employer and employee classification. A participant will continue to be eligible as long as his/her employer is obligated to make contributions to the Fund under the terms of a collective bargaining or participation agreement. Upon termination of employment, benefits cease.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Funding Policy:

Funding is provided through employer contributions received on behalf of participants working within the jurisdiction of a collective bargaining or participation agreement as well as investment income from the Fund's investments. The monthly contribution rate per participant for the normal benefit is either \$10.75 or \$12.00 depending upon the employer and \$5.38 for the skinny plan.

Contributions are collected through the related UFCW Local 1776 and Participating Employers Health and Welfare Fund ("Welfare Fund") or the Flex Fund and transferred periodically to the Fund.

Termination:

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

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

Note 2. Summary of Significant Accounting Policies

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

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

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Basis of Accounting:

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

Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Trustees 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. Accordingly, actual results could differ from those estimates.

Contributions Receivable:

Contributions receivable at December 31<sup>st</sup> represent contributions earned but not received at year-end. Since these contributions were received in subsequent periods, an allowance for doubtful accounts is not necessary.

Pursuant to the various collective bargaining or participation agreements, the Trustees implemented a policy of auditing the payroll records of contributing employers on a systematic rotation basis.

Benefit Obligations:

The Fund had no benefit obligations as of December 31, 2024 or 2024, so no Statement of Benefit Obligations or Statement of Changes in Benefit Obligations is presented. Benefits in the form of legal provider fees are recorded upon payment.

Risk and Uncertainties:

The Fund maintains its cash balances in one financial institution. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Risk and Uncertainties: (Continued)

The Fund's investments are exposed to various risks, such as interest rate, credit, overall market volatility, and world affairs. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of the investment securities will occur in the near term and that such change could materially affect the amounts reported in the accompanying financial statements.

The Fund has one contributing employer which accounted for approximately 72% of total employer contributions for the year ended December 31, 2024.

Valuation of Investments and Income Recognition:

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

Investment transactions are recognized on trade-date basis. Interest income is recognized when earned.

Note 3. Legal Services Provider Fees

Effective October 2020, the full service monthly benefit provider fees were increased to \$12 per participant. Prior to October 2020, the rate was \$10 per participant per month. The monthly participant fee for the "skinny benefit" option is \$5 per participant.

Note 4. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides a 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 below:

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurement (Continued)

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

Level 2 Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term asset or liability.

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

The following is a description of the valuation methodologies where assets and liabilities are measured at fair value and the general classification of these instruments pursuant to the fair value hierarchy:

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

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

The following tables sets forth by levels, within the fair value hierarchy, the balance of investments measured at fair value as of December 31, 2024 and 2023:

	<i>Assets at Fair Value as of December 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Cash	\$ 2,744	\$ 49,235	\$ -	\$ 51,979
Common Stock	166,773	-	-	166,773
Corporate Bonds	-	337,526	-	337,526
Mutual Funds	127,116	-	-	127,116
Investments at fair value	<u>\$ 296,633</u>	<u>\$ 386,761</u>	<u>\$ -</u>	<u>\$ 683,394</u>

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurement (Continued)

	<i>Assets at Fair Value as of December 31, 2023</i>			
	Level 1	Level 2	Level 3	Total
Cash	\$ 1,215	\$ 17,195	\$ -	\$ 18,410
Common Stock	181,429	-	-	181,429
Corporate Bonds	-	269,590	-	269,590
Mutual Funds	133,224	-	-	133,224
Investments at fair value	<u>\$ 315,868</u>	<u>\$ 286,785</u>	<u>\$ -</u>	<u>\$ 602,653</u>

Note 5. Related Party Transactions

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

The Plan is under the control of a Board of Trustees comprised of participating union members and employers and is administered by KBA74 and previously by HSI, an independent employee benefit administration and consulting firm. Administrative expenses are paid by the Plan.

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

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

Note 6. Subsequent Events

In preparing these financial statements, the Fund has evaluated events and transactions for potential recognition or disclosure through November 10, 2025, the date the financial statements were available to be issued.

On April 26, 2024, Republic Bank was closed by Pennsylvania Department of Banking and appointed the FDIC as receiver. FDIC transferred all assets of Republic Bank to Fulton Bank. The Plan did not incur any losses with this transfer.

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See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

NOTES TO FINANCIAL STATEMENTS

Note 7. Federal Tax Status

The trust established to hold the Plan's assets received an exemption letter from the Internal Revenue Service stating that the Trust is tax exempt pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. However, from time to time, the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income. The Plan and Trust are required to operate in conformity with the Internal Revenue Code to maintain the tax exempt status of the Trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believes that the Trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

Note 8. Plan Amendments

Effective January 1, 2022, the Trustees adopted an amended and restated agreement and declaration of trust. The comprehensive change brought the Plan document up to date with how the Plan operates in accordance with directives that were implemented by the Trustees but were not formalized. In addition, the names of the Plan, Unions and participating employers were updated.

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See Independent Auditors' Report.

SUPPLEMENTARY INFORMATION

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

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
CASH AND EQUIVALENTS	FULTON BANK	\$ 49,235	\$ 49,235
	WELLS FARGO BANK, N.A. BANK DEPOSIT SWEEP	2,744	2,744
		51,979	51,979
COMMON STOCK	ABBVIE INC	3,392	8,885
	ACCENTURE PLC IRELAND SHARES CL A	1,342	3,518
	AIR PRODUCTS & CHEMICALS INC	8,327	13,052
	APPLIED MATERIALS INC	4,952	16,263
	AT & T INC	2,812	2,277
	BANK OF AMERICA CORP	8,342	8,790
	BOEING CO	7,099	5,310
	CARRIER GLOBAL CORP	560	1,707
	CATERPILLAR INC	4,477	10,883
	COCA-COLA COMPANY	3,947	4,670
	CORNING INC	4,633	7,128
	CORTEVA INC	587	911
	CVS HEALTH	3,267	2,245
	DEERE & CO	8,987	10,592
	DOW INC	11,338	8,026
	DUPONT DE NEMOURS	15,125	15,250
	EMERSON ELECTRIC CO	1,623	3,098
	EXXON MOBIL CORP	8,361	10,757
	FORTREA HOLDINGS INC	506	373
	GE AEROSPACE NEW	4,810	8,339
	GE HEALTHCARE TECHS INC	8,270	7,818
	GE VERNOVA LLC	1,173	3,947
	GILEAD SCIENCES INC	3,224	4,618
	HANESBRANDS INC	7,454	2,849
	HEXCEL CORP NEW	5,503	4,703
	HONEYWELL INTERNATIONAL INC	9,966	11,294
	ILLINOIS TOOL WORKS INC	1,582	2,536
	INTEL CORP	13,071	6,015
	INTERNATIONAL PAPER CO	10,547	10,764
	INTL FLAVOR & FRAGRANCES	11,492	8,455
	JOHNSON CTLS INTL PLC	3,789	7,893
	LABORATORY CORP OF AMERICA HLDGS	2,871	4,586

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

(a) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(b) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(c) CURRENT VALUE	(d) COST	(e) CURRENT VALUE
COMMON STOCK (CONTINUED)				
	L3HARRIS TECHNOLOGIES INC	11,776	7,908	
	M & T BANK CORP	14,101	11,597	
	MERCK & CO INC NEW	12,435	8,439	
	MONDELEZ INTL INC	5,973	4,447	
	NEWELL BRANDS INC	1,494	3,882	
	ORGANON & CO	149	262	
	OTIS WORLDWIDE CORP	1,111	753	
	PFIZER INCORPORATED	5,306	6,734	
	RTX CORP	5,786	3,605	
	SCHLUMBERGER LTD	1,917	3,235	
	SOLVENTUM CORP	991	1,688	
	SYLVAMO CORP	1,422	588	
	TAIWAN SEMICONDUCTOR MFG CO LTD ADR	14,812	8,725	
	US BANCORP NEW	9,566	9,424	
	VIATRIS INC	299	357	
	VODAFONE GROUP PLC NEW	849	3,156	
	WHIRLPOOL CORP	5,724	10,976	
	WILLIAMS SONOMA INC	18,518	8,083	
	3M CO	7,745	9,187	
		<u>337,526</u>	<u>286,475</u>	
CORPORATE BONDS				
	CROWN CASTLE INTL CORP SR UNSECURED CPN 4.450% DUE 2/15/26	14,944	14,769	
	HEALTHCARE TR OF AMER SR UNSECURED CPN 3.500% DUE 8/1/26	19,545	19,220	
	HP ENTERPRISE CO SR UNSECURED CPN 1.750% DUE 4/1/26	48,156	46,606	
	HUNTINGTON BANCSHARES SR UNSECURED CPN 4.000% DUE 5/15/25	39,884	38,968	
	PINNACLE WEST CAPITAL SR UNSECURED CPN 1.300% DUE 6/15/25	44,244	42,112	
		<u>166,775</u>	<u>161,675</u>	
MUTUAL FUNDS				
	FIDELITY COLCHESTER STREET TRUST - TREASURY ONLY PORTFOLIO	127,116	127,116	
		<u>\$ 683,394</u>	<u>\$ 627,245</u>	

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
 LEGAL TRUST FUND  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 YEAR ENDED DECEMBER 31, 2024

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
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CORPORATE BONDS

HP ENTERPRISES CO SR UNSECURED CPN 1.75% DUE 4/1/26	PURCHASED	46,606				46,606		
FIFTH THIRD BANCORP 3.650% DUE 1/25/24	SOLD	60,000				59,387	60,000	613

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS  
LEGAL TRUST FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES  
For the Year Ended December 31, 2024

Administrative Expenses	
Administrative fees	\$ 41,944
Auditing & accounting fees	5,100
Legal fees	5,486
Postage & office supplies	86
Insurance premiums	5,043
Conferences and meetings	3,029
Dues	<u>1,275</u>
Total administrative expenses	<u>\$ 61,963</u>

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See Independent Auditors' Report.

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

EIN: 23-2069083  
FORM: 5500  
PLAN: #501

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
	CASH AND EQUIVALENTS	FULTON BANK	\$ 49,235	\$ 49,235
*		WELLS FARGO BANK, N.A. BANK DEPOSIT SWEEP	2,744	2,744
			51,979	51,979
	COMMON STOCK	ABBVIE INC	3,392	8,885
		ACCENTURE PLC IRELAND SHARES CL A	1,342	3,518
		AIR PRODUCTS & CHEMICALS INC	8,327	13,052
		APPLIED MATERIALS INC	4,952	16,263
		AT & T INC	2,812	2,277
		BANK OF AMERICA CORP	8,342	8,790
		BOEING CO	7,099	5,310
		CARRIER GLOBAL CORP	560	1,707
		CATERPILLAR INC	4,477	10,883
		COCA-COLA COMPANY	3,947	4,670
		CORNING INC	4,633	7,128
		CORTEVA INC	587	911
		CVS HEALTH	3,267	2,245
		DEERE & CO	8,987	10,592
		DOW INC	11,338	8,026
		DUPONT DE NEMOURS	15,125	15,250
		EMERSON ELECTRIC CO	1,623	3,098
		EXXON MOBIL CORP	8,361	10,757
		FORTREA HOLDINGS INC	506	373
		GE AEROSPACE NEW	4,810	8,339
		GE HEALTHCARE TECHS INC	8,270	7,818
		GE VERNOVA LLC	1,173	3,947
		GILEAD SCIENCES INC	3,224	4,618
		HANESBRANDS INC	7,454	2,849
		HEXCEL CORP NEW	5,503	4,703
		HONEYWELL INTERNATIONAL INC	9,966	11,294
		ILLINOIS TOOL WORKS INC	1,582	2,536
		INTEL CORP	13,071	6,015
		INTERNATIONAL PAPER CO	10,547	10,764
		INTL FLAVOR & FRAGRANCES	11,492	8,455
		JOHNSON CTLS INTL PLC	3,789	7,893
		LABORATORY CORP OF AMERICA HLDGS	2,871	4,586
		L3HARRIS TECHNOLOGIES INC	7,908	11,776
		M & T BANK CORP	11,597	14,101

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

EIN: 23-2069083  
FORM: 5500  
PLAN: #501

(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
COMMON STOCK (CONTINUED)		MERCK & CO INC NEW	8,439	12,435
		MONDELEZ INTL INC	4,447	5,973
		NEWELL BRANDS INC	3,882	1,494
		ORGANON & CO	262	149
		OTIS WORLDWIDE CORP	753	1,111
		PFIZER INCORPORATED	6,734	5,306
		RTX CORP	3,605	5,786
		SCHLUMBERGER LTD	3,235	1,917
		SOLVENTUM CORP	1,688	991
		SYLVAMO CORP	588	1,422
		TAIWAN SEMICONDUCTOR MFGE CO LTD ADR	8,725	14,812
		US BANCORP NEW	9,424	9,566
		VIATRIS INC	357	299
		VODAFONE GROUP PLC NEW	3,156	849
		WHIRLPOOL CORP	10,976	5,724
		WILLIAMS SONOMA INC	8,083	18,518
		3M CO	9,187	7,745
			<u>286,475</u>	<u>337,526</u>
CORPORATE BONDS		CROWN CASTLE INTL CORP SR UNSECURED CPN 4.450% DUE 2/15/26	14,769	14,944
		HEALTHCARE TR OF AMER SR UNSECURED CPN 3.500% DUE 8/1/26	19,220	19,545
		HP ENTERPRISE CO SR UNSECURED CPN 1.750% DUE 4/1/26	46,606	48,156
		HUNTINGTON BANCSHARES SR UNSECURED CPN 4.000% DUE	38,968	39,884
		PINNACLE WEST CAPITAL SR UNSECURED CPN 1.300% DUE 6/15/25	42,112	44,244
			<u>161,675</u>	<u>166,773</u>
MUTUAL FUNDS		FIDELITY COLCHESTER STREET TRUST - TREASURY ONLY PORTFOLIO	<u>127,116</u>	<u>127,116</u>
			<u>\$ 627,245</u>	<u>\$ 683,394</u>

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET (INCLUDING INTEREST RATE AND MATURITY IN CASE OF A LOAN)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
CORPORATE BONDS								
HP ENTERPRISES CO SR UNSECURED CPN 1.75% DUE 4/1/26	PURCHASED	46,606				46,606		
FIFTH THIRD BANCORP 3.650% DUE 1/25/24	SOLD	60,000				59,387	60,000	613