

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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
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1a Name of plan <u>SOUTH CENTRAL UFCW UNIONS AND EMPLOYERS HEALTH & WELFARE TRUST</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES SOUTH CENTRAL UFCW UNIONS AND EMPLOYERS HEALTH & WEL</u> <u>661 N. ERICSON RD</u> <u>CORDOVA, TN 38018-1006</u>	1c Effective date of plan <u>06/18/1969</u> 2b Employer Identification Number (EIN) <u>75-6232407</u> 2c Plan Sponsor's telephone number <u>901-758-3000</u> 2d Business code (see instructions) <u>445110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2025	RICK ALLEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/08/2025	HENRY TAYLOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																				
5	0																						
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	0	6a(2)	0	6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)	0																						
6a(2)	0																						
6b																							
6c																							
6d	0																						
6e																							
6f																							
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	7	0																				
7	0																						

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE I (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan SOUTH CENTRAL UFCW UNIONS AND EMPLOYERS HEALTH & WELFARE TRUST	B Three-digit plan number (PN) ▶ 501
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C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SOUTH CENTRAL UFCW UNIONS AND EMPLOYERS HEALTH & WEL	D Employer Identification Number (EIN) 75-6232407
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Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

		(a) Beginning of Year	(b) End of Year
1 Plan Assets and Liabilities:			
a Total plan assets	1a	10382279	
b Total plan liabilities	1b	66657	
c Net plan assets (subtract line 1b from line 1a)	1c	10315622	
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)		
(2) Participants	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions	2b		
c Other income	2c	292230	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		292230
e Benefits paid (including direct rollovers)	2e		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	329806	
i Other expenses	2i	548818	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		878624
k Net income (loss) (subtract line 2j from line 2d)	2k		-586394
l Transfers to (from) the plan (see instructions)	2l		-9729228

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II	Compliance Questions
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		Yes	No	Amount
4 During the plan year:				
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
e Was the plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	4i		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4j	X		
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			

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 0.

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND EMPLOYERS HEALTH AND WELFARE PLAN	58-1283466	501
HEARTLAND HEALTH NAD WELLNESS FUND	31-6173363	501

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 _____.

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

FINANCIAL STATEMENTS

FEBRUARY 29, 2024

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

FEBRUARY 29, 2024 AND FEBRUARY 28 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits (Liquidation Basis of Accounting)	4
Statements of Changes in Net Assets Available for Benefits (Liquidation Basis of Accounting)	5
Statements of Benefit Obligations (Liquidation Basis of Accounting)	6
Statements of Changes in Benefit Obligations (Liquidation Basis of Accounting)	7
Notes to Financial Statements	8
Supplemental Information	
Schedules of Administrative Expenses (Liquidation Basis of Accounting)	13

INDEPENDENT AUDITOR'S REPORT

Board of Trustees of the
South Central United Food and Commercial Workers
Unions and Employers Health and Welfare Trust
Cordova, Tennessee

Opinion

We have audited the financial statements of the South Central United Food and Commercial Workers Unions and Employers Health and Welfare Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of February 29, 2024 (in liquidation) and February 28, 2023 (ongoing), and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of February 29, 2024 (in liquidation) and February 28, 2023 (ongoing), and the changes in its net assets available for benefits and changes in its benefit obligations 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the South Central United Food and Commercial Workers Unions and Employers Health and Welfare Trust 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.

Emphasis of Matter - Termination of Plan

As discussed in Note 8, on December 2, 2024 per instructions of the Plan's Trustees an agreement was ratified to terminate the Plan during the next fiscal year. The financial statements reflect no adjustment for this matter.

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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 the Plan's internal control. Accordingly, no such opinion is expressed.

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

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

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Administrative Expenses referred to as “supplemental information” is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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.

Novak Francella LLC

New York, New York
February 26, 2025

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS OF ACCOUNTING)**

FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	<u>(In Liquidation)</u> 2024	<u>(Ongoing)</u> 2023
ASSETS		
INVESTMENTS - at fair value		
Short-term investments	\$ 9,104,807	\$ 612,844
Bonds and notes	-	8,742,541
Total Investments	<u>9,104,807</u>	<u>9,355,385</u>
RECEIVABLES		
Transitional Reinsurance Program settlement	1,079,883	1,079,883
Interest	22,364	72,189
Total receivables	<u>1,102,247</u>	<u>1,152,072</u>
OTHER ASSETS		
Prepaid expenses	<u>1,394</u>	<u>-</u>
CASH	<u>173,831</u>	<u>241,158</u>
Total assets	<u>10,382,279</u>	<u>10,748,615</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	66,657	54,400
Securities purchased and not settled	-	149,901
Total liabilities	<u>66,657</u>	<u>204,301</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,315,622</u>	<u>\$ 10,544,314</u>

See accompanying notes to financial statements.

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	(In Liquidation) 2024	(Ongoing) 2023
	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 164,576	\$ (203,654)
Interest	<u>297,700</u>	<u>259,578</u>
	462,276	55,924
Less investment expenses	<u>(34,502)</u>	<u>(36,159)</u>
Net investment income - net	<u>427,774</u>	<u>19,765</u>
Contributions		
Employers	-	65,843
Employers refunds	-	(1,161,171)
Participants'	-	5,647
COBRA	-	4,465
Self pay	<u>-</u>	<u>702</u>
Total contributions	<u>-</u>	<u>(1,084,514)</u>
Transitional Reinsurance Program settlement	<u>-</u>	<u>1,079,883</u>
Other income	<u>23,761</u>	<u>58,258</u>
Total additions	<u>451,535</u>	<u>73,392</u>
DEDUCTIONS		
Benefits		
Claims paid - net of refunds	218,433	3,623,490
Dental benefits premium	-	6,377
Optical benefits premium	-	11,504
PPO fees	50	136,419
Prescription drugs - net of rebates	<u>-</u>	<u>190,866</u>
Total benefits	<u>218,483</u>	<u>3,968,656</u>
Administrative expenses	454,909	730,825
Fees mandated by the Affordable Care Act	<u>6,835</u>	<u>30,492</u>
Total deductions	<u>680,227</u>	<u>4,729,973</u>
NET DECREASE	(228,692)	(4,656,581)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>10,544,314</u>	<u>15,200,895</u>
End of year	<u>\$ 10,315,622</u>	<u>\$ 10,544,314</u>

See accompanying notes to financial statements.

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

**STATEMENTS OF BENEFIT OBLIGATIONS
(LIQUIDATION BASIS OF ACCOUNTING)**

FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	<u>(In Liquidation)</u> <u>2024</u>	<u>(Ongoing)</u> <u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Health claims payable	<u>\$ -</u>	<u>\$ 44,000</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	<u>-</u>	<u>72,000</u>
Total plan benefit obligations	<u><u>\$ -</u></u>	<u><u>\$ 116,000</u></u>

See accompanying notes to financial statements.

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	<u>(In Liquidation)</u> 2024	<u>(Ongoing)</u> 2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 44,000	\$ 280,000
Claims reported and approved for payment	174,483	3,732,656
Claims paid	<u>(218,483)</u>	<u>(3,968,656)</u>
Balance at end of year	<u>-</u>	<u>44,000</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	72,000	2,984,000
Decrease during the year attributable to:		
Decrease in estimated incurred but unreported claims	(72,000)	(1,602,000)
Decrease in eligibility lag payable	-	(938,000)
Decrease in hour bank liability	<u>-</u>	<u>(372,000)</u>
Balance at end of year	<u>-</u>	<u>72,000</u>
 Total plan benefit obligations at end of year	 <u>\$ -</u>	 <u>\$ 116,000</u>

See accompanying notes to financial statements.

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

NOTES TO FINANCIAL STATEMENTS
(LIQUIDATION BASIS OF ACCOUNTING)

FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

NOTE 1. DESCRIPTION OF THE PLAN

General - The South Central United Food and Commercial Workers Unions and Employers Health and Welfare Trust was formed by an agreement between various employers and participating Local Unions affiliated with the United Food and Commercial Workers International Union.

The Plan is self-administered by the Board of Trustees who have engaged an administrative manager and staff to assist them in the daily operation of the Plan.

As of July 1, 2022, all collecting bargaining agreements had been renegotiated such that all participants of the Plan ceased participating in the Plan and there are no longer any eligible participants. The Plan continued to process claims runout for all benefit expenses incurred prior to the departure of participants until the claims runout period had expired. The Plan had a one-year claims filing deadline that may be extended due to pandemic relief issued by DOL. The Plan will also continue to pay administrative and professional fees associated with the Plan's operations.

Benefits - The Plan provided group benefits for all covered employees whose employers are subject to a Collective Bargaining Agreement. Some of the benefits that were being provided were major medical, accidental death and dismemberment, accident and sickness, loss of time, death benefits, dental benefits, optical benefits, and prescription drug benefits. Non-working participants were eligible to self-pay their monthly contributions to remain eligible for coverage. The Plan did offer postretirement benefits that were funded entirely by the participants. Therefore, no postretirement liability obligation exists.

Eligibility - Hours worked by employees during the month of January were reported in February and provided benefit coverage for the month of March. Hours worked in February are reported in March and provided coverage for April. As of February 29, 2024 and February 28, 2023, there was no Estimated Liability Due to Eligibility Lag.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - As a result of the Plan's Board of Trustees decision to terminate the Plan, the basis for accounting in the accompanying financial statements is the liquidation basis.

Investments - Investments are carried at fair value. Short-term investments are valued at cost, which approximates fair value.

Purchases and sales are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Claims Incurred but not Reported - All claims incurred by eligible employees as specified in the Plan are paid directly out of the Plan. An estimate of those claims incurred but unreported until February 28, 2023 was \$72,000.

Hour Bank Liability - An estimated liability for employees' hour bank reserve, as determined by the Fund Consultant, had been calculated based upon the cost per eligible participant, multiplied by the number of months of coverage in the hour back at year end and multiplied by a usage factor of one-half.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. TAX STATUS

The Plan obtained its latest exemption letter dated September 4, 1969 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(c)(9). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 4. PRIORITIES UPON TERMINATION

The right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

As discussed in Note 1, the Plan no longer has any active participants effective July 1, 2022. The Trustees are currently reviewing manners in which to allocate the remaining Plan assets for the benefit of members of the local unions that formerly participated in the Plan.

As discussed in Note 8, on December 2, 2024 per instructions of the Plan's Trustees an agreement was ratified to terminate the Plan during the next fiscal year.

No financial statement adjustments related to this matter have been recorded at this time.

NOTE 5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended February 29, 2024 and February 28, 2023, there were no transfers in or out of levels 1, 2 or 3 except for United States Treasury securities, previous reported as Level 2.

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value at February 29, 2024 and February 28, 2023:

	Fair Value Measurements at February 29, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	<u>\$ 9,104,807</u>	<u>\$ 9,104,807</u>	<u>\$ -</u>	<u>\$ -</u>

	Fair Value Measurements at February 28, 2023			
	Total	Level 1	Level 2	Level 3
Short term investments	\$ 612,844	\$ 612,844	\$ -	\$ -
United States Government & Government Agency obligations	4,591,547	4,560,244	31,303	-
Corporate obligations	3,727,638	-	3,727,638	-
Foreign obligations	75,400	-	75,400	-
Municipal obligations	347,956	-	347,956	-
Total investments in the fair value hierarchy	<u>\$ 9,355,385</u>	<u>\$ 5,173,088</u>	<u>\$ 4,182,297</u>	<u>\$ -</u>

NOTE 6. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

NOTE 7. TRANSITIONAL REINSURANCE PROGRAM SETTLEMENT

On March 8, 2019, the Plan opted into the Transitional Reinsurance Fee class action lawsuit versus the United States stemming from certain payments in the Affordable Care Act Program. On May 12, 2023, a final order was filed in Federal Court. As a result of the lawsuit, the Plan is scheduled to receive a \$1,079,883 settlement. The Plan is still awaiting payment.

NOTE 8. SUBSEQUENT EVENTS

On December 2, 2024 per instructions of the Plan's Trustees an agreement was ratified to terminate the Plan during the next fiscal year.

The Plan's management has performed subsequent event procedures through February 26, 2025, which is the date the financial statements were available to be issued, and there were no other subsequent events requiring adjustment to the financial statements.

SUPPLEMENTAL INFORMATION

**SOUTH CENTRAL UNITED FOOD AND
COMMERCIAL WORKERS UNION AND
EMPLOYERS HEALTH AND WELFARE TRUST**

**SCHEDULES OF ADMINISTRATIVE EXPENSES
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	<u>(In Liquidation)</u> <u>2024</u>	<u>(Ongoing)</u> <u>2023</u>
TPA fees	\$ 163,680	\$ 195,698
Legal fees	88,365	161,931
Consulting	69,933	135,213
Accounting and audit	58,500	155,000
Insurance	44,416	47,793
Rent	16,237	9,845
Bank fees	13,208	14,920
Postage and printing	570	7,893
Conference and meetings	-	2,473
Office and other	-	59
	<u>\$ 454,909</u>	<u>\$ 730,825</u>
Total administrative expenses	<u>\$ 454,909</u>	<u>\$ 730,825</u>

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 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

<p>1a Name of plan SOUTH CENTRAL UFCW UNIONS AND EMPLOYERS HEALTH & WELFARE TRUST</p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES SOUTH CENTRAL UFCW UNIONS AND EMP 661 N. ERICSON RD CORDOVA TN 38018-1006</p>	<p>1c Effective date of plan <u>06/18/1969</u></p> <p>2b Employer Identification Number (EIN) <u>75-6232407</u></p> <p>2c Plan Sponsor's telephone number <u>901-758-3000</u></p> <p>2d Business code (see instructions) <u>445110</u></p>

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

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

SIGN HERE <input checked="" type="checkbox"/>		12/08/2025	RICK ALLEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE <input checked="" type="checkbox"/>		12/08/2025	HENRY TAYLOR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

Receipt Confirmation Code _____