

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1959
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA
2b Employer Identification Number (EIN): 23-7428852
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 entries for MICHELE L KESSLER on 01/12/2026.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1876
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1876
	6a(2)	1873
	6b	
	6c	
	6d	1873
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA</p>	<p>D Employer Identification Number (EIN) 23-7428852</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
GEISINGER QUALITY OPTIONS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-2311553	95923	10117720 1001	448	04/01/2024	03/31/2025

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1983480
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p>A Name of plan UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA</p>	<p>D Employer Identification Number (EIN) 23-7428852</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF PENNSYLVANIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-1667011	54798	00395	33	04/01/2024	03/31/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	4714
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA	D Employer Identification Number (EIN) 23-7428852

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

1 Coverage Information:

(a) Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3341 C4604	445	03/31/2024	02/28/2025

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
DELAWARE VALLEY HEALTH CARE **2980 SOUTHAMPTON ROAD**
PHILADELPHIA, PA 19154

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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Part II Investment and Annuity Contract Information
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	33762
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

A Name of plan UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA	D Employer Identification Number (EIN) 23-7428852	

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

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)

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	NONE	271384	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)

GEISINGER QUALITY OPTIONS

23-2311553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	143041	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)

PHILADELPHIA TRUST COMPANY

1760 MARKET STREET
PHILADELPHIA, PA 19103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	69779	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)

BOLTON PARTNERS NORTHEAST, INC

36 SOUTH CHARLES STREET, SUITE 1000
BALTIMORE, MD 21201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	62500	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)

WILLIG, WILLIAMS & DAVIDSON

1845 WALNUT STREET
PHILADELPHIA, PA 19103

(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?
	NONE	43095	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)

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	22200	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)

OPTUM RX

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	15257	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)

EYEMED

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	7115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA	D Employer Identification Number (EIN) 23-7428852

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2788224	2250201
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2383887	1567995
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5609897	5771306
(2) U.S. Government securities	1c(2)	7042330	9543188
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4115372	5738022
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	115320	180600
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	22055030	25051312
Liabilities			
g Benefit claims payable.....	1g	1418908	1466079
h Operating payables.....	1h	708174	625812
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2127082	2091891
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19927948	22959421

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	23176479	
(B) Participants.....	2a(1)(B)	21311	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23197790
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	163971	
(B) U.S. Government securities.....	2b(1)(B)	395695	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	56630	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		616296
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	87563	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		87563
(3) Rents.....	2b(3)		6236
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9329470	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9175925	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		153545
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-419501	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		23641929

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	161937	
(2) To insurance carriers for the provision of benefits	2e(2)	18713972	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18875909
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	271384	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	22200	
(5) Investment advisory and investment management fees	2i(5)	69779	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	62500	
(8) Legal fees	2i(8)	43095	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1265589	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1734547
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20610456

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3031473
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

UFCW HEALTH AND WELFARE FUND
OF NORTHEASTERN PENNSYLVANIA

FINANCIAL REPORT

March 31, 2025



ROSS & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statement of Changes in Benefit Obligations	7
Notes to Financial Statements	8 - 19
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	20 - 22
Schedule of Administrative Expenses	23

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
UFCW Health and Welfare Fund
of Northeastern Pennsylvania
Plymouth Meeting, Pennsylvania

Opinion

We have audited the accompanying financial statements of UFCW Health and Welfare Fund of Northeastern Pennsylvania, an employee benefit plan subject to Employee Retirement Income Security Act of 1974 (ERISA), which comprise the Statements of Net Assets Available for Benefits and of Benefit Obligations as of March 31, 2025 and 2024 and the related Statement of Changes in Net Assets Available for Benefits and Changes in Benefit Obligations for the year ended March 31, 2025, 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 UFCW Health and Welfare Fund of Northeastern Pennsylvania as of March 31, 2025 and 2024, and the Changes in its Net Assets Available for Benefits and Changes in Benefit Obligations for the year ended March 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with the 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 Health and Welfare Fund of Northeastern Pennsylvania and meet our other ethical responsibilities, in accordance with the relevant requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 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 Health and Welfare Fund of Northeastern Pennsylvania's 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 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 judgement 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 UFCW Health and Welfare Fund of Northeastern Pennsylvania'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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW Health and Welfare Fund of Northeastern Pennsylvania'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 Schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 Disclosures 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.

Olson & Company P.C.

Reading, Pennsylvania
January 14, 2026

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

March 31, 2025 and 2024

	2025	2024
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Cash and Cash Equivalents	\$ 5,771,306	\$ 5,609,897
Government and Agency Securities	9,543,188	7,042,330
Common Stock	5,738,022	4,115,372
Real Estate Investment Trust	180,600	115,320
	<u>21,233,116</u>	<u>16,882,919</u>
RECEIVABLES		
Employer Contributions	2,250,201	2,788,224
Rebates Receivable	810,683	872,062
Due from other Benefit Plans	741,745	1,498,326
Payroll Tax Refund	13,652	12,485
	<u>3,816,281</u>	<u>5,171,097</u>
PREPAID EXPENSES	<u>1,915</u>	<u>1,014</u>
FURNITURE AND EQUIPMENT, net of accumulated depreciation of \$22,232 and \$22,232 in 2024 and 2023	<u>-</u>	<u>-</u>
TOTAL ASSETS	<u>25,051,312</u>	<u>22,055,030</u>
LIABILITIES AND NET ASSETS		
Accounts Payable	99,193	27,090
Due to other Benefit Plans	526,619	681,084
	<u>625,812</u>	<u>708,174</u>
TOTAL LIABILITIES	<u>625,812</u>	<u>708,174</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 24,425,500</u>	<u>\$ 21,346,856</u>

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

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended March 31, 2025

Additions to Net Assets Attributed to:

Contributions	
Employer contributions	\$ 23,176,479
Participant contributions	21,311
Total contributions	<u>23,197,790</u>
Investment income	
Net appreciation in fair value of investments	(265,956)
Interest income	559,665
Dividend income	150,430
Total investment income	<u>444,139</u>
Less investment expenses	<u>69,779</u>
Net investment income	<u>374,360</u>
Total additions	<u>23,572,150</u>

Deductions from Net Assets Attributed to:

Medical Benefits (Net of \$5,752 in recoveries and \$1,091,528 in Stop Loss reimbursements)	15,746,821
Prescriptions Benefits, net of rebates	2,441,450
Dental Benefits	399,631
Vision Benefits	45,137
Disability Benefits	161,937
Life Insurance	33,762
	<u>18,828,738</u>
Stop Loss Premiums	1,053,038
Administrative expenses	<u>611,730</u>
Total deductions	<u>20,493,506</u>
Increase in net assets	3,078,644

Net Assets Available for Benefits:

Beginning of year	<u>21,346,856</u>
End of Year	<u>\$ 24,425,500</u>

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

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

STATEMENTS OF BENEFIT OBLIGATIONS

March 31, 2025 and 2024

	2025	2024
Amounts Currently Payable:		
Claims incurred but not reported	\$ 649,840	\$ 768,346
Claims and premiums payable	<u>816,239</u>	<u>650,562</u>
	<u>1,466,079</u>	<u>1,418,908</u>
Postretirement benefit obligations, net of amounts currently payable:		
Current retirees	699,816	669,935
Other participants fully eligible	50,070	79,345
Other participants not fully eligible	<u>31,607</u>	<u>29,109</u>
	<u>781,493</u>	<u>778,389</u>
 TOTAL BENEFIT OBLIGATIONS	 <u>\$ 2,247,572</u>	 <u>\$ 2,197,297</u>

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

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

Year Ended March 31, 2025

Amounts Currently Payable:

Balance at beginning of year	\$ 1,418,908
Claims and premiums incurred	18,875,909
Claims and insurance premiums paid, including disability	<u>(18,828,738)</u>
Balance at end of year	<u>1,466,079</u>

Postretirement benefit obligations, net of
amounts currently payable:

Balance at beginning of year	778,389
Interest cost	39,056
Expected benefit payments and updated census data	(26,011)
Changes in assumptions and claims experience	<u>(9,941)</u>
Balance at end of year	<u>781,493</u>

PLAN'S TOTAL BENEFIT OBLIGATIONS
AT END OF YEAR

\$ 2,247,572

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

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Fund

The following description of the UFCW Health and Welfare Fund of Northeastern Pennsylvania (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.

General:

The Fund is a multi-employer benefit plan established pursuant to agreements between various contributing employers and UFCW Local Union 1776 (the "Union"). The Fund provides health and welfare benefits to eligible participants and their dependents under the terms of various collective bargaining or participation agreements. It is subject to and conforms to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Effective June 30, 2013, United Food Commercial Workers Central Pennsylvania and Regional Health & Welfare Fund ("Merged Fund") merged into the Fund. As part of the merger agreement, the Fund assumed the assets and liabilities of the Merged Fund.

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

Benefits:

The Fund provides major medical, disability, dental, vision and death benefits. Some benefits are provided on a self-funded basis while others are provided through the purchase of insurance coverage. The Fund currently provides various schedules of benefits based on job classification and/or employer. Detailed schedules of benefits are included in the Summary Plan Description.

Eligibility:

Eligibility rules vary depending on the applicable schedule of benefits. Generally, an employee remains eligible for benefits as long as his/her employer makes the required contributions pursuant to the applicable collective bargaining or participation agreement.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Fund (Continued)

COBRA:

A covered employee and dependent or spouse whose coverage is terminated due to a "qualifying event" will be eligible to elect continuation of coverage through self-contributions, as required by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"), as amended.

Funding Policy:

Funding is provided through contributions by employers pursuant to individual collective bargaining or participation agreements, contributions paid by participants and income earned on investments. The level of contributions varies among employers and employee classifications according to the individual collective bargaining or participation agreement in effect.

Termination:

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

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

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. The accounting policies conform to accounting principles generally accepted in the United States and have been consistently applied in the preparation of the accompanying financial statements.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

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. KBA74 (and previously by HSI) performs the various administrative functions necessary for the operation of the Fund, including the collection of contributions, processing of benefit claims, and the payment of insurance premiums and administrative expenses.

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 generally accepted accounting principles requires the Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Risk and Uncertainties:

The Fund invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, credit, and world affairs. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration of risk is mitigated by the diversification of investments across a variety of financial instruments.

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

Investment Valuation and Income Recognition:

The Fund's investments are stated at fair value. Quoted market prices are used to value investments. The custodian and investment advisor are "fiduciaries" as well as "parties of interest" as defined by the Employee Retirement Income Security Act - Section 3(14) P.L. 93-406.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

The Fund presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

The net change in unrealized gains or losses of some of the Fund's investments is presented net of fees, operating expenses and performance based compensation, if any. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Capital gain distributions are classified as dividends. Net appreciation (depreciation) includes the Fund's gains and losses on investments bought and sold as well as held during the year.

Contributions Receivable:

Contributions receivable at March 31 represent contributions earned but not received at year end as determined by subsequent collections. Since these contributions were received in a subsequent period, an allowance for doubtful accounts is unnecessary. Delinquent accounts, if any, are not recognized as income until received.

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

Benefit Obligations:

Claims payable - represents the estimated amount of claims reported but unpaid at year end.

Claims incurred but not reported - represents the estimated obligation for self-funded claims incurred but unreported at year end. This obligation is based on statistical information concerning the average amount of unreported claims incurred and outstanding at year end as well as the claims payment lag.

Insurance premiums payable - represents insurance premiums due to carriers but unpaid at year end.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Payments of Benefits:

Benefits and premiums are recorded when paid. Refunds due to overpayments, subrogation, stop loss reimbursements, or adjustments are recorded in the period received. Prescription rebates are recorded in the period to which the related claims are paid and are shown net of benefit payments.

Office Furniture and Equipment:

Property and equipment are recorded at cost. Depreciation and amortization are computed using the straight-line method at rates based on estimated useful lives ranging from 5 to 10 years. The cost of maintenance and repairs is recorded as an expense as paid. Significant acquisitions and improvements are capitalized.

Administrative Expenses:

Expenses incurred in connection with the general administrative of the plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. See the Supplementary Schedule of Administrative Expenses for detail on the type and amounts of expenses incurred. Certain investment-related expenses are included in the net appreciation in fair value of investments and as reduction to investment income on the Statement of Net Assets available for Benefits.

Note 3. Related Parties

Certain assets of the Plan are managed by Philadelphia Trust Company, 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. Pursuant to a cost sharing agreement, certain office salaries of KBA74 and HSI are shared with an affiliated fund. Expenses that are specific to the fund are paid by the fund.

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

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 4. Post-Retirement Benefit Obligations

The post-retirement benefit obligation represents the estimated future benefits attributed to employee services rendered. This obligation includes future benefits to be paid to or for:

- Currently retired or terminated participants and their dependents and beneficiaries
- Active participants and their dependents and beneficiaries after retirement of service with participating employers.

The actuarial present value of the expected post-retirement benefit obligation is calculated by an actuary of Bolton and is determined by:

- Applying actuarial assumptions to historical claims cost data in order to estimate the future annual incurred cost per participant
- Adjusting such estimates for the time value of money (through discounts for interest)
- Adjusting such estimates for the probability of payment, by means of decrements such as death, disability, withdrawal or retirement between the valuation date and the expected date of payment.

Valuation Method:

The Projected Unit Credit actuarial cost method was used to determine liabilities as required by ASC Topic 965. Under this method, the post-retirement health costs are assumed to be earned ratably from date of hire to the participant's full eligibility age (upon reaching 20 years of service or age 60 with 20 years of service).

The weighted average healthcare cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of March 31, 2025 by \$35,971.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 4. Post-Retirement Benefit Obligations (Continued)

Following are other significant assumptions used in the valuation as of March 31, 2025:

<u>Assumption</u>	<u>March 31, 2025</u>
Discount rate	5.37%
Plan utilization	All future eligibles will elect healthcare coverage at retirement.
Disability	None assumed
Retirement age	Ranges from age 55 to age 65. All participants are assumed to retire by age 65.
Post-retirement mortality rates:	
Healthy	SOA Pri-2012 Blue Collar Mortality Table with projected improvement MP-2021 table.
Disabled	None assumed

The foregoing assumptions are based on the presumption that the coverage to participants will continue. Were the coverage to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement benefit

Note 5. Investments

The investments of the Fund are primarily financial instruments which are monetary in nature. As a result, interest rates have a more significant impact on the Fund's performance than the effect of general levels of inflation. Interest rates do not necessarily move in the same direction or in the same magnitude as the prices of goods and services as measured by the consumer price

The Fund's investments are held by Philadelphia Trust Company. The Trustees have established a formal investment policy that includes selecting a professional investment advisor to manage investments as well as diversifying the investment portfolio between various securities.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 6. 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:

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 and 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.

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

Common stocks and real estate investment trusts: Valued at the closing price reported on the active market on which the individual securities are traded.

Government and agency securities: 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 table sets forth by level, within the fair value hierarchy, the fund's assets at fair value as of March 31, 2025.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

	<i>Assets at Fair Value as of March 31, 2025</i>			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 1,761,869	\$ 4,009,437	\$ -	\$ 5,771,306
Common Stock	5,738,022	-	-	5,738,022
Real Estate Investment Trust	180,600	-	-	180,600
Government and Agency Securities	-	9,543,188	-	9,543,188
	<u>\$ 7,680,491</u>	<u>\$ 13,552,625</u>	<u>\$ -</u>	<u>\$ 21,233,116</u>

The following table sets forth by level, within the fair value hierarchy, the fund's assets at fair value as of March 31, 2024.

	<i>Assets at Fair Value as of March 31, 2024</i>			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 634,596	\$ 4,975,301	\$ -	\$ 5,609,897
Common Stock	4,115,372	-	-	4,115,372
Real Estate Investment Trust	115,320	-	-	115,320
Government and Agency Securities	-	7,042,330	-	7,042,330
	<u>\$ 4,865,288</u>	<u>\$ 12,017,631</u>	<u>\$ -</u>	<u>\$ 16,882,919</u>

Note 7. Concentration of Credit Risk

The plan maintains bank accounts with Republic Bank. Accounts at the institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Management is aware of the risk and has opened a "shadow bank account" that transfers amounts in excess of \$250,000 to other banks to reduce the potential risk of loss.

The fund has three contributing employers which accounted for 78% and 81% of total employer contributions for the years ending March 31, 2025 and 2024, respectively.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 8. Stop-Loss Insurance

The Plan has entered into an insurance contractual arrangement to limit expenses related to the self-insured medical and prescription benefits. The Plan is contracted with Granular Insurance Company. This contract reimburses for expenses in excess of \$225,000. During the year ended March 31, 2025, the Plan paid premiums for the stop loss coverage of \$1,053,039 and reduced the medical claim expenses amount by \$1,091,528 from reimbursements for claims in excess of the deductible amount.

Note 9. Claims Incurred but not Reported

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

Note 10. Federal Tax Status

The VEBA trust funding certain benefits of the Fund received an exemption letter from the IRS dated August 30, 1990, stating that the fund is tax exempt under the provisions of Section 501(c)9 of the IRC. However, as a result of the Fund's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded for unrelated business taxable income.

In addition, the Fund and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The fund administrator believes that the Fund is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require fund management to evaluate tax positions taken by the fund and recognize a tax liability (or asset) if the fund has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The fund administrator believes it is no longer subject to income tax examination for years prior to March 31, 2023.

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 11. Termination of the Fund

Although it has not expressed any intention to do so, the employers and local union have the right under the Fund to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Fund subject to the provisions of ERISA. In the event of termination of the Fund, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Fund may revert to the employers and local union or be used for purposes other than for the exclusive benefit of the Fund's participants.

Note 12. Reconciliation of Financial Statements to Form 5500

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

	March 31, 2025	March 31, 2024
Net assets available for benefits per the financial statements	\$ 24,425,500	\$ 21,346,856
Claims and premiums payable for active and retired participants	(816,239)	(650,562)
Claims incurred but not reported to the plan for active and retired participants	<u>(649,840)</u>	<u>(768,346)</u>
Net assets available for benefits per the Form 5500	<u>\$ 22,959,421</u>	<u>\$ 19,927,948</u>

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

	Year Ended March 31, 2025
Benefits paid per the financial statements	\$ 18,828,738
Add: Claims payable at end of year	816,239
Claims incurred but not reported at year end	649,840
Less: Claims payable at beginning of year	(650,562)
Claims incurred but not reported at beginning of year	<u>(768,346)</u>
Insurance premiums and claims paid per the Form 5500	<u>\$ 18,875,909</u>

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

NOTES TO FINANCIAL STATEMENTS

Note 13. Subsequent Events

In preparing these financial statements, the Fund has evaluated events and transactions for potential recognition or disclosure through January 14, 2026, 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.

SUPPLEMENTARY INFORMATION

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR YEAR ENDED MARCH 31, 2025

(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) COST	(d) CURRENT VALUE
CASH AND CASH EQUIVALENTS			
	SEI DAILY INCOME TREASURY II PTF A	1,761,869	1,761,869
	FULTON BANK CHECKING	4,009,437	4,009,437
		<u>5,771,306</u>	<u>5,771,306</u>
GOVERNMENT AND AGENCY SECURITIES			
	FEDERAL HOME LOAN BANK DTD 5.350% 11/28/2028	400,671	399,940
	UNITED STATES TREASURY BILL ZERO 04/15/2025	493,605	499,175
	UNITED STATES TREASURY BILL ZERO 06/20/2025	494,920	495,335
	UNITED STATES TREASURY BILL 09/18/2025	489,940	490,345
	UNITED STATES TREASURY NOTES DTD 2.875% 05/31/2025	99,858	99,747
	UNITED STATES TREASURY NOTES DTD 4.625% 06/30/2025	249,470	250,170
	UNITED STATES TREASURY NOTES DTD 4.750% 07/31/2025	249,992	250,352
	UNITED STATES TREASURY NOTES DTD 5.000% 08/31/2025	250,169	250,718
	UNITED STATES TREASURY NOTES DTD 3.000% 09/30/2025	198,711	198,806
	UNITED STATES TREASURY NOTES DTD 4.250% 10/15/2025	249,596	250,055
	UNITED STATES TREASURY NOTES DTD 4.000% 12/15/2025	499,050	499,625
	UNITED STATES TREASURY NOTES DTD 4.625% 02/28/2026	250,082	251,105
	UNITED STATES TREASURY NOTES DTD 4.625% 03/15/2026	399,875	402,052
	UNITED STATES TREASURY NOTES DTD 0.750% 04/30/2026	75,016	72,406
	UNITED STATES TREASURY NOTES DTD 4.625% 09/15/2026	298,518	302,814
	UNITED STATES TREASURY NOTES DTD 4.625% 11/15/2026	399,368	404,156
	UNITED STATES TREASURY NOTES DTD 4.375% 12/15/2026	398,304	402,812
	UNITED STATES TREASURY NOTES DTD 4.000% 01/15/2027	500,596	500,530
	UNITED STATES TREASURY NOTES DTD 4.125% 02/15/2027	499,600	501,795
	UNITED STATES TREASURY NOTES DTD 4.250% 03/15/2027	500,034	503,145
	UNITED STATES TREASURY NOTES DTD 4.125% 11/15/2027	500,105	502,870
	UNITED STATES TREASURY NOTES DTD 4.125% 09/30/2027	499,960	502,910
	UNITED STATES TREASURY NOTES DTD 4.000% 02/29/2028	496,670	501,465
	UNITED STATES TREASURY NOTES DTD 4.125% 07/31/2028	497,935	503,535
	UNITED STATES TREASURY NOTES DTD 4.375% 08/31/2028	501,483	507,325
		<u>9,493,528</u>	<u>9,543,188</u>

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR YEAR ENDED MARCH 31, 2025

(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 STOCKS				
	ABBOTT LABS INC	183,139	232,138	232,138
	ABBVIE INC	92,902	157,140	157,140
	ALPHABET INC CL A	132,567	193,300	193,300
	AMAZON COM INC	183,397	237,825	237,825
	AMGEN INC	137,196	155,775	155,775
	APPLE INC	59,516	111,065	111,065
	BANK OF AMERICA CORP	195,359	208,650	208,650
	BERKSHIRE HATHAWAY INC-CL B	122,949	213,032	213,032
	BROADCOM INC	194,092	209,287	209,287
	BWX TECHNOLOGIES	178,551	147,975	147,975
	COLGATE-PALMOLIVE	85,964	93,700	93,700
	DIAMONDBACK ENERGY INC	234,040	239,820	239,820
	DR HORTON INC	212,162	158,912	158,912
	DUKE ENERGY CORP	172,153	213,448	213,448
	ELANCO ANIMAL HEALTH INC	189,643	131,250	131,250
	FREEMONT-MCMORAN INC	232,932	189,300	189,300
	GOLDMAN SACHS GROUP INC	147,884	218,516	218,516
	HONEYWELL INTERNATIONAL INC	200,344	190,575	190,575
	IBM CORPORATION	156,437	248,660	248,660
	IQVIA HOLDINGS INC	252,084	220,375	220,375
	L3 HARRIS TECHNOLOGIES INC	139,831	167,448	167,448
	MARATHON PETROLEUM CORPORATION	144,940	182,113	182,113
	MICROSOFT CORP	112,919	187,695	187,695
	NEWMONT CORP	191,425	241,400	241,400
	NIKE INC	238,916	190,440	190,440
	PALO ALTO NETWORKS INC	172,332	204,768	204,768
	ROCKWELL AUTOMATION INC	214,923	193,785	193,785
	RTX CORPORATION	120,805	198,690	198,690
	SALESFORCE.COM	180,359	201,270	201,270

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA
 SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FOR YEAR ENDED MARCH 31, 2025

(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
COMMON STOCKS (CONTINUED)	TIDEWATER INC	150,901	126,810
	UBER TECHNOLOGIES INC	<u>75,216</u>	<u>72,860</u>
		<u>5,105,878</u>	<u>5,738,022</u>
REAL ESTATE INVESTMENT TRUST	STAG INDUSTRIAL INC	<u>180,424</u>	<u>180,600</u>
		<u>\$ 20,551,136</u>	<u>\$ 21,233,116</u>

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA

SCHEDULE OF ADMINISTRATIVE EXPENSES

For the Year Ended March 31, 2025

Administrator fees	\$ 271,384
Legal	43,095
Auditing	22,200
Actuarial fees	62,500
Postage , Printing and Office	10,444
Conference and travel expenses	469
Medical, Prescription, Dental and Vision Administration fees	165,737
Insurance	27,711
Meeting expense	1,508
Independent Trustee fee	2,973
Dues	1,465
PCORI fees	<u>2,244</u>
Total administrative expenses	<u>\$ 611,730</u>

See Independent Auditors' Report.

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA
 SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 MARCH 31, 2025

EIN: 23-7428852
 FORM: 5500
 PLAN: #501

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	CASH AND CASH EQUIVALENTS	SEI DAILY INCOME TREASURY II PTF A	1,761,869	1,761,869
		FULTON BANK CHECKING	4,009,437	4,009,437
			<u>5,771,306</u>	<u>5,771,306</u>
	GOVERNMENT AND AGENCY SECURITIES	FEDERAL HOME LOAN BANK DTD 5.350% 11/28/2028	400,671	399,940
		UNITED STATES TREASURY BILL ZERO 04/15/2025	493,605	499,175
		UNITED STATES TREASURY BILL ZERO 06/20/2025	494,920	495,335
		UNITED STATES TREASURY BILL 09/18/2025	489,940	490,345
		UNITED STATES TREASURY NOTES DTD 2.875% 05/31/2025	99,858	99,747
		UNITED STATES TREASURY NOTES DTD 4.625% 06/30/2025	249,470	250,170
		UNITED STATES TREASURY NOTES DTD 4.750% 07/31/2025	249,992	250,352
		UNITED STATES TREASURY NOTES DTD 5.000% 08/31/2025	250,169	250,718
		UNITED STATES TREASURY NOTES DTD 3.000% 09/30/2025	198,711	198,806
		UNITED STATES TREASURY NOTES DTD 4.250% 10/15/2025	249,596	250,055
		UNITED STATES TREASURY NOTES DTD 4.000% 12/15/2025	499,050	499,625
		UNITED STATES TREASURY NOTES DTD 4.625% 02/28/2026	250,082	251,105
		UNITED STATES TREASURY NOTES DTD 4.625% 03/15/2026	399,875	402,052
		UNITED STATES TREASURY NOTES DTD 0.750% 04/30/2026	75,016	72,406
		UNITED STATES TREASURY NOTES DTD 4.625% 09/15/2026	298,518	302,814
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		UNITED STATES TREASURY NOTES DTD 4.375% 12/15/2026	398,304	402,812
		UNITED STATES TREASURY NOTES DTD 4.000% 01/15/2027	500,596	500,530
		UNITED STATES TREASURY NOTES DTD 4.125% 02/15/2027	499,600	501,795
		UNITED STATES TREASURY NOTES DTD 4.250% 03/15/2027	500,034	503,145
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		UNITED STATES TREASURY NOTES DTD 4.125% 09/30/2027	499,960	502,910
		UNITED STATES TREASURY NOTES DTD 4.000% 02/29/2028	496,670	501,465
		UNITED STATES TREASURY NOTES DTD 4.125% 07/31/2028	497,935	503,535
		UNITED STATES TREASURY NOTES DTD 4.375% 08/31/2028	501,483	507,325
			<u>9,493,528</u>	<u>9,543,188</u>

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCKS	ABBOTT LABS INC	183,139	232,138
		ABBVIE INC	92,902	157,140
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		AMAZON COM INC	183,397	237,825
		AMGEN INC	137,196	155,775
		APPLE INC	59,516	111,065
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		BERKSHIRE HATHAWAY INC-CL B	122,949	213,032
		BROADCOM INC	194,092	209,287
		BWX TECHNOLOGIES	178,551	147,975
		COLGATE-PALMOLIVE	85,964	93,700
		DIAMONDBACK ENERGY INC	234,040	239,820
		DR HORTON INC	212,162	158,912
		DUKE ENERGY CORP	172,153	213,448
		ELANCO ANIMAL HEALTH INC	189,643	131,250
		FREEMONT-MCMORAN INC	232,932	189,300
		GOLDMAN SACHS GROUP INC	147,884	218,516
		HONEYWELL INTERNATIONAL INC	200,344	190,575
		IBM CORPORATION	156,437	248,660
		IQVIA HOLDINGS INC	252,084	220,375
		L3 HARRIS TECHNOLOGIES INC	139,831	167,448
		MARATHON PETROLEUM CORPORATION	144,940	182,113
		MICROSOFT CORP	112,919	187,695
		NEWMONT CORP	191,425	241,400
		NIKE INC	238,916	190,440
		PALO ALTO NETWORKS INC	172,332	204,768
		ROCKWELL AUTOMATION INC	214,923	193,785
		RTX CORPORATION	120,805	198,690
		SALESFORCE.COM	180,359	201,270

UFCW HEALTH AND WELFARE FUND OF NORTHEASTERN PENNSYLVANIA
 SCHEDULE H, LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 MARCH 31, 2025

EIN: 23-7428852
 FORM: 5500
 PLAN: #501

(a)	(b) IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	COMMON STOCKS (CONTINUED)	TIDEWATER INC	150,901	126,810
		UBER TECHNOLOGIES INC	75,216	72,860
			<u>5,105,878</u>	<u>5,738,022</u>
	REAL ESTATE INVESTMENT TRUST	STAG INDUSTRIAL INC	<u>180,424</u>	<u>180,600</u>
			<u>\$ 20,551,136</u>	<u>\$ 21,233,116</u>

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <hr/> <h2 style="text-align: center;">2024</h2> <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>04/01/2024</u> and ending <u>03/31/2025</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

Part II	Basic Plan Information - enter all requested information
1a Name of plan UNITED FOOD & COMMERCIAL WORKERS HEALTH & WELFARE FUND OF NORTHEASTERN PENNSYLVANIA	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) BOARD OF TRUSTEES OF THE UFCW H&W FUND OF NE PA 3031B WALTON ROAD PLYMOUTH MEETING PA 19462-2388	1c Effective date of plan <u>01/01/1959</u> 2b Employer Identification Number (EIN) <u>23-7428852</u> 2c Plan Sponsor's telephone number <u>610-941-9400</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	<i>Michele Kessler</i>	<u>1/12/26</u>	MICHELE L KESSLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	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
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5 1,876
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	6a(1) 1,876
a (2) Total number of active participants at the end of the plan year	6a(2) 1,873
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 1,873
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 12

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

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

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 checked="" 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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) - Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information) - Number Attached 3
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)