

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: UFCW INTL SAV & RET PLAN FOR CHARTERED LOCAL BODIES TRUST FUND
1b Three-digit plan number (PN): 005
1c Effective date of plan: 07/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan): UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION
2b Employer Identification Number (EIN): 53-0220586
2c Plan Sponsor's telephone number: 202-223-3111
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**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:

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

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

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

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

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

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

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

<b>A</b> Name of plan <b>UFCW INTL SAV &amp; RET PLAN FOR CHARTERED LOCAL BODIES TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION</b>	<b>D</b> Employer Identification Number (EIN) <b>53-0220586</b>	

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

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

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

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

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

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

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

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

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

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04-2647786

(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?
37 64 65 60	RECORDKEEPER	19295	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

<b>A</b> Name of plan <u>UFCW INTL SAV &amp; RET PLAN FOR CHARTERED LOCAL BODIES TRUST FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>005</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION</u>	<b>D</b> Employer Identification Number (EIN) <u>53-0220586</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW LOC. 2 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 43-1766529-001
<b>a</b>	Plan name	UFCW LOC. 2D SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 13-1471825-001
<b>a</b>	Plan name	UFCW LOC. 5 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 20-8028546-001
<b>a</b>	Plan name	UFCW LOC. 7R SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 84-0235295-001
<b>a</b>	Plan name	UFCW LOC. 8GS SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 94-0801845-001
<b>a</b>	Plan name	UFCW LOC. 27 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 52-1265190-001
<b>a</b>	Plan name	UFCW LOC. 75 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 31-0621221-002
<b>a</b>	Plan name	UFCW LOC. 99 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 86-0042052-001
<b>a</b>	Plan name	UFCW LOC. 135 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 33-0151835-001
<b>a</b>	Plan name	UFCW LOC. 152 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 20-3953178-001
<b>a</b>	Plan name	UFCW LOC. 227 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 61-0367059-001
<b>a</b>	Plan name	UFCW LOC. 312 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 45-4480818-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	UFCW LOC AF312 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 11-1889115-001
<b>a</b> Plan name	UFCW LOC. 324 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 95-1144467-002
<b>a</b> Plan name	UFCW LOC. 328 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 05-0227658-002
<b>a</b> Plan name	UFCW LOC. 342 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 11-1890603-002
<b>a</b> Plan name	UFCW LOC AF342 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 11-1896894-001
<b>a</b> Plan name	UFCW LOC. 360 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 38-4095355-001
<b>a</b> Plan name	UFCW LOC. 367 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 91-0383680-001
<b>a</b> Plan name	UFCW LOC. 371 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 06-0605499-001
<b>a</b> Plan name	UFCW LOC. 400 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 53-0241580-002
<b>a</b> Plan name	UFCW LOC. 431 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 42-0259063-002
<b>a</b> Plan name	UFCW LOC. 455 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 74-1290941-001
<b>a</b> Plan name	UFCW LOC. 480 SAVINGS & RETIREMENT	
<b>b</b> Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 99-0110735-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UFCW LOC. 555 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 93-0893420-001
<b>a</b>	Plan name	UFCW LOC. 648 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 94-0525380-001
<b>a</b>	Plan name	UFCW LOC. 700 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 35-1844260-001
<b>a</b>	Plan name	UFCW LOC. 711 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 88-0057132-002
<b>a</b>	Plan name	UFCW LOC. 770 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 95-4076624-001
<b>a</b>	Plan name	UFCW LOC. 880 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 34-0815295-001
<b>a</b>	Plan name	UFCW LOC. 881 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 36-2125555-002
<b>a</b>	Plan name	UFCW LOC. 919 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 06-0721822-002
<b>a</b>	Plan name	UFCW LOC. 951 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 38-1651820-001
<b>a</b>	Plan name	UFCW LOC. 1000 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 75-0520730-001
<b>a</b>	Plan name	UFCW LOC. 1059 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 31-4392482-001
<b>a</b>	Plan name	UFCW LOC. 1846 SAVINGS & RETIREMENT	
<b>b</b>	Name of plan sponsor	UFCW INT'L UNION	<b>c</b> EIN-PN 99-4582443-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name [UFCW LOC. 1208 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [80-0356571-001](#)**a** Plan name [UFCW LOC. 3000 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [20-3286319-002](#)**a** Plan name [UFCW LOC. 1459 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [04-2220774-001](#)**a** Plan name [UFCW LOC. 1473 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [56-2585698-001](#)**a** Plan name [UFCW LOC. 1496 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [92-0010254-002](#)**a** Plan name [UFCW LOC. 1529 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [62-0444918-001](#)**a** Plan name [UFCW LOC. 1546 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [36-4485358-001](#)**a** Plan name [UFCW LOC. 1564 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [85-0093578-001](#)**a** Plan name [UFCW LOC. 1625 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [59-0698437-001](#)**a** Plan name [UFCW LOC. 1657 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [63-0414660-001](#)**a** Plan name [UFCW LOC. 1994 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [52-1856448-001](#)**a** Plan name [UFCW LOC. 1995 SAVINGS & RETIREMENT](#)**b** Name of plan sponsor [UFCW INT'L UNION](#)**c** EIN-PN [62-1603091-001](#)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>UFCW INTL SAV &amp; RET PLAN FOR CHARTERED LOCAL BODIES TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION</b>	<b>D</b> Employer Identification Number (EIN) <b>53-0220586</b>

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

		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	401275	497363
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	10513372	9247277
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	137449024	145491198
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	148363671	155235838
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		5684
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		5684
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	148363671	155230154

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	6360821	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		198034
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		6325444
<b>c</b> Other income .....	<b>2c</b>		128282
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		13012581

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	19288	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		19288
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		19288

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12993293
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		5078729
(2) From this plan .....	<b>2l(2)</b>		11205539

**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:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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


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



**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN  
FOR CHARTERED LOCAL BODIES TRUST FUND**

FINANCIAL STATEMENTS

APRIL 30, 2025





**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN  
FOR CHARTERED LOCAL BODIES TRUST FUND**

FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Executive Committee of  
United Food and Commercial Workers  
International Union Savings and Retirement Plan  
for Chartered Local Bodies Trust Fund

### Opinion

We have audited the accompanying financial statements of United Food and Commercial Workers International Union Savings and Retirement Plan for Chartered Local Bodies Trust Fund (the Master Trust), which comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Master Trust as of April 30, 2025 and 2024 and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

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

### Responsibilities of Management for the Financial Statements

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





## **Responsibilities of Management for the Financial Statements (continued)**

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

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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



## 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 year end) and schedule of loans or fixed income obligations in default or classified as uncollectible on pages 13 through 15 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

*Calibre CPA Group, PLLC*

Bethesda, MD  
January 30, 2026



**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN  
FOR CHARTERED LOCAL BODIES TRUST FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

APRIL 30, 2025 AND 2024

	2025	2024
<b>Assets</b>		
<b>Investments - at fair value</b>		
Mutual funds	\$ 145,491,198	\$ 137,449,024
Common collective trust	9,247,277	10,513,372
<b>Notes receivable from participants</b>	3,305,271	2,906,518
<b>Non interest bearing cash accounts</b>	497,363	401,275
Total assets	158,541,109	151,270,189
<b>Liabilities and Net Assets</b>		
Accounts payable	5,684	-
<b>Net assets available for benefits</b>	\$ 158,535,425	\$ 151,270,189

See accompanying notes to financial statements.



**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN  
FOR CHARTERED LOCAL BODIES TRUST FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED APRIL 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
<b>Additions</b>		
Investment income		
Net appreciation in		
fair value of investments	\$ 6,325,432	\$ 14,913,264
Interest and dividends	<u>6,558,867</u>	<u>4,425,600</u>
	12,884,299	19,338,864
Less: investment manager fees	<u>(19,288)</u>	<u>(8,271)</u>
Total investment income	<u>12,865,011</u>	<u>19,330,593</u>
Interest income on notes receivable from participants	<u>229,856</u>	<u>175,697</u>
Contributions received on behalf of participating plans		
Salary deferrals from individual participants	5,613,266	5,560,726
From chartered local bodies	1,971,143	1,851,763
Rollover funds	<u>569,735</u>	<u>358,608</u>
Total contributions received on behalf of		
participating plans	<u>8,154,144</u>	<u>7,771,097</u>
Miscellaneous income	<u>128,282</u>	<u>90,995</u>
Total additions	<u>21,377,293</u>	<u>27,368,382</u>
<b>Deductions</b>		
Benefits paid on behalf of participating plans	<u>14,112,057</u>	<u>19,320,798</u>
<b>Net change</b>	7,265,236	8,047,584
<b>Net assets available for benefits</b>		
Beginning of year	<u>151,270,189</u>	<u>143,222,605</u>
End of year	<u>\$ 158,535,425</u>	<u>\$ 151,270,189</u>

See accompanying notes to financial statements.



**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN  
FOR CHARTERED LOCAL BODIES TRUST FUND**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED APRIL 30, 2025 AND 2024

**NOTE 1. DESCRIPTION OF THE TRUST**

Effective July 1, 1985, the United Food and Commercial Workers International Union (the International Union) established the United Food and Commercial Workers International Union Savings and Retirement Plan for Chartered Local Bodies (the Master Trust). The Master Trust is applicable only to those Chartered Local Bodies that choose to participate in the Master Trust and who completed a formal adoption agreement.

The International Union established the Trust Fund (the Trust) to hold the assets of all of the individual plans of the Chartered Local Bodies in trust for the exclusive benefit of the participants and beneficiaries of the plans.

Participants are 100% vested in the balances of their savings and retirement accounts. Participant contributions and the Chartered Local Bodies' matching contributions are invested as directed by each participant in one or more mutual funds, or the collective trust. Investment performance by the investments selected by participants may cause their vested balances to be lower than the amounts they have contributed to the Master Trust. Refer to the individual plan documents for more complete information. Participant eligibility is determined by each of the Chartered Local Bodies.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

**Investments** - Investments are carried at fair value. The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation in fair value of investments includes the Master Trust's gains and losses on investments bought and sold, as well as held during the year.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Contributions to the Trust** - Contributions from Chartered Local Bodies of the International Union and from participants in the pension plans in the form of salary deferrals adopted by the Chartered Local Bodies are recognized when received by the Trust. Chartered Local Bodies match participant contributions based on their respective adoption agreements.

**Notes Receivable from Participants** - Participants of the participating plans described in Note 1 may elect to borrow up to the lesser of 50% of their account balances or \$50,000 from the Master Trust. These loans are secured by the value of the participant's vested benefit. Such loans must generally be repaid within five years. Each loan is treated as a directed investment of the participant who receives the loan proceeds, and all loan repayments received by the Trust are credited to that participant's account. The loans bear interest at rates established by the Executive Committee, based on their review of prevailing interest rates. Participants should refer to the Summary Plan Description for additional information.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recognized on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of April 30, 2025 and 2024.

**Plan Administrator** - The Master Trust is administered by Fidelity Investments Institutional Operations Company, Inc. which has custody of the assets of the Master Trust and makes payments to participants at the direction of the Master Trust sponsor. Due to this relationship, Fidelity Investments Institutional Operations Company, Inc. is considered to be a party-in-interest to the Master Trust.

**Expenses** - Certain administrative services are provided to the Master Trust by the International Union without charge.

**Payment of Benefits** - Benefits are generally payable upon notification from a chartered body of a participant's death or termination of their employment. Participants may also elect to draw against their savings balances in the event of financial hardship. Benefits paid are recognized by the Master Trust upon distribution.

**Estimates** - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of plan assets at the date of the financial statements. Actual results could differ from those estimates. The fair value of certain investments are estimated primarily by investment managers and consultants. Those estimated values may differ from the values that would have been used had readily determinable market values existed, and it is at least reasonably possible that these values may prove, even in the near term, to not represent the actual market value.



### **NOTE 3. TAX STATUS**

Plans participating in the Trust have received determinations that they qualify as profit-sharing plans (including a cash or deferred arrangement) under Sections 401 (a) and 401 (k) of the Internal Revenue Code (IRC) and that the Master Trust qualifies for tax-exempt status as a qualified trust under Section 501(a) of the IRC. Although the plans have been amended since receiving the determination letter, the Master Trust administrator believes that the plans are designed and are currently operated in compliance with the applicable requirements of the IRC.

The Trust follows the authoritative guidance relating to accounting for uncertainty in income taxes included in Accounting Standards Codification (ASC) *Income Taxes*. These provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Trust performed an evaluation of uncertain tax positions for the years ended April 30, 2025 and 2024, and determined that there were no matters that would require recognition in the financial statements. As of April 30, 2025, the statute of limitations for the tax years 2021 through 2023 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Trust files returns.

### **NOTE 4. PRIORITIES UPON TERMINATION**

The Master Trust is intended to be permanent, but the Chartered Local Bodies who have adopted the Master Trust, by action of their Executive Committees, reserve the right to discontinue contributions to the Master Trust for their plans. In the event that contributions for their plans are discontinued, the Executive Committees may terminate their participation in the Master Trust. Upon termination, the account balances of the participants and beneficiaries will be distributed in accordance with the terms of the Chartered Local Bodies' plans. In no event shall any of the principal or income of the Trust be used for, or diverted to, purposes other than the exclusive benefit of the participants and beneficiaries of the plans or for the payment of reasonable expenses of the plans and of the Master Trust.

### **NOTE 5. ADMINISTRATIVE EXPENSES**

The Chartered Local Bodies, as the sponsor of each of these plans comprising the Master Trust, pays certain expenses incurred in connection with the administration of the plans, including salaries, data processing charges, the cost of office space and related utilities, supplies, and other "overhead" expenses. These administrative costs have not been included in the accompanying financial statements.

## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (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 Master Trust has the ability to access.

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of April 30, 2025:

Description	04/30/25 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 145,491,198	\$ 145,491,198	\$ -	\$ -
Investments measured at net asset value *	9,247,277			
Investments at fair value	<u>\$ 154,738,475</u>			

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

## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of April 30, 2024:

Description	04/30/24 Total	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 137,449,024	\$ 137,449,024	\$ -	\$ -
Investments measured at net asset value *	<u>10,513,372</u>			
Investments at fair value	<u>\$ 147,962,396</u>			

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2025 and 2024.

*Mutual funds* are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period.

*Investments measured at net asset value (NAV)* are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Authoritative guidance on fair value measurements permits the Master Trust to measure the fair value of an investment in an investment entity that does not have a readily determinable fair value based upon the NAV of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The following summarizes the investments measured at fair value based on NAV per share as of April 30, 2025 and 2024, respectively:

	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2025	2024			
Common collective trust	<u>\$ 9,247,277</u>	<u>\$ 10,513,372</u>	N/A	daily, monthly	1 - 15 days



## NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The common collective trust invests in benefit-responsive investment contracts issued by insurance companies and other financial institutions, fixed income securities, and money market funds. Participant transactions (purchases and sales) may occur daily. If the Master Trust was to initiate a full redemption of the collective trust, the trust reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

## NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As discussed in Note 5, the Chartered Local Bodies, as Master Trust sponsor, provides certain administrative services to the Master Trust. The Master Trust also pays certain investment fees directly to Fidelity, the administrator for the Master Trust. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of Employee Retirement Income Security Act of 1974.

## NOTE 8. 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:

	<u>2025</u>	<u>2024</u>
Net assets available for		
benefits per the financial statements	\$ 158,535,425	\$ 151,270,189
Less: notes receivable from participants	<u>(3,305,271)</u>	<u>(2,906,518)</u>
Net assets available for benefits per the Form 5500	<u>\$ 155,230,154</u>	<u>\$ 148,363,671</u>

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500:

	<u>2025</u>	<u>2024</u>
Additions per financial statements	\$ 21,377,293	\$ 27,368,382
Add: investment expenses	19,288	8,271
Less: contributions received on behalf of participating plans	(8,154,144)	(7,771,097)
Less: interest from participant notes receivable	<u>(229,856)</u>	<u>(175,697)</u>
Income per the Form 5500	<u>\$ 13,012,581</u>	<u>\$ 19,429,859</u>

**NOTE 8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)**

	<u>2025</u>	<u>2024</u>
Deductions per financial statements	\$ 14,112,057	\$ 19,320,798
Add: investment expenses	19,288	8,271
Less: benefits paid on behalf of participating plans	<u>(14,112,057)</u>	<u>(19,320,798)</u>
Deductions per the Form 5500	<u>\$ 19,288</u>	<u>\$ 8,271</u>

**NOTE 9. RISKS AND UNCERTAINTIES**

The Master Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 account balances and the amounts reported in the statements of net assets available for benefits.

**NOTE 10. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through January 30, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

# UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN FOR CHARTERED LOCAL BODIES TRUST FUND

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

APRIL 30, 2025

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 53-0220586  
Plan No. 005

		(c) Description of investments including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Collateral	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	Value of interest in registered investment companies (mutual funds)							
*	Fidelity Capital Appreciation K Fund	N/A	N/A	N/A	2,306,515	**	\$ 2,594,748	
*	Fidelity Dividend Growth K Fund	N/A	N/A	N/A	3,307,805	**	3,759,592	
*	Fidelity Equity Income K Fund	N/A	N/A	N/A	2,528,141	**	3,370,573	
*	Fidelity Freedom 2010 K6	N/A	N/A	N/A	853,233	**	902,243	
*	Fidelity Freedom 2015 K6	N/A	N/A	N/A	2,347,123	**	2,505,914	
*	Fidelity Freedom 2020 K6	N/A	N/A	N/A	5,325,405	**	5,732,312	
*	Fidelity Freedom 2025 K6	N/A	N/A	N/A	10,762,485	**	11,511,069	
*	Fidelity Freedom 2030 K6	N/A	N/A	N/A	10,319,412	**	11,151,125	
*	Fidelity Freedom 2035 K6	N/A	N/A	N/A	8,208,074	**	8,934,757	
*	Fidelity Freedom 2040 K6	N/A	N/A	N/A	6,740,045	**	7,445,983	
*	Fidelity Freedom 2045 K6	N/A	N/A	N/A	3,857,087	**	4,283,156	
*	Fidelity Freedom 2050 K6	N/A	N/A	N/A	4,573,009	**	5,075,946	
*	Fidelity Freedom 2055 K6	N/A	N/A	N/A	1,742,123	**	1,916,911	
*	Fidelity Freedom 2060 K6	N/A	N/A	N/A	617,837	**	681,452	
*	Fidelity Freedom 2065 K6	N/A	N/A	N/A	61,382	**	66,727	
*	Fidelity Freedom Income K6	N/A	N/A	N/A	589,751	**	612,587	
*	Fidelity Government Money Market K6	N/A	N/A	N/A	3,762,591	**	3,762,591	
*	Fidelity International Discovery	N/A	N/A	N/A	847,107	**	1,051,139	
*	Fidelity Investment Grade Bond Fund	N/A	N/A	N/A	517,319	**	504,128	
*	Fidelity Magellan K	N/A	N/A	N/A	7,914,916	**	8,817,607	
*	Fidelity OTC K Portfolio	N/A	N/A	N/A	664,739	**	1,181,888	
*	Fidelity Puritan K Fund	N/A	N/A	N/A	2,794,438	**	2,928,950	
*	Fidelity Small Cap Stock Fund	N/A	N/A	N/A	2,985,122	**	3,922,942	
*	Fidelity Value K	N/A	N/A	N/A	1,379,313	**	1,309,024	
*	Fidelity U.S. Bond Index	N/A	N/A	N/A	4,485,580	**	4,342,664	
*	Fidelity Spartan Extended Market Index	N/A	N/A	N/A	1,869,513	**	2,113,949	
*	Fidelity Spartan International Index	N/A	N/A	N/A	1,229,451	**	1,533,158	
*	Fidelity Spartan U.S. Equity Index	N/A	N/A	N/A	14,101,878	**	22,698,658	
	3rd Ave Real Estate Value	N/A	N/A	N/A	258,984	**	245,983	
	ABF Large Cap Value PA	N/A	N/A	N/A	4,754,953	**	4,746,183	
	Cohen & Steers Inst Realty Shares	N/A	N/A	N/A	1,010,376	**	1,060,987	
	Columbia Acorn	N/A	N/A	N/A	894,541	**	777,565	
	Davis NY Venture Y	N/A	N/A	N/A	687,438	**	625,063	
	Janus Henderson Enterprise Fund N	N/A	N/A	N/A	206,964	**	197,382	
	LSV Value Equity	N/A	N/A	N/A	716,123	**	710,338	
	Northern Small CAP Value	N/A	N/A	N/A	227,142	**	154,309	
	PIMCO Total Return	N/A	N/A	N/A	3,206,695	**	2,914,214	
	Renaissance Large Cap Growth Z	N/A	N/A	N/A	4,189,690	**	4,787,938	
	Wells Fargo Small Company Value Fund	N/A	N/A	N/A	234,445	**	270,625	



**UNITED FOOD AND COMMERCIAL WORKERS  
INTERNATIONAL UNION SAVINGS AND RETIREMENT PLAN  
FOR CHARTERED LOCAL BODIES TRUST FUND**

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

APRIL 30, 2025

Form 5500, Schedule H, Part IV, Line 4i

E.I.N. 53-0220586  
Plan No. 005

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par/maturity value or shares				(d) Cost	(e) Current value
		Collateral	Maturity date	Rate of interest	Par/Maturity value or shares		
	Value of interest in registered investment companies (mutual funds), continued						
	PIMCO All Asset Fund	N/A	N/A	N/A	222,201	**	\$ 200,877
	Templeton Foreign Fund	N/A	N/A	N/A	350,965	**	415,115
	Vanguard Inflation - Protected Securities	N/A	N/A	N/A	1,078,253	**	991,347
	Vanguard Small Cap Index	N/A	N/A	N/A	1,871,063	**	<u>2,673,479</u>
	Value of interest in registered investment companies (mutual funds)						145,491,198
	Value of interest in common collective trust						
*	Fidelity Managed Income Portfolio	N/A	N/A	N/A	9,247,277	**	9,247,277
*	Notes receivable from participants	N/A	Various	4.25 - 9.50%	N/A	N/A	<u>3,305,271</u>
	Total assets (held at end of year)						<u>\$ 158,043,746</u>

\* Indicates a party-in-interest to the Fund.

\*\* The column D is not required to be disclosed when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

**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 05/01/2024 and ending 04/30/2025


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

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

<b>1a</b> Name of plan <b>UFCW INTL SAV &amp; RET PLAN FOR CHARTERED LOCAL BODIES TRUST FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <u>005</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UN</b>  <b>1775 K STREET, NW</b>  <b>WASHINGTON DC 20006</b>	<b>1c</b> Effective date of plan <u>07/01/1985</u>  <b>2b</b> Employer Identification Number (EIN) <u>53-0220586</u>  <b>2c</b> Plan Sponsor's telephone number <u>202-223-3111</u>  <b>2d</b> Business code (see instructions)  

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

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

<b>SIGN HERE</b>		<u>2/12/26</u>	<b>MILTON L. JONES, INT'L PRESIDENT</b>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN
	<b>3c</b> Administrator's telephone number

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

**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:

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

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