

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: [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: [] 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: UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 10/19/1967
2a Plan sponsor's name (employer, if for a single-employer plan): TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND
2b Employer Identification Number (EIN): 23-2949242
2c Plan Sponsor's telephone number: 610-941-9400
2d Business code (see instructions): 445110

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

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

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

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

Form 5500 (2024) v. 240311

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	7059
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)	5882
	6a(2)	6039
	6b	1272
	6c	
	6d	7311
	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	32

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 4H 4Q

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>5</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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND</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 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND</p>	<p>D Employer Identification Number (EIN) 23-2949242</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
INDEPENDENCE PERSONAL CHOICE

(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
23-2184623	93688	CN05181001	1117	05/01/2024	04/30/2025

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
	(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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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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	(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:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	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)	8420427	
(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)		8420427
b Benefit charges (1) Claims paid	9b(1)	8420427	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)		8420427
(4) Claims charged	9b(4)		8420427
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)	421182	
(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)		421182
(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	
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 **05/01/2024** and ending **04/30/2025**

A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND	D Employer Identification Number (EIN) 23-2949242

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
KEYSTONE HEALTH PLAN EAST

(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
23-2405376	95056	CN05181002	3507	05/01/2024	04/30/2025

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	

(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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	(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	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) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	25080808
(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)	25080808
b Benefit charges (1) Claims paid		9b(1)	25582498
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	25582498
(4) Claims charged		9b(4)	25582498
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)	1292721	
(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)		1292721
(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
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 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 **05/01/2024** and ending **04/30/2025**

A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND	D Employer Identification Number (EIN) 23-2949242

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
KEYSTONE HEALTH PLAN EAST

(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
23-2405376	95056	CN05181002	3507	05/01/2024	04/30/2025

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

(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

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(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)	28792	
	(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)		28792
b	Benefit charges (1) Claims paid	9b(1)	28792	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		28792
	(4) Claims charged	9b(4)		28792
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	
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 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 **05/01/2024** and ending **04/30/2025**

A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND		D Employer Identification Number (EIN) 23-2949242

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
SYMETRA 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
91-0742147	68608	01-015388-01	2900	05/01/2024	04/30/2025

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

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

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

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

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

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

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

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

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

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

(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	

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:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	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) ▶ AD&D

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	108998
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 **05/01/2024** and ending **04/30/2025**

<p>A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND</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 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND</p>	<p>D Employer Identification Number (EIN) 23-2949242</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
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	SL10558	2900	05/01/2024	04/30/2025

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	(b) Total amount of fees paid
0	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

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

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

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

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

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

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

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

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

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

(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	

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	952798
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 **05/01/2024** and ending **04/30/2025**

A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND	D Employer Identification Number (EIN) 23-2949242	

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

(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

(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

3031B 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?
14 50	NONE	5962729	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)

MENTAL HEALTH CONSULTANTS

3031A WALTON ROAD 300
PLYMOUTH MEETING, PA 19462

(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?
50 11	NONE	238388	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)

UFCW LOCAL 1776

3031A WALTON ROAD 201
PLYMOUTH MEETING, PA 19462

23-0725077

(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?
50 99	PARTICIPATING EMPLOYER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	216069	Yes <input type="checkbox"/> No <input checked="" 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

325 SENTRY PARKWAY
BLUE BELL, PA 19422

(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?
50 11	NONE	202500	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)

WELLS FARGO ADVISORS

2005 S EASTON ROAD
DOYLESTOWN, PA 18901

(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 51 27	NONE	155797	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)

HMC HEALTHWORKS

181 COMMODORE DRIVE
JUPITER, FL 33477

(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?
50 12	NONE	96168	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

PO BOX 888765
LOS ANGELES, CA 90088

11-2581812

(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?
50 12	NONE	64660	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

23-2416488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	53927	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)

ROBERT SLAWEK, DMD

413 LYCEUM AVE
PHILADELPHIA, PA 19128

(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?
50 99	NONE	38259	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ALAN ROSS & COMPANY, PC

10 HEARTHSTONE CT
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	28950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVENS & LEE

1818 MARKET STREET
PHILADELPHIA, PA 19103

23-1886296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	28618	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)

EYE MED

4000 LUXOTTICA PLACE
MASON, OH 45040

(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?
50 16	NONE	19772	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)

RBC WEALTH MANAGEMENT

181 WASHINGTON STREET
CONSHOHOCKEN, PA 19428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	16648	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UFCW LOCAL 1776	99	216069

(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.	
HEALTHCARE STRATEGIES 3031B WALTON ROAD PLYMOUTH MEETING, PA 19462 23-2848954	COMPUTER FEES	

(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.	<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 05/01/2024 and ending 04/30/2025	
A Name of plan UFCW LOCAL 1776 & PARTICIPATING EMPLOYERS HEALTH & WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1776 & PART EMPLOYERS H & W FUND	D Employer Identification Number (EIN) 23-2949242

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)	4659942	2303412
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	12959310	30277324
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	29551164	16414310
(2) U.S. Government securities	1c(2)	533093	502505
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	45692678	47549691
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		9748509
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(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)	1649000	1135000

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	373379	312522
f Total assets (add all amounts in lines 1a through 1e).....	1f	95418566	108243273
Liabilities			
g Benefit claims payable.....	1g	1528374	1724277
h Operating payables.....	1h	202430	120253
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3542150	2479506
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5272954	4324036
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	90145612	103919237

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)	61786808	
(B) Participants.....	2a(1)(B)	1786647	
(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)		63573455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1100265	
(B) U.S. Government securities.....	2b(1)(B)	26256	
(C) Corporate debt instruments.....	2b(1)(C)	1787903	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	501	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2914925
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	74347	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	606190	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		680537
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	30384428	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	30336534	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		47894
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-224221	
(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	6859
d Total income. Add all income amounts in column (b) and enter total	2d	66999449

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1831570
(2) To insurance carriers for the provision of benefits	2e(2)	41449529
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	43281099
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)	5962729
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	28950
(5) Investment advisory and investment management fees	2i(5)	172445
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	202500
(8) Legal fees	2i(8)	82544
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	3495557
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	9944725
j Total expenses. Add all expense amounts in column (b) and enter total	2j	53225824

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	13773625
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 LOCAL 1776 AND PARTICIPATING EMPLOYERS
HEALTH AND WELFARE FUND

FINANCIAL REPORT

April 30, 2025

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of UFCW Local 1776 and Participating Employers Health and Welfare Fund, 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 Benefit Obligations as of April 30, 2025 and 2024 and the related Statements of Changes in Net Assets Available for Benefits and of Changes in Benefit Obligations for the year ended April 30, 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 Local 1776 and Participating Employers Health and Welfare Fund as of April 30, 2025 and 2024, and the Changes in its Net Assets Available for Benefits and Changes in Benefit Obligations for the year ended April 30, 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 Local 1776 and Participating Employers Health and Welfare Fund 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 opinions.

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 Local 1776 and Participating Employers Health and Welfare Fund'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 Local 1776 and Participating Employers Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW Local 1776 and Participating Employers Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental 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
February 17, 2026

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

April 30, 2025 and 2024

	2025	2024
ASSETS		
INVESTMENTS, AT FAIR VALUE		
Cash and Cash Equivalents	\$ 16,414,310	\$ 29,551,164
Common Stocks	9,748,509	-
Corporate and Foreign Bonds	47,549,691	45,692,678
U.S. Government Securities	<u>502,505</u>	<u>533,093</u>
TOTAL INVESTMENTS	<u>74,215,015</u>	<u>75,776,935</u>
RECEIVABLES		
Employer contributions	2,303,412	4,659,942
Due from Affiliates	26,155,057	10,354,460
Subrogation claims	-	2,785
Prescription rebates and refunds	<u>3,656,737</u>	<u>2,134,462</u>
TOTAL RECEIVABLES	<u>32,115,206</u>	<u>17,151,649</u>
OTHER ASSETS		
Advance Claim Deposit	1,135,000	1,649,000
Data Processing Escrow	25,600	25,600
Prepaid Insurance	8,122	11,421
Accrued Interest	<u>431,808</u>	<u>430,582</u>
TOTAL OTHER ASSETS	<u>1,600,530</u>	<u>2,116,603</u>
OFFICE FURNITURE AND EQUIPMENT, at cost net of accumulated depreciation of \$876,859 for 2025 and \$816,003 for 2024	<u>312,522</u>	<u>373,379</u>
TOTAL ASSETS	<u>108,243,273</u>	<u>95,418,566</u>
LIABILITIES		
Accounts payable	120,253	202,430
Due to Affiliates	<u>36,322</u>	<u>13,474</u>
TOTAL LIABILITIES	<u>156,575</u>	<u>215,904</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 108,086,698</u>	<u>\$ 95,202,662</u>

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

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended April 30, 2025

Additions to Net Assets Attributed to:

Contributions	
Employer contributions	\$ 61,786,808
Participant contributions	1,786,647
Total contributions	<u>63,573,455</u>
Investment income	
Net depreciation in fair value of investments	(176,327)
Interest and dividends	3,595,462
Total investment income	<u>3,419,135</u>
Less investment expenses	(172,445)
Net investment income	<u>3,246,690</u>
Other income	<u>6,859</u>
Total additions	<u>66,827,004</u>

Deductions from Net Assets Attributed to:

Medical Benefits, net of recoveries	33,388,112
Prescription Benefits, net of rebates and subsidies	6,343,768
Dental Benefits	1,162,434
Vision Benefits	181,958
Disability Benefits, net of recoveries	1,831,570
Childcare	253,275
Education Assistance Program	44,736
Life Insurance	108,999
Other Benefits	855,836
	<u>44,170,688</u>
Prescription, dental, disability and vision administrative fees	2,171,152
Stop Loss Insurance	952,798
Administrative Expenses	6,648,330
Total deductions	<u>53,942,968</u>

Net Increase 12,884,036

Net Assets Available for Benefits:

Beginning of year	<u>95,202,662</u>
End of Year	<u>\$ 108,086,698</u>

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

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

April 30, 2025 and 2024

	2025	2024
Amounts Currently Payable for Active and Retired Participants:		
Health claims	\$ 541,766	\$ 964,002
Prescriptions	1,005,090	478,487
Vision claims	28,793	13,169
Childcare	19,945	20,490
Dental claims	<u>128,683</u>	<u>52,226</u>
Total current benefit obligations	<u>1,724,277</u>	<u>1,528,374</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Claims incurred but not reported	<u>2,443,184</u>	<u>3,528,676</u>
Total obligations other than post-retirement benefit obligations	<u>4,167,461</u>	<u>5,057,050</u>
Post-retirement Benefits Obligations:		
Current retirees	19,896,580	17,960,254
Other participants fully eligible for benefits	41,188,310	40,613,598
Other participants not yet fully eligible for benefits	<u>21,055,238</u>	<u>20,762,004</u>
Total post-retirement benefit obligations	<u>82,140,128</u>	<u>79,335,856</u>
TOTAL BENEFIT OBLIGATIONS	<u>\$ 86,307,589</u>	<u>\$ 84,392,906</u>

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

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
Year Ended April 30, 2025

Amounts Currently Payable for Active
and Retired Participants:

Balance at beginning of year	\$ 1,528,374
Claims reported and approved for payment	44,366,591
Claims paid, including disability	<u>(44,170,688)</u>
Balance at end of year	<u>1,724,277</u>

Other obligations for current benefit coverage,
at present value of estimated amounts:
 Claims incurred but not reported

Balance at beginning of year	3,528,676
Actuarial change in estimate	<u>(1,085,492)</u>
Balance at end of year	<u>2,443,184</u>

Postretirement benefit obligation - net
of amounts currently payable

Balance at beginning of year	79,335,856
Increase (decrease) due to:	
Passage of time	4,310,167
Assumption changes	895,745
Change in due to net benefits paid	(1,938,355)
Demographic, claim and benefit accruals	<u>(463,285)</u>
Balance at end of year	<u>82,140,128</u>

PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR \$ 86,307,589

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

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Fund

The following description of the UFCW Local 1776 and Participating Employers Health and Welfare Fund (the "Fund" or "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Fund's provisions.

General:

The Fund is a multi-employer benefit plan established October 19, 1967, pursuant to various collective bargaining agreements ("CBA") between contributing employers and the United Food and Commercial Workers 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 with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Benefits:

The Fund provides various schedules of benefits to eligible participants and their dependents based on job classification and/or employer. Among benefits provided are medical, dental, vision, childcare, disability, prescription drugs and life insurance benefits. Some of these benefits are provided on a self-funded basis while others are provided through insurance contracts. Detailed schedules of benefits are available in the Summary Plan Description.

Participants are responsible for copayments, deductibles and coinsurance amounts, if applicable; these amounts are dependent on the level of coverage.

Restricted Assets:

Certain medical benefits are provided through Independence Blue Cross Insurance Co. ("IBC"). Pursuant to the terms of the agreement with IBC, the Fund is required to maintain a reserve deposit of \$3,814,000, equivalent to approximately 60 days of medical claims. As of April 30, 2025 and 2024 this reserve deposit amounted to \$31,408 and \$30,728, respectively, and is not in compliance with the terms of the agreement. The reserve deposit is held by Wells Fargo Advisors and it is invested as follows:

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Fund (Continued)

Restricted Assets: (Continued)

	<u>April 30, 2025</u>	<u>April 30, 2024</u>
Cash and Cash Equivalents	<u>\$ 31,408</u>	<u>\$ 30,728</u>

The Fund holds additional investments in excess of the required reserve deposit but has not designated them to be restricted.

The IBC contract also has a required advance deposit of \$1,272,000. During April 2021, the Fund deposited \$1,649,000 with IBC to satisfy this portion of the agreement with IBC. During 2025, IBC returned \$514,000 and retained \$1,135,000 as of April 30, 2025. The reserve may be used to pay future claim payments and is included as an asset of the Fund. The reserve is nonforfeitable should the contract with IBC terminate.

Choice Plan:

Certain eligible participants may elect to participate in the Choice Plan. In essence, the Choice Plan allows a participant to earn benefit credits by reducing or waiving all or part of the "Personal Choice" medical coverage provided by the Fund. To participate in the Choice Plan a participant must:

- Have service with a contributing employer making contributions
- Have comprehensive medical coverage either through a spouse or other employment. If waiving coverage for a spouse, the spouse must have medical coverage through other sources.

Depending on the option selected, a participant could earn up to \$2,400 in benefit credits per year (\$200 per month). Additionally, participants waiving medical coverage for themselves or their spouses are provided with supplemental medical coverage ("wrap around coverage").

Benefit credits can be used as follows:

- Deposited into the UFCW Local 1776 and Participating Employers 401(k) Plan
- Deposited into a paid time-off bank
- To increase life insurance coverage
- Deposited into the Health Care Spending Account (up to a \$500 maximum)
- Deposited into the Extended Eligibility Bank (minimum \$200)

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Fund (Continued)

Choice Plan: (Continued)

Choice Plan surpluses are transferred periodically to the Fund's operating account. Amounts not transferred at the end of the year are recorded as receivables in the statements of net assets available for benefits as of April 30, 2025 and 2024. See Note 11 for additional information.

Eligibility:

Eligibility rules vary depending on the applicable collective bargaining agreement and 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.

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 signatory employers pursuant to a CBA, contributions paid by plan participants and income earned on investments. The level of contributions varies among employers and employee classifications pursuant to the individual collective bargaining or participation agreement in effect. Contributions are received ratably throughout the year.

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.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

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 of America and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of Keystone 74 Benefits and Administration, LLC ("KBA74") and formerly by Healthcare Strategies, Inc., ("HSI") the Fund's third party administrator. KBA74 and HSI perform 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:

Financial instruments, which potentially expose the Fund in concentration of risk, consist primarily of cash and investment securities. The Fund maintains its cash in bank deposit accounts and at times its balances may exceed the federally insured limit of \$250,000. The Fund utilizes an insured cash sweep account to mitigate their risk exposure.

The Fund invests in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market and 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 statements of net assets available for benefits. The Fund's exposure to concentration of risk is mitigated by the diversification of investments across a variety of financial instruments.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Risk and Uncertainties: (Continued)

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 could occur in the near-term and that such changes could be material to the financial statements.

The Fund has one contributing employer which accounted for approximately 49% and 42% of total employer contributions for the year ended April 30, 2025 and 2024, respectively.

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 in Interest" as defined by the Employee Retirement Income Security Act - Section 3(14) P.L. 93-406. See Note 6 for discussion of fair value measurement.

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 April 30th 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.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Contributions Receivable: (continued)

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. These procedures may result in additional contributions to the Fund or contribution credits to employers. Additionally, in the normal course of business routine adjustments are made to employer contributions based on revised information. The financial statements do not include any adjustments that might result from the ultimate outcome of these audits.

Current Benefit Obligations:

These obligations are presented in the accompanying financial statements at the present value.

Health claims, prescriptions and other benefits payable - represents the estimated amount of claims reported but unpaid at year end. Claims payable as of April 30 are reported with these figures.

Claims incurred but not reported - represents the estimated obligation for self-funded claims incurred but unreported at year end as determined by the Fund's actuary. 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.

Payments of Benefits:

Benefits and premiums are recorded when paid. Refunds due to overpayments, subrogation 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 netted against the benefit payments. Benefit payments for medical and disability benefits are reported net of \$383,749 and \$303,000, as of April 30, 2025 and 2024, respectively, in subrogation claims.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Office Furniture and Equipment:

Office furniture and equipment is recorded at cost. Depreciation and amortization is 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.

Note 3. Income Taxes

The VEBA trust funding certain benefits of the Fund received an exemption letter from the IRS stating that the trust 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 April 30, 2023.

Note 4. Related Parties

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

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

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 4. Related Parties (Continued)

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

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

Pursuant to a cost sharing agreement, office salaries, space, and services of KBA74 and HSI are shared with various affiliated funds. Expenses that are specific to these funds are paid by such funds. All other expenses shared by the affiliated Funds are allocated to the affiliated Funds, on the basis of the cost allocation agreement between the Funds.

Note 5. 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 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 value date and the expected date of payment

The Fund's deficiency of net assets in relationship to benefit obligations at April 30, 2025, relates primarily to the post-retirement benefit obligation, the funding of which is not covered by the contribution rates provided by the current bargaining or participating agreements. Post-retirement benefits are not vested benefits and as such, will continue to be funded with the future contribution rates, under the collective bargaining agreements in effect in future years.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Post-Retirement Benefit Obligations (Continued)

Valuation Method:

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 April 30, 2025 and 2024 by \$5,045,641 and \$5,115,307, respectively.

Following are other significant assumptions used in the valuations as of April 30, 2025 and 2024:

Assumption	April 30, 2024	April 30, 2025
Discount rate	5.50%	5.40%
Healthcare cost trend rates	7.50% in 2024 grading down to 4.04% in 2075	7.00% in 2025 grading down to 4.04% in 2075
Plan utilization	80% of future contingent eligibles will elect healthcare coverage at retirement	80% of future contingent eligibles will elect healthcare coverage at retirement
Retirement age	Ranges from age 55 to age 70 All participants are assumed to retire by age 70	Ranges from age 55 to age 70 All participants are assumed to retire by age 70
Mortality rates:		
Healthy	PRI-2012 Blue Collar Employee & Healthy Retiree Tables, with generational projection using scale MP-2021 for non-disabled lives	PRI-2012 Blue Collar Employee & Healthy Retiree Tables, with generational projection using scale MP-2021 for non-disabled lives
Disabled	PRI-2012 Disabled Retiree Mortality Table, with generational projection using scale MP-2021 for disabled lives	PRI-2012 Disabled Retiree Mortality Table, with generational projection using scale MP-2021 for disabled lives

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 5. Post-Retirement Benefit Obligations (Continued)

Per capita costs

Health care costs were allocated based on a blend of actuarially determined manual rates, which were then age-adjusted to reflect retiree specific experience.

<u>Age</u>	<u>Medical and Drug Cost</u>
Under 50	\$ 6,832
50-54	8,465
55-59	10,332
60-64	12,689

Retirees age 55 and older can receive a flat pharmacy subsidy of \$1,308 plus dental and vision.

Retiree contributions:

- No retiree contributions are required.
- Monthly contributions of \$109 per covered spouse prior to age 65.

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

Note 6. 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 index.

The Fund's investments are held by Wells Fargo Advisors, as custodian. The Trustees have established a formal investment policy that includes selecting a professional investment advisor to manage investments.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 7. 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 under FASB ASC (820) are described below:

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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly such as: 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 April 30, 2025 and 2024.

Corporate and Foreign Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 7. Fair Value Measurements (Continued)

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

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

	<i>Assets at Fair Value as of April 30, 2025</i>			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 6,149,744	\$ 10,264,566.00	\$ -	\$ 16,414,310
Common Stocks	9,748,509	-	-	9,748,509
Corporate and Foreign Bonds	-	47,549,691	-	47,549,691
U.S. Government Securities	-	502,505	-	502,505
Total assets, at fair value	<u>\$ 15,898,253</u>	<u>\$ 58,316,762</u>	<u>\$ -</u>	<u>\$ 74,215,015</u>

There were no significant transfers of investments between Levels 1 and 2, and no transfers in or out of Level 3 during the year ended April 30, 2025.

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

	<i>Assets at Fair Value as of April 30, 2024</i>			
	Level 1	Level 2	Level 3	Total
Cash and Cash Equivalents	\$ 15,069,374	\$ 14,481,790.00	\$ -	\$ 29,551,164
Corporate and Foreign Bonds	-	45,692,678	-	45,692,678
U.S. Government Securities	-	533,093	-	533,093
Total assets, at fair value	<u>\$ 15,069,374</u>	<u>\$ 60,707,561</u>	<u>\$ -</u>	<u>\$ 75,776,935</u>

Note 8. Subsequent Events

In preparing these financial statements, the Fund has evaluated events and transactions for potential recognition or disclosure through February 17, 2026, the date the financial statements were available to be issued.

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 9. 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:

	April 30, 2025	April 30, 2024
Net assets available for benefits per the financial statements	\$ 108,086,698	\$ 95,202,662
Claims payable and currently due for active and retired participants	(1,724,277)	(1,528,374)
Claims incurred but not reported to the plan for active and retired participants	<u>(2,443,184)</u>	<u>(3,528,676)</u>
Net assets available for benefits per the Form 5500	<u>\$ 103,919,237</u>	<u>\$ 90,145,612</u>

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

	Year Ended April 30, 2025
Benefits paid per the financial statements	\$ 44,170,688
Add: Claims payable at end of year	1,724,277
Claims incurred but not recorded at year end	2,443,184
Less: Claims payable at beginning of year	(1,528,374)
Claims incurred but not recorded at beginning of year	<u>(3,528,676)</u>
Insurance premiums and claims paid per the Form 5500	<u>\$ 43,281,099</u>

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

Note 10. Funding Deficiency

The Plan's deficiency of net assets over benefit obligations relates primarily to the post retirement benefit obligation, the funding of which is not provided for by the contribution rate in the current collective bargaining agreement. It is expected that the deficiency will be funded through either increases in the collectively bargained rates for both employer and participant contributions or through changes and/or reductions in future benefits offered under the Plan. None of the benefits provided to the participants are vested, but rather are subject to change every time a Collective Bargaining Agreement is renegotiated. There is always a risk that the current employers will not be in financial position to continue to fund the current benefit structure.

Note 11. Choice Plan Receivable

As more fully disclosed in Note 1, certain participants in the Fund may make elections under the Choice Plan, which is a cafeteria plan under Section 125 of the Internal Revenue Code. The Choice Plan is called the UFCW Local 1776 and Participating Employers Flexible Benefits Plan. Contributing employers to the Fund who offer the Choice Plan to their eligible employees pursuant to collective bargaining agreements remit the contributions to the Choice Plan. Based on participant elections, the Choice Plan then remits amounts to the Fund for payment of health and welfare benefits. The amounts reported on the Statements of Net Assets Available for Benefits as Due From Affiliates include amounts due from the Choice Plan for those contributions received by the Choice Plan but not yet remitted to the Fund. During 2025, the Fund discovered that errors in calculations resulted in the Choice Plan remitting incorrect amounts to the Fund, causing the balance in Due from Affiliates to be significantly larger than in prior years. The Choice Plan has adopted new procedures to prevent such calculation errors from occurring in the future. The Choice Plan transferred the amounts that were not remitted as a result of the calculation errors to the Fund in December 2025.

SUPPLEMENTARY INFORMATION

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR YEAR ENDED APRIL 30, 2025

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	FIDELITY FUNDS FIDELITY TREASURY ONLY	6,149,744	6,149,744
			10,264,566	10,264,566
			16,414,310	16,414,310
	COMMON STOCKS			
		ABBOTT LABORATORIES	225,353	261,500
		ABBIEVIE INC	258,445	292,650
		ACCENTURE PLC IRELAND	851,302	777,790
		APPLIED MATERIALS INC	575,987	467,201
		AVERY DENNISON CORP	555,661	461,997
		CARRIER GLOBAL CORP	120,000	125,080
		CHEVRON CORP	148,602	136,060
		CISCO SYSTEMS INC	158,455	173,190
		CORNING INC	153,642	150,892
		CUMMINS INC	283,978	293,840
		DOW INC	93,890	61,180
		DUPONT DE NEMOURS INC	249,252	217,767
		EATON CORP PLC	566,850	559,303
		EMERSON ELECTRIC CO	383,388	367,885
		EXXON MOBILE CORP	114,114	105,630
		GE HEALTHCARE TECHS INC	251,571	210,990
		HONEYWELL INTERNATIONAL	408,042	421,000
		ILLINOIS TOOL WORKS INC	385,076	359,865
		JOHNSON & JOHNSON	360,605	343,882
		JP MORGAN CHASE & CO	117,691	122,310
		LINDE PLC NEW	684,499	679,845
		L3HARRIS TECHNOLOGIES	532,270	550,050

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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)			
	MEDTRONIC PLC		232,117	228,852
	MERCK & CO INC NEW		271,365	213,000
	MONDELEZ INTL INC		171,798	170,325
	NEXTERA ENERGY INC		343,570	300,960
	ORACLE CORPORATION		494,910	422,160
	P P G INDUSTRIES INC		299,739	261,264
	PNC FINANCIAL SERVICES		83,702	80,345
	STANLEY BLACK & DECKER INC		222,278	138,046
	THERMO FISHER SCIENTIFIC INC		1,032,530	793,650
			10,630,682	9,748,509
	CORPORATE AND FOREIGN BONDS			
	ABBVIE INC SR UNSECURED CPN 2.950% DUE 11/21/26		166,308	172,025
	AEP TRANSMISSION CO LLC SR UNSECURED CPN 3.100% DUE 12/01/26		475,788	490,420
	AFFILIATED MANAGERS SR UNSECURED CPN 3.500% DUE 08/01/25		291,570	298,971
	AGL CAPITAL CORP SR UNSECURED CPN 3.250% DUE 06/15/26		240,415	247,515
	AIR LEASE CORP SR UNSECURED CPN 3.375% DUE 07/01/25		290,433	299,241
	AIR LEASE CORP SR UNSECURED CPN 3.750% DUE 06/01/26		193,500	197,744
	AIR LEASE CORP SR UNSECURED CPN 2.200% DUE 01/15/27		94,740	96,125
	ALLSTATE CORP SR UNSECURED CPN 3.280% DUE 12/15/26		286,143	294,426
	AMCOR FINANCE USA INC SR UNSECURED CPN 3.625% DUE 04/28/26		193,168	197,872
	AMERICAN EXPRESS CO SR UNSECURED CPN 1.650% DUE 11/04/26		230,170	240,503
	AMERICAN HONDA FINANCE SR UNSECURED CPN 2.350% DUE 01/08/27		187,354	193,792
	AMGEN INC SR UNSECURED CPN 5.507% DUE 03/02/26		500,000	500,110
	ARCH CAPITAL FINANCE LLC SR NOTE CPN 4.011% DUE 12/15/26		484,535	495,820
	ARCHER-DANIELS MID C SR UNSECURED CPN 2.500% DUE 08/11/26		188,628	195,456
	ARIZONA PUBLIC SERVICE SR UNSECURED CPN 2.550% DUE 09/15/26		374,509	389,692

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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
	CORPORATE AND FOREIGN BONDS (CONTINUED)	AT&T INC SR UNSECURED CPN 3.80% DUE 02/15/27	195,830	198,180
		BANK OF AMERICA CORP MED TERM CPN 4.450% DUE 03/03/26	249,091	249,745
		BAT CAPITAL CORP SR UNSECURED CPN 4.700% DUE 04/02/27	399,154	401,508
		BAXTER INTERNATIONAL INC SR UNSECURED CPN 2.600% DUE 08/15/26	471,718	487,580
		BAXTER INTERNATIONAL INC SR UNSECURED CPN 1.915% DUE 02/01/27	328,994	334,964
		BECTON DICKINSON AND CO SR UNSECURED CPN 3.700% DUE 06/06/27	245,303	247,173
		BIOGEN INC SR UNSECURED CPN 4.050% DUE 09/15/25	196,874	199,326
		BIO-RAD LABS SR UNSECURED CPN 3.300% DUE 03/15/27	241,545	243,760
		BLACK HILLS CORP SR UNSECURED CPN 3.950% DUE 01/15/26	293,292	298,116
		BLACK HILLS CORP SR UNSECURED CPN 3.150% DUE 01/15/27	337,048	340,704
		BLOCK FINANCIAL LLC SR UNSECURED CPN 5.250% DUE 10/01/25	298,326	300,201
		BOEING CO SR UNSECURED CPN 3.100% DUE 05/01/26	238,998	245,760
		BRANCH BANKING & TRUST SUBORDINATED CPN 3.625% DUE 09/16/25	240,717	248,937
		BRANCH BANKING & TRUST SUBORDINATED CPN 3.800% DUE 10/30/26	240,803	247,275
		BRIGHTHOUSE FINANCIAL IN SR UNSECURED CPN 3.700% DUE 06/22/27	244,005	245,033
		BROADCOM CRP/CAYMN FI SR UNSECURED CPN 3.875% DUE 01/15/27	390,488	397,084
		BROADCOM INC SR UNSECURED CPN 3.150% DUE 11/15/25	242,005	248,050
		BROADRIDGE FINANCIAL SOL CPN 3.400% DUE 06/27/26	336,116	345,373
		BUNGE LTD FINANCE CORP SR UNSECURED CPN 3.250% DUE 08/15/26	239,567	245,710
		CAPITAL ONE FINANCIAL CO CPN 4.200% DUE 10/29/25	196,492	199,592
		CAPTIAL ONE FINANCIAL CO SUBORDINATED CPN 3.750% DUE 07/28/26	240,973	247,013
		CAPITAL ONE FINANCIAL CO CPN UNSECURED CPN 3.750% DUE 03/09/27	97,530	98,696
		CARDINAL HEALTH INC SR UNSECURED CPN 3.750% DUE 09/15/25	244,108	249,283
		CHARLES SCHWAB CORP SR UNSECURED CPN 2.450% DUE 03/03/27	238,130	242,463
		CITIGROUP INC SUBORDINATED CPN 4.400% DUE 06/10/25	97,752	99,924
		CITIGROUP INC SUBORDINATED CPN 4.450% DUE 09/29/27	149,585	149,549

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(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)	(d) COST	(e) CURRENT VALUE
CORPORATE AND FOREIGN BONDS (CONTINUED)				
	CITIGROUP INC SR UNSECURED CPN 3.200% DUE 10/21/26		237,898	245,770
	CITIZENS FINANCIAL GRP SUBORDINATED CPN 4.300% DUE 12/03/25		98,083	99,608
	CITIZENS BANK NA/RI UNSECURED CPN 3.750% DUE 02/18/26		295,440	297,330
	CMS ENERGY CORP SR UNSECURED CPN 3.600% DUE 11/15/25		96,741	99,331
	CMS ENERGY CORP SR UNSECURED CPN 2.950% DUE 02/15/27		479,375	487,730
	CNH INDUSTRIAL CAP LLC SR UNSECURED CPN 3.950% DUE 05/23/25		245,555	249,875
	CNH INDUSTRIAL CAP LLC SR UNSECURED CPN 1.450% DUE 07/15/26		275,478	288,657
	CONSTELLATION BRANDS INC SR UNSECURED CPN 5.000% DUE 02/02/26		498,855	499,890
	CONSTELLATION BRANDS INC SR UNSECURED CPN 3.700% DUE 12/06/26		501,968	513,911
	COREBRIDGE FINANCIAL INC SR UNSECURED CPN 3.650% DUE 04/04/27		97,515	98,528
	COTERRA ENERGY INC SR UNSECURED CPN 3.900% DUE 05/15/27		147,401	147,761
	CROWN CASTLE INTL CORP SR UNSECURED CPN 4.450% DUE 02/15/26		295,389	298,917
	CROWN CASTLE INTL CORP SR UNSECURED CPN 4.000% DUE 3/01/27		294,569	296,892
	CVS HEALTH CORP SR UNSECURED CPN 3.000% DUE 08/15/26		242,233	245,205
	CVS HEALTH CORP SR UNSECURED CPN 3.875% DUE 07/20/25		248,073	249,343
	DELL INT/EMC CORP LLC 1ST LIEN SR SECURED CPN 4.900% DUE 10/01/26		496,760	502,085
	DIAMONDBACK ENERGY INC SR UNSECURED 3.250% DUE 12/1/26		487,740	491,440
	DISCOVER BANK SR UNSECURED CPN 4.250% DUE 03/13/26		294,363	298,926
	DISCOVER FINANCIAL SVCS SR UNSECURED CPN 4.100% DUE 02/09/27		294,212	297,240
	DOLLAR TREE INC SR UNSECURED CPN 4.000% DUE 05/15/25		97,374	99,944
	DOMINIION RESOURCES INC SR UNSECURED CPN 2.850% DUE 08/15/26		284,841	293,622
	DTE ENERGY CO SR UNSECURED SER F CPN 1.050% DUE 06/01/25		325,811	348,775
	DTE ENERGY CO SR UNSECURED CPN 2.850% DUE 10/01/26		142,007	146,777
	DUKE ENERGY CORP SR UNSECURED CPN 4.850% DUE 07/05/27		497,698	504,690
	E.I. DU PONT DE NEMOURS SR UNSECURED CPN 1.700% DUE 07/15/25		93,695	99,358
	EDISON INTERNATIONAL SR UNSECURED CPN 4.700% DUE 08/15/25		98,911	99,785

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(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
CORPORATE AND FOREIGN BONDS (CONTINUED)			
	ENTERGY CORP SR UNSECURED CPN 0.900% DUE 09/15/25	231,495	246,445
	ENTERGY CORP SR UNSECURED CPN 2.950% DUE 09/01/26	284,889	293,946
	EQUINIX INC SR UNSECURED CPN 2.900% DUE 11/18/26	470,926	488,195
	EVERSOURCE ENERGY SR UNSECURED CPN 5.000% DUE 01/01/27	406,920	413,091
	EXELON GENERATION CO LLC SR UNSECURED CPN 3.250% DUE 06/01/25	288,006	299,412
	EXPEDIA GRP INC SR UNSECURED CPN 4.625% DUE 08/01/27	249,095	250,318
	FIFTH THIRD BANK SR UNSECURED CPN 3.950% DUE 07/28/25	293,529	299,199
	FIFTH THIRD BANK SUBORDIANTED CPN 3.850% DUE 03/15/26	192,446	198,096
	FIFTH THIRD BANK SR UNSECURED CPN 2.250% DUE 02/01/27	233,273	241,108
	FLOWERS FOODS INC SR UNSECURED CPN 3.500% DUE 10/01/26	287,983	294,654
	FORTIVE CORORATION SR UNSECURED CPN 3.150% DUE 06/15/26	287,640	294,843
	FORTUNE BRANDS HOME & SE SR UNSECURED 4.000% DUE 06/15/25	196,742	199,672
	GATX CORP SR UNSECURED NOTE CPN 3.250% DUE 09/15/26	430,331	441,635
	GENERAL MILLS INC SR UNSECURED CPN 4.700% DUE 01/30/27	644,050	653,640
	GENERAL MILLS INC SR UNSECURED CPN 3.200% DUE 02/10/27	239,713	245,368
	GENERAL MOTORS FINL CO COMPANY GTD CPN 4.300% DUE 07/13/25	245,608	249,633
	GENERAL MOTORS FINL CO SR UNSECURED CPN 4.350% DUE 01/17/27	343,185	346,756
	GEORGIA POWER CO SR UNSECURED CALLABLE 3.250% DUE 04/01/26	240,785	247,243
	GOLDMAN SACHS BDC INC SR UNSECURED CPN 2.875% DUE 01/15/26	239,260	246,450
	GOLDMAN SACHS GRP INC NOTES CPN 4.250% DUE 10/21/25	196,437	199,594
	GOLDMAN SACHS GRP INC MED TERM CPN 1.500% DUE 08/30/26	91,550	96,230
	HANOVER INSURANCE GROUP SR UNSECURED CPN 4.50% DUE 04/15/26	246,080	248,942
	HASBRO INC SR UNSECURED CPN 3.550% DUE 11/19/26	244,893	245,628
	HCP INC SR UNSECURED CPN 4.000% DUE 06/01/25	585,951	599,652
	HEALTH CARE REIT INC SR UNSECURED CPN 4.000% DUE 06/01/25	488,493	499,720
	HEALTHCARE TR OF AMER SR UNSECURED CPN 3.500% DUE 08/01/26	479,410	490,715

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CORPORATE AND FOREIGN BONDS (CONTINUED)	HP ENTERPRISE CO MULTI STP CPN 4.900% DUE 10/15/25		248,580	250,133
	HP ENTERPRISE CO SR UNSECURED CPN 1.750% DUE 04/01/26		232,948	243,368
	HP INC SR UNSECURED CPN 1.450% DUE 06/17/26		184,010	192,806
	HUMANA INC SR UNSECURED CPN 1.350% DUE 02/01/27		506,018	520,289
	INGREDION INC SR UNSECURED CPN 3.200% DUE 10/01/26		476,926	491,085
	INTEL CORP SR UNSECURED CPN 3.750% DUE 03/25/27		243,168	246,265
	INTEL CORP SR UNSECURED CPN 3.150% DUE 05/11/27		240,188	242,765
	ITC HOLDINGS CORP SR UNSECURED CPN 3.250% DUE 06/30/26		240,060	246,133
	JEFFERIES FINL GROUP INC SR UNSECURED CPN 4.850% DUE 01/15/27		594,721	603,180
	JOHN DEERE CAPITAL CORP MED TERM NOTE CPN 4.950% DUE 06/06/25		99,553	100,010
	JPMORGAN CHASE & CO CPN 4.125% DUE 12/15/26		293,596	299,493
	KEYCORP MEDIUM TERM NOTE CPN 2.250% DUE 04/06/27		189,308	191,372
	KINDER MORGAN INC SR UNSECURED GTD CPN 1.750% DUE 11/15/26		274,215	288,399
	KYNDRYL HOLDINGS INC UNSECURED CPN 2.050% DUE 10/15/26		236,930	241,133
	L-3 COMMUNICATIONS CORP SR UNSECURED CPN 3.850% DUE 12/15/26		314,233	321,831
	L3HARRIS TECH INC SR UNSECURED CPN 3.850% DUE 12/15/26		169,211	173,294
	LAZARD GRP LLC SR UNSECURED CPN 3.625% DUE 03/01/27		559,518	561,229
	LINCOLN NATIONAL CORP SR UNSECURED CPN 3.625% DUE 12/12/26		574,751	592,398
	LOEWS CORP SR UNSECURED CPN 3.750% DUE 04/01/26		292,059	298,107
	MANUF & TRADERS TR CO SR UNSECURED CPN 4.650% DUE 01/27/26		245,990	249,853
	MANUF & TRADERS TR CO SR UNSECURED CPN 3.400% DUE 08/17/27		243,285	242,568
	MARATHON PETROLEUM CORP SR UNSECURED CPN 5.125% DUE 12/15/26		249,345	252,053
	MICROCHIP TECHNOLOGY INC SR UNSECURED CPN 4.250% DUE 09/01/25		295,044	299,526
	MORGAN STANLEY MED TERM NOTE CPN 3.125% DUE 07/27/26		239,050	246,487
	MORGAN STANLEY MED TERM NOTE CPN 3.950% DUE 04/23/27		98,416	99,200
	NATIONAL RETAIL PROP INC SR UNSECURED CPN 3.600% DUE 12/15/26		240,320	246,563

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	CORPORATE AND FOREIGN BONDS (CONTINUED)			
		NETAPP INC SR UNSECURED CPN 1.875% DUE 06/22/25	93,890	99,572
		NEXTERA ENERGY CAPITAL SR UNSECURED CPN 1.875% DUE 01/15/27	502,710	527,489
		NISOURCE INC SR UNSECURED CPN 0.950% DUE 08/15/25	116,929	123,695
		NORTHROP GRUMMAN CORP SR UNSECURED CPN 3.200% DUE 02/01/27	242,680	245,540
		NORTHWEST PIPELINE LLC SR UNSECURED CPN 4.000% DUE 04/01/27	98,288	99,146
		ORACLE CORP SR UNSECURED CPN 2.950% DUE 05/15/25	242,733	249,820
		O'REILLY AUTOMOTIVE INC SR UNSECURED CPN 3.550% DUE 03/15/26	242,638	248,048
		PHILLIPS 66 CO SR UNSECURED CO CTD CPN 3.550% DUE 10/01/26	288,622	296,775
		PINNACLE WEST CPAITAL SR UNSECURED CPN 1.300% DUE 06/15/25	235,550	248,845
		PLAINS ALL AMER PIPELINE UNSECURED CPN 4.650% DUE 10/15/25	499,055	499,200
		PNC BANK NA SUBORDINATED CPN 4.200% DUE 11/01/25	245,907	249,362
		PRINCIPAL FINANCIAL GROU SR UNSECURED CPN 3.100% DUE 11/15/26	480,618	489,310
		PROV ST JOSEPH HLTH OBL UNSECURED CPN 2.746% DUE 10/01/26	236,745	244,698
		PUBLIC SERVICE CO OF NEW SR UNSECURED CPN 3.850% DUE 08/01/25	203,202	208,807
		ROPER TECHNOLOGIES INC SR UNSECURED CPN 3.800% DUE 12/15/26	242,208	247,695
		RYDER SYSTEM INC MED TERM NOTE CALLABLE 2.900% DUE 12/01/26	618,191	633,523
		SEMPRA ENERGY SR UNSECURED CPN 3.250% DUE 06/15/27	242,423	242,970
		SHERWIN-WILLIAMS CO SR UNSECURED CPN 3.450% DUE 08/01/25	146,090	149,450
		SNAP ON INC SR UNSECURED CPN 3.250% DUE 03/01/27	291,123	295,197
		SONOCO PRODUCTS CO SR UNSECURED CPN 2.250% DUE 02/01/27	189,288	191,752
		SOUTHWESTERN ELC POWER SR UNSEC CPN 1.650% DUE 03/15/26	279,450	292,515
		SOUTHWESTERN ELEC POWER SR UNSEC CPN 2.750% DUE 10/01/26	281,706	292,431
		SPECTRA ENERGY PARTNERS SR UNSECURED CPN 3.375% DUE 10/15/26	239,643	245,598
		STEEL DYNAMICS INC SR UNSECURED CPN 5.000% DUE 12/15/26	696,946	699,993
		SUNTRUST BANK SUB CPN 3.300% DUE 05/15/26	244,495	246,755
		TSMC ARIZONA CORP SR UNSECURED 1.750% DUE 10/25/26	189,284	192,618

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS
HEALTH AND WELFARE FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FOR YEAR ENDED APRIL 30, 2025

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
	CORPORATE AND FOREIGN BONDS (CONTINUED)			
		TEXTRON INC SR UNSECURED CPN 4.00% DUE 03/15/26	245,105	248,085
		TEXTTON INC SR UNSECURED CPN 3.650% DUE 03/15/27	340,811	344,075
		TOYOTA MOTOR CREDIT CORP MED TERM CPN 0.870% DUE 09/29/26	224,540	237,040
		UDR IN MED TERM NOTE CPN 2.950% DUE 09/01/26	473,792	490,170
		UNUM GRP SR UNSECURED CPN 3.875% DUE 11/05/25	405,410	414,677
		VMWARE INC SR UNSECURED CPN 1.400% DUE 08/15/26	320,085	335,948
		VMWARE INC SR UNSECURED CPN 3.900% DUE 08/21/27	245,476	246,243
		VOYA FINANCIAL INC SR UNSECURED CPN 3.650% DUE 06/15/26	290,031	297,120
		WABTEC COMPANY GTD SR UNSECURED CPN 3.450% DUE 11/15/26	454,469	467,989
		WESTERN UNION CO UNSECURED CPN 1.350% DUE 03/15/26	237,945	242,265
		WESTLAKE CHEMICAL CORP SR NOTE CPN 3.600% DUE 08/15/26	338,581	345,156
		WP CAREY INC SR UNSECURED CPN 4.250% DUE 10/01/26	586,638	597,234
		WRKCO INC SR UNSECURED CPN 3.375% DUE 09/15/27	194,194	194,608
		XCEL ENERGY INC SR UNSECURED CPN 3.350% DUE 12/01/26	524,818	540,551
		XYLEM INC SR UNSECURED 3.250% DUE 11/1/26	238,360	246,035
		ZOETIS INC UNSECURED CPN 4.500% DUE 11/13/25	249,730	249,865
			<u>46,540,222</u>	<u>47,549,691</u>
	GOVERNMENT BONDS			
		US TREASURY NOTES CPN 4.500% DUE 03/31/26	495,430	502,505
			<u>495,430</u>	<u>502,505</u>
			<u>\$ 74,080,644</u>	<u>\$ 74,215,015</u>

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

SCHEDULE OF ADMINISTRATIVE EXPENSES

For the Year Ended April 30, 2025

Administrator fees	\$ 5,962,729
Legal	82,544
Computer expense	216,069
Auditing	28,950
Actuarial fees	202,500
Printing & office supplies	3,916
Postage & delivery	3,379
Dues	2,075
Conference & travel expense	37,551
Insurance	20,339
Meeting expense	9,793
Depreciation expense	60,857
PCORI fees	<u>17,628</u>
Total administrative expenses	<u>\$ 6,648,330</u>

See Independent Auditors' Report.

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

EIN: 23-2949242
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	FIDELITY FUNDS FIDELITY TREASURY ONLY	6,149,744	6,149,744
			10,264,566	10,264,566
			<u>16,414,310</u>	<u>16,414,310</u>
	COMMON STOCKS	ABBOTT LABORATORIES	225,353	261,500
		ABBIEVIE INC	258,445	292,650
		ACCENTURE PLC IRELAND	851,302	777,790
		APPLIED MATERIALS INC	575,987	467,201
		AVERY DENNISON CORP	555,661	461,997
		CARRIER GLOBAL CORP	120,000	125,080
		CHEVRON CORP	148,602	136,060
		CISCO SYSTEMS INC	158,455	173,190
		CORNING INC	153,642	150,892
		CUMMINS INC	283,978	293,840
		DOW INC	93,890	61,180
		DUPONT DE NEMOURS INC	249,252	217,767
		EATON CORP PLC	566,850	559,303
		EMERSON ELECTRIC CO	383,388	367,885
		EXXON MOBILE CORP	114,114	105,630
		GE HEALTHCARE TECHS INC	251,571	210,990
		HONEYWELL INTERNATIONAL	408,042	421,000
		ILLINOIS TOOL WORKS INC	385,076	359,865
		JOHNSON & JOHNSON	360,605	343,882
		JP MORGAN CHASE & CO	117,691	122,310
		LINDE PLC NEW	684,499	679,845
		L3HARRIS TECHNOLOGIES	532,270	550,050
		MEDTRONIC PLC	232,117	228,852
		MERCK & CO INC NEW	271,365	213,000
		MONDELEZ INTL INC	171,798	170,325
		NEXTERA ENERGY INC	343,570	300,960

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

EIN: 23-2949242
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)	ORACLE CORPORATION	494,910	422,160
		P P G INDUSTRIES INC	299,739	261,264
		PNC FINANCIAL SERVICES	83,702	80,345
		STANLEY BLACK & DECKER INC	222,278	138,046
		THERMO FISHER SCIENTIFIC INC	1,032,530	793,650
			10,630,682	9,748,509
	CORPORATE AND FOREIGN BONDS	ABBVIE INC SR UNSECURED CPN 2.950% DUE 11/21/26	166,308	172,025
		AEP TRANSMISSION CO LLC SR UNSECURED CPN 3.100% DUE 12/01/26	475,788	490,420
		AFFILIATED MANAGERS SR UNSECURED CPN 3.500% DUE 08/01/25	291,570	298,971
		AGL CAPITAL CORP SR UNSECURED CPN 3.250% DUE 06/15/26	240,415	247,515
		AIR LEASE CORP SR UNSECURED CPN 3.375% DUE 07/01/25	290,433	299,241
		AIR LEASE CORP SR UNSECURED CPN 3.750% DUE 06/01/26	193,500	197,744
		AIR LEASE CORP SR UNSECURED CPN 2.200% DUE 01/15/27	94,740	96,125
		ALLSTATE CORP SR UNSECURED CPN 3.280% DUE 12/15/26	286,143	294,426
		AMCOR FINANCE USA INC SR UNSECURED CPN 3.625% DUE 04/28/26	193,168	197,872
		AMERICAN EXPRESS CO SR UNSECURED CPN 1.650% DUE 11/04/26	230,170	240,503
		AMERICAN HONDA FINANCE SR UNSECURED CPN 2.350% DUE 01/08/27	187,354	193,792
		AMGEN INC SR UNSECURED CPN 5.507% DUE 03/02/26	500,000	500,110
		ARCH CAPITAL FINANCE LLC SR NOTE CPN 4.011% DUE 12/15/26	484,535	495,820
		ARCHER-DANIELS MID C SR UNSECURED CPN 2.500% DUE 08/11/26	188,628	195,456
		ARIZONA PUBLIC SERVICE SR UNSECURED CPN 2.550% DUE 09/15/26	374,509	389,692
		AT&T INC SR UNSECURED CPN 3.80% DUE 02/15/27	195,830	198,180
		BANK OF AMERICA CORP MED TERM CPN 4.450% DUE 03/03/26	249,091	249,745
		BAT CAPITAL CORP SR UNSECURED CPN 4.700% DUE 04/02/27	399,154	401,508
		BAXTER INTERNATIONAL INC SR UNSECURED CPN 2.600% DUE 08/15/26	471,718	487,580
		BAXTER INTERNATIONAL INC SR UNSECURED CPN 1.915% DUE 02/01/27	328,994	334,964
		BECTON DICKINSON AND CO SR UNSECURED CPN 3.700% DUE 06/06/27	245,303	247,173
		BIOGEN INC SR UNSECURED CPN 4.050% DUE 09/15/25	196,874	199,326
		BIO-RAD LABS SR UNSECURED CPN 3.300% DUE 03/15/27	241,545	243,760

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

EIN: 23-2949242
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
	CORPORATE AND FOREIGN BONDS (CONTINUED)	BLACK HILLS CORP SR UNSECURED CPN 3.950% DUE 01/15/26	293,292	298,116
		BLACK HILLS CORP SR UNSECURED CPN 3.150% DUE 01/15/27	337,048	340,704
		BLOCK FINANCIAL LLC SR UNSECURED CPN 5.250% DUE 10/01/25	298,326	300,201
		BOEING CO SR UNSECURED CPN 3.100% DUE 05/01/26	238,998	245,760
		BRANCH BANKING & TRUST SUBORDINATED CPN 3.625% DUE 09/16/25	240,717	248,937
		BRANCH BANKING & TRUST SUBORDINATED CPN 3.800% DUE 10/30/26	240,803	247,275
		BRIGHTHOUSE FINANCIAL IN SR UNSECURED CPN 3.700% DUE 06/22/27	244,005	245,033
		BROADCOM CRP/CAYMN FI SR UNSECURED CPN 3.875% DUE 01/15/27	390,488	397,084
		BROADCOM INC SR UNSECURED CPN 3.150% DUE 11/15/25	242,005	248,050
		BROADRIDGE FINANCIAL SOL CPN 3.400% DUE 06/27/26	336,116	345,373
		BUNGE LTD FINANCE CORP SR UNSECURED CPN 3.250% DUE 08/15/26	239,567	245,710
		CAPITAL ONE FINANCIAL CO CPN 4.200% DUE 10/29/25	196,492	199,592
		CAPTIAL ONE FINANCIAL CO SUBORDINATED CPN 3.750% DUE 07/28/26	240,973	247,013
		CAPITAL ONE FINANCIAL CO CPN UNSECURED CPN 3.750% DUE 03/09/27	97,530	98,696
		CARDINAL HEALTH INC SR UNSECURED CPN 3.750% DUE 09/15/25	244,108	249,283
		CHARLES SCHWAB CORP SR UNSECURED CPN 2.450% DUE 03/03/27	238,130	242,463
		CITIGROUP INC SUBORDINATED CPN 4.400% DUE 06/10/25	97,752	99,924
		CITIGROUP INC SUBORDINATED CPN 4.450% DUE 09/29/27	149,585	149,549
		CITIGROUP INC SR UNSECURED CPN 3.200% DUE 10/21/26	237,898	245,770
		CITIZENS FINANCIAL GRP SUBORDINATED CPN 4.300% DUE 12/03/25	98,083	99,608
		CITIZENS BANK NA/RI UNSECURED CPN 3.750% DUE 02/18/26	295,440	297,330
		CMS ENERGY CORP SR UNSECURED CPN 3.600% DUE 11/15/25	96,741	99,331
		CMS ENERGY CORP SR UNSECURED CPN 2.950% DUE 02/15/27	479,375	487,730
		CNH INDUSTRIAL CAP LLC SR UNSECURED CPN 3.950% DUE 05/23/25	245,555	249,875
		CNH INDUSTRIAL CAP LLC SR UNSECURED CPN 1.450% DUE 07/15/26	275,478	288,657
		CONSTELLATION BRANDS INC SR UNSECURED CPN 5.000% DUE 02/02/26	498,855	499,890
		CONSTELLATION BRANDS INC SR UNSECURED CPN 3.700% DUE 12/06/26	501,968	513,911
		COREBRIDGE FINANCIAL INC SR UNSECURED CPN 3.650% DUE 04/04/27	97,515	98,528
		COTERRA ENERGY INC SR UNSECURED CPN 3.900% DUE 05/15/27	147,401	147,761
		CROWN CASTLE INTL CORP SR UNSECURED CPN 4.450% DUE 02/15/26	295,389	298,917

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

EIN: 23-2949242
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
	CORPORATE AND FOREIGN BOND (CONTINUED)	CROWN CASTLE INTL CORP SR UNSECURED CPN 4.000% DUE 3/01/27	294,569	296,892
		CVS HEALTH CORP SR UNSECURED CPN 3.000% DUE 08/15/26	242,233	245,205
		CVS HEALTH CORP SR UNSECURED CPN 3.875% DUE 07/20/25	248,073	249,343
		DELL INT/EMC CORP LLC 1ST LIEN SR SECURED CPN 4.900% DUE 10/01/2	496,760	502,085
		DIAMONDBACK ENERGY INC SR UNSECURED 3.250% DUE 12/1/26	487,740	491,440
		DISCOVER BANK SR UNSECURED CPN 4.250% DUE 03/13/26	294,363	298,926
		DISCOVER FINANCIAL SVCS SR UNSECURED CPN 4.100% DUE 02/09/27	294,212	297,240
		DOLLAR TREE INC SR UNSECURED CPN 4.000% DUE 05/15/25	97,374	99,944
		DOMINIION RESOURCES INC SR UNSECURED CPN 2.850% DUE 08/15/26	284,841	293,622
		DTE ENERGY CO SR UNSECURED SER F CPN 1.050% DUE 06/01/25	325,811	348,775
		DTE ENERGY CO SR UNSECURED CPN 2.850% DUE 10/01/26	142,007	146,777
		DUKE ENERGY CORP SR UNSECURED CPN 4.850% DUE 07/05/27	497,698	504,690
		E.I. DU PONT DE NEMOURS SR UNSECURED CPN 1.700% DUE 07/15/25	93,695	99,358
		EDISON INTERNATIONAL SR UNSECURED CPN 4.700% DUE 08/15/25	98,911	99,785
		ENTERGY CORP SR UNSECURED CPN 0.900% DUE 09/15/25	231,495	246,445
		ENTERGY CORP SR UNSECURED CPN 2.950% DUE 09/01/26	284,889	293,946
		EQUINIX INC SR UNSECURED CPN 2.900% DUE 11/18/26	470,926	488,195
		EVERSOURCE ENERGY SR UNSECURED CPN 5.000% DUE 01/01/27	406,920	413,091
		EXELON GENERATION CO LLC SR UNSECURED CPN 3.250% DUE 06/01/25	288,006	299,412
		EXPEDIA GRP INC SR UNSECURED CPN 4.625% DUE 08/01/27	249,095	250,318
		FIFTH THIRD BANK SR UNSECURED CPN 3.950% DUE 07/28/25	293,529	299,199
		FIFTH THIRD BANK SUBORDIANTED CPN 3.850% DUE 03/15/26	192,446	198,096
		FIFTH THIRD BANK SR UNSECURED CPN 2.250% DUE 02/01/27	233,273	241,108
		FLOWERS FOODS INC SR UNSECURED CPN 3.500% DUE 10/01/26	287,983	294,654
		FORTIVE CORORATION SR UNSECURED CPN 3.150% DUE 06/15/26	287,640	294,843
		FORTUNE BRANDS HOME & SE SR UNSECURED 4.000% DUE 06/15/25	196,742	199,672
		GATX CORP SR UNSECURED NOTE CPN 3.250% DUE 09/15/26	430,331	441,635
		GENERAL MILLS INC SR UNSECURED CPN 4.700% DUE 01/30/27	644,050	653,640
		GENERAL MILLS INC SR UNSECURED CPN 3.200% DUE 02/10/27	239,713	245,368
		GENERAL MOTORS FINL CO COMPANY GTD CPN 4.300% DUE 07/13/25	245,608	249,633

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
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APRIL 30, 2025

EIN: 23-2949242
FORM: 5500
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(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE AND FOREIGN BOND (CONTINUED)	GENERAL MOTORS FINL CO SR UNSECURED CPN 4.350% DUE 01/17/27	343,185	346,756	
	GEORGIA POWER CO SR UNSECURED CALLABLE 3.250% DUE 04/01/26	240,785	247,243	
	GOLDMAN SACHS BDC INC SR UNSECURED CPN 2.875% DUE 01/15/26	239,260	246,450	
	GOLDMAN SACHS GRP INC NOTES CPN 4.250% DUE 10/21/25	196,437	199,594	
	GOLDMAN SACHS GRP INC MED TERM CPN 1.500% DUE 08/30/26	91,550	96,230	
	HANOVER INSURANCE GROUP SR UNSECURED CPN 4.50% DUE 04/15/26	246,080	248,942	
	HASBRO INC SR UNSECURED CPN 3.550% DUE 11/19/26	244,893	245,628	
	HCP INC SR UNSECURED CPN 4.000% DUE 06/01/25	585,951	599,652	
	HEALTH CARE REIT INC SR UNSECURED CPN 4.000% DUE 06/01/25	488,493	499,720	
	HEALTHCARE TR OF AMER SR UNSECURED CPN 3.500% DUE 08/01/26	479,410	490,715	
	HP ENTERPRISE CO MULTI STP CPN 4.900% DUE 10/15/25	248,580	250,133	
	HP ENTERPRISE CO SR UNSECURED CPN 1.750% DUE 04/01/26	232,948	243,368	
	HP INC SR UNSECURED CPN 1.450% DUE 06/17/26	184,010	192,806	
	HUMANA INC SR UNSECURED CPN 1.350% DUE 02/01/27	506,018	520,289	
	INGREDION INC SR UNSECURED CPN 3.200% DUE 10/01/26	476,926	491,085	
	INTEL CORP SR UNSECURED CPN 3.750% DUE 03/25/27	243,168	246,265	
	INTEL CORP SR UNSECURED CPN 3.150% DUE 05/11/27	240,188	242,765	
	ITC HOLDINGS CORP SR UNSECURED CPN 3.250% DUE 06/30/26	240,060	246,133	
	JEFFERIES FINL GROUP INC SR UNSECURED CPN 4.850% DUE 01/15/27	594,721	603,180	
	JOHN DEERE CAPITAL CORP MED TERM NOTE CPN 4.950% DUE 06/06/25	99,553	100,010	
	JPMORGAN CHASE & CO CPN 4.125% DUE 12/15/26	293,596	299,493	
	KEYCORP MEDIUM TERM NOTE CPN 2.250% DUE 04/06/27	189,308	191,372	
	KINDER MORGAN INC SR UNSECURED GTD CPN 1.750% DUE 11/15/26	274,215	288,399	
	KYNDRYL HOLDINGS INC UNSECURED CPN 2.050% DUE 10/15/26	236,930	241,133	
	L-3 COMMUNICATIONS CORP SR UNSECURED CPN 3.850% DUE 12/15/26	314,233	321,831	
	L3HARRIS TECH INC SR UNSECURED CPN 3.850% DUE 12/15/26	169,211	173,294	
	LAZARD GRP LLC SR UNSECURED CPN 3.625% DUE 03/01/27	559,518	561,229	
	LINCOLN NATIONAL CORP SR UNSECURED CPN 3.625% DUE 12/12/26	574,751	592,398	
LOEWS CORP SR UNSECURED CPN 3.750% DUE 04/01/26	292,059	298,107		
MANUF & TRADERS TR CO SR UNSECURED CPN 4.650% DUE 01/27/26	245,990	249,853		

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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EIN: 23-2949242
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(a)	(b)	(c)	(d)	(e)
IDENTITY OF ISSUE BORROWER, LESSOR, OR SIMILAR PARTY		DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL PAR OR MATURITY VALUE	COST	CURRENT VALUE
CORPORATE AND FOREIGN BONDS (CONTINUED)	MANUF & TRADERS TR CO SR UNSECURED CPN 3.400% DUE 08/17/27	243,285	242,568	
	MARATHON PETROLEUM CORP SR UNSECURED CPN 5.125% DUE 12/15/2	249,345	252,053	
	MICROCHIP TECHNOLOGY INC SR UNSECURED CPN 4.250% DUE 09/01/2:	295,044	299,526	
	MORGAN STANLEY MED TERM NOTE CPN 3.125% DUE 07/27/26	239,050	246,487	
	MORGAN STANLEY MED TERM NOTE CPN 3.950% DUE 04/23/27	98,416	99,200	
	NATIONAL RETAIL PROP INC SR UNSECURED CPN 3.600% DUE 12/15/26	240,320	246,563	
	NETAPP INC SR UNSECURED CPN 1.875% DUE 06/22/25	93,890	99,572	
	NEXTERA ENERGY CAPITAL SR UNSECURED CPN 1.875% DUE 01/15/27	502,710	527,489	
	NISOURCE INC SR UNSECURED CPN 0.950% DUE 08/15/25	116,929	123,695	
	NORTHROP GRUMMAN CORP SR UNSECURED CPN 3.200% DUE 02/01/27	242,680	245,540	
	NORTHWEST PIPELINE LLC SR UNSECURED CPN 4.000% DUE 04/01/27	98,288	99,146	
	ORACLE CORP SR UNSECURED CPN 2.950% DUE 05/15/25	242,733	249,820	
	O'REILLY AUTOMOTIVE INC SR UNSECURED CPN 3.550% DUE 03/15/26	242,638	248,048	
	PHILLIPS 66 CO SR UNSECURED CO CTD CPN 3.550% DUE 10/01/26	288,622	296,775	
	PINNACLE WEST CPITAL SR UNSECURED CPN 1.300% DUE 06/15/25	235,550	248,845	
	PLAINS ALL AMER PIPELINE UNSECURED CPN 4.650% DUE 10/15/25	499,055	499,200	
	PNC BANK NA SUBORDINATED CPN 4.200% DUE 11/01/25	245,907	249,362	
	PRINCIPAL FINANCIAL GROU SR UNSECURED CPN 3.100% DUE 11/15/26	480,618	489,310	
	PROV ST JOSEPH HLTH OBL UNSECURED CPN 2.746% DUE 10/01/26	236,745	244,698	
	PUBLIC SERVICE CO OF NEW SR UNSECURED CPN 3.850% DUE 08/01/25	203,202	208,807	
	ROPER TECHNOLOGIES INC SR UNSECURED CPN 3.800% DUE 12/15/26	242,208	247,695	
	RYDER SYSTEM INC MED TERM NOTE CALLABLE 2.900% DUE 12/01/26	618,191	633,523	
	SEMPRA ENERGY SR UNSECURED CPN 3.250% DUE 06/15/27	242,423	242,970	
	SHERWIN-WILLIAMS CO SR UNSECURED CPN 3.450% DUE 08/01/25	146,090	149,450	
	SNAP ON INC SR UNSECURED CPN 3.250% DUE 03/01/27	291,123	295,197	
	SONOCO PRODUCTS CO SR UNSECURED CPN 2.250% DUE 02/01/27	189,288	191,752	
SOUTHWESTERN ELC POWER SR UNSEC CPN 1.650% DUE 03/15/26	279,450	292,515		
SOUTHWESTERN ELEC POWER SR UNSEC CPN 2.750% DUE 10/01/26	281,706	292,431		
SPECTRA ENERGY PARTNERS SR UNSECURED CPN 3.375% DUE 10/15/26	239,643	245,598		
STEEL DYNAMICS INC SR UNSECURED CPN 5.000% DUE 12/15/26	696,946	699,993		

UFCW LOCAL 1776 AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND
SCHEDULE H LINE 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)
APRIL 30, 2025

EIN: 23-2949242
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
	CORPORATE AND FOREIGN BONDS (CONTINUED)	SUNTRUST BANK SUB CPN 3.300% DUE 05/15/26	244,495	246,755
		TSMC ARIZONA CORP SR UNSECURED 1.750% DUE 10/25/26	189,284	192,618
		TEXTRON INC SR UNSECURED CPN 4.00% DUE 03/15/26	245,105	248,085
		TEXTTON INC SR UNSECURED CPN 3.650% DUE 03/15/27	340,811	344,075
		TOYOTA MOTOR CREDIT CORP MED TERM CPN 0.870% DUE 09/29/26	224,540	237,040
		UDR IN MED TERM NOTE CPN 2.950% DUE 09/01/26	473,792	490,170
		UNUM GRP SR UNSECURED CPN 3.875% DUE 11/05/25	405,410	414,677
		VMWARE INC SR UNSECURED CPN 1.400% DUE 08/15/26	320,085	335,948
		VMWARE INC SR UNSECURED CPN 3.900% DUE 08/21/27	245,476	246,243
		VOYA FINANCIAL INC SR UNSECURED CPN 3.650% DUE 06/15/26	290,031	297,120
		WABTEC COMPANY GTD SR UNSECURED CPN 3.450% DUE 11/15/26	454,469	467,989
		WESTERN UNION CO UNSECURED CPN 1.350% DUE 03/15/26	237,945	242,265
		WESTLAKE CHEMICAL CORP SR NOTE CPN 3.600% DUE 08/15/26	338,581	345,156
		WP CAREY INC SR UNSECURED CPN 4.250% DUE 10/01/26	586,638	597,234
		WRKCO INC SR UNSECURED CPN 3.375% DUE 09/15/27	194,194	194,608
		XCEL ENERGY INC SR UNSECURED CPN 3.350% DUE 12/01/26	524,818	540,551
		XYLEM INC SR UNSECURED 3.250% DUE 11/1/26	238,360	246,035
		ZOETIS INC UNSECURED CPN 4.500% DUE 11/13/25	249,730	249,865
			46,540,222	47,549,691
	GOVERNMENT BONDS	US TREASURY NOTES CPN 4.500% DUE 03/31/26	495,430	502,505
			495,430	502,505
			\$ 74,080,644	\$ 74,215,015