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 10/01/2024 and ending 09/30/2025

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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND

345 SOUTHPOINTE BLVD STE 200
CANONSBURG, PA 15317-8571

2b Employer Identification Number (EIN) 23-7083247

2c Plan Sponsor's telephone number 724-743-4260

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.

SIGN HERE	Filed with authorized/valid electronic signature.	05/18/2026	ED AUER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/20/2026	KERI BROWN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	5246
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	4876
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4767
b Retired or separated participants receiving benefits	**6b**	341
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5108
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	65

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **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_____

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 10/01/2024 and ending 09/30/2025

A Name of plan
UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND

D Employer Identification Number (EIN)
23-7083247

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
DEARBORN NATIONAL 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
36-2598882	71129	MG19135	4951	10/01/2024	09/30/2025

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

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
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	0

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** [X] 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** [X] Other (specify) ▶ POOLED 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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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**	225183
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 [X] 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 10/01/2024 and ending 09/30/2025

A Name of plan
UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND

D Employer Identification Number (EIN)
23-7083247

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
HIGHMARK FREEDOM BLUE

(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
23-1294723	54771	028241	152	10/01/2024	09/30/2025

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

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
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	0

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** [X] HMO contract
- **k** [ ] PPO contract
- **l** [ ] Indemnity contract
- **m** [X] Other (specify) ▶ FREEDOM BLUE / KHPW-HMO

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] 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**	519666
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 [X] No

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND

D Employer Identification Number (EIN)
23-7083247

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).. . . . . [X] 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

THE VANGUARD GROUP, INC.

23-1945930

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

HIGHMARK

23-1294723

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

EATON VANCE
TWO INTERNATIONAL PLACE
BOSTON, MA 02110

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

BOYD WATTERSON GSA FUND, LP
1301 EAST 9TH STREET, SUITE 2900
CLEVELAND, OH 44114

(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)

HIGHMARK

23-1294723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 49 62	NONE	2124623	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

UNITED CONCORDIA COMPANIES, INC.

25-1687586

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	169881	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHERYL HAMERSKI

23-7083247

(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?
30	NONE	147524	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

LORI REDSHAW

23-7083247

(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?
30	NONE	76162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNA LAPACIK

23-7083247

(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?
30	NONE	68174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANGELA CHAPLEY

23-7083247

(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?
30	NONE	64165	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FOSTER & FOSTER, INC.

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	60021	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHARON KASENIC

23-7083247

(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?
30	NONE	57943	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAELE ANDRISON

23-7083247

(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?
30	NONE	57776	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CAROL TAYLOR

23-7083247

(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?
30	NONE	49466	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONNIE CHURCHEL

23-7083247

(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?
30	NONE	42366	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEJANIRA OKORN

23-7083247

(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?
30	NONE	38804	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

DEBORAH KOLLAR

23-7083247

(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?
30	NONE	38316	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEATHER JABLONSKI

23-7083247

(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?
30	NONE	36958	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEBRA CONGIE

23-7083247

(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?
30	NONE	34547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CHARTWELL INVESTMENT PARTNERS

36-4776242

(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 51	NONE	32658	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOGAN, METTLEY & NEWCOMER, PLC

33-1365351

(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	NONE	30394	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DICLAUDIO & KRAMER, LLC

27-0889793

(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	NONE	30000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

INTERCONTINENTAL REAL ESTATE CORP

1270 SOLDIERS FIELD ROAD
BOSTON, MA 02135-1003

(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?
52 28	NONE	29621	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PNC ADVISORS

25-1197336

(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 28 52 63 68 62	NONE	29608	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARINER INSTITUTIONAL, LLC

59-3676225

(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?
27	NONE	22000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MEYER, UNKOVIC & SCOTT

25-1008021

(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	NONE	21177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEAN EREDITARIO

23-7083247

(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?
30	NONE	20756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT LLC

7501 WISCONSIN AVENUE, SUITE 1300W
BETHESDA, MD 20814

(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 51	NONE	19437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NATIONAL VISION ADMINISTRATORS, LLC

1200 ROUTE 46 WEST
CLIFTON, NJ 07013

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	18007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY PATOSKY

23-7083247

(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?
30	NONE	9873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CSMCKEE

84-3346426

(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 51	NONE	8862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TWIN CAPITAL MANAGEMENT

3244 WASHINGTON ROAD SUITE 202
MCMURRAY, PA 15317

(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 51	NONE	7160	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

OPTUMRX, INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	6762	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [ ]

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

THOMAS MALICK

23-7083247

(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?
20	NONE	6621	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

EDWARD AUER

23-7083247

(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?
20	NONE	5122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND

D Employer Identification Number (EIN)
23-7083247

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	-156966	24133
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6301	69241
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1302378	1222463
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2737089	2573509
(2) U.S. Government securities	1c(2)	2300471	2407908
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7557365	7851030
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7523425	7747492
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	5351065	5394790
(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)	28655819	26159654
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7735	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	852925	758344
f Total assets (add all amounts in lines 1a through 1e)	1f	56137607	54208564
Liabilities			
g Benefit claims payable	1g	7871003	9145563
h Operating payables	1h	82819	94356
i Acquisition indebtedness	1i		
j Other liabilities	1j	1876794	1780226
k Total liabilities (add all amounts in lines 1g through1j)	1k	9830616	11020145
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46306991	43188419

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)	50181385	
(B) Participants	2a(1)(B)	522667	
(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)		50704052
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	80443	
(B) U.S. Government securities	2b(1)(B)	87547	
(C) Corporate debt instruments	2b(1)(C)	368476	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	39	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		536505
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	99432	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1121278	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1220710
(3) Rents	2b(3)		78828
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13649760	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13679960	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-30200
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1301192	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1301192

		(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)		872926
c Other income	2c		4322
d Total income. Add all **income** amounts in column (b) and enter total	2d		54688335
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	125820	
(2) To insurance carriers for the provision of benefits	2e(2)	51705857	
(3) Other	2e(3)	4405406	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		56237083
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)	737339	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	149346	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	60171	
(8) Legal fees	2i(8)	51571	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	17934	
(11) Other expenses	2i(11)	523463	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1569824
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		57806907
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3118572
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) [X] 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)** [X] 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: DICLAUDIO & KRAMER, LLC **(2)** EIN: 27-0889793

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
FINANCIAL STATEMENTS
YEARS ENDED SEPTEMBER 30, 2025 AND 2024

MAY 4, 2026

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

TABLE OF CONTENTS PAGE NO.

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
UFCW, Local 1776KS, Western Division and Employers' Health Fund

Opinion

We have audited the financial statements of UFCW, Local 1776KS, Western Division and Employers' Health Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of UFCW, Local 1776KS, Western Division and Employers' Health Fund as of September 30, 2025 and 2024, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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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 1776KS, Western Division and Employers' Health Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW, Local 1776KS, Western Division and Employers' Health 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.

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
May 4, 2026

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	SEPTEMBER 30,	
ASSETS	2025	2024
Investments		
Mutual Funds	$ 26,159,654	$ 28,655,819
Real Estate Limited Partnership & LLC	5,394,790	5,351,065
U.S. Government Securities	2,407,908	2,300,471
Corporate Bonds	7,851,030	7,557,365
Common Stocks	7,747,492	7,523,425
Foreign Bonds	-	7,735
Cash Equivalents	426,303	262,010
	49,987,177	51,657,890
Accrued Interest	201,563	199,513
Total Investments	50,188,740	51,857,403
Employer Contributions Receivables	69,241	6,301
Cash	2,171,339	2,318,113
Dental Reserve Deposit	75,000	75,000
Fixed Assets - less accumulated depreciation of $ 193,429 and $ 179,897	20,461	23,684
Other Assets		
Operating Lease Right of Use Assets	553,865	650,433
Other receivables	1,020,900	1,102,865
Prepaid benefits	42,261	41,872
Prepaid expenses	66,757	61,936
	1,683,783	1,857,106
TOTAL ASSETS	54,208,564	56,137,607
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	94,356	82,819
Current Portion of Operating Lease Liabilities	138,886	129,785
TOTAL CURRENT LIABILITIES	233,242	212,604
LONG TERM LIABILITIES		
Operating Lease Liabilities (less current portion)	414,979	520,648
Withdrawal Liability Payable	1,226,361	1,226,361
TOTAL LONG TERM LIABILITIES	1,641,340	1,747,009
TOTAL LIABILITIES	1,874,582	1,959,613
NET ASSETS AVAILABLE FOR BENEFITS	$ 52,333,982	$ 54,177,994

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEAR ENDED SEPTEMBER 30,	
	2025	2024
ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Employer Contributions	$ 50,181,385	$ 48,432,893
Participant Contributions	522,667	534,964
Liquidated Damages and Interest	4,017	6,580
	50,708,069	48,974,437
Investments		
Investment Income	1,886,190	2,009,418
Appreciation (Depreciation) in Investments	2,094,076	4,457,073
Less Investment Expenses	(149,346)	(126,217)
	3,830,920	6,340,274
Miscellaneous Income	-	-
TOTAL ADDITIONS	54,538,989	55,314,711
DEDUCTIONS FROM PLAN ASSETS ATTRIBUTED TO:		
Benefits		
Blue Cross/Blue Shield	49,779,686	46,436,773
Prescription Benefits	4,995,663	4,178,809
Dental	994,766	1,125,035
Freedom Blue	379,609	376,613
Community Blue	140,057	132,304
Disability Benefits	122,295	124,795
Vision Care	161,070	159,097
Life and AD&D	224,149	228,104
Other Benefits	297,101	433,147
Medicare Part D Subsidy	(116,701)	(117,572)
Less other reimbursements and refunds	(2,015,172)	(2,005,245)
TOTAL BENEFITS	54,962,523	51,071,860
Withdrawal Liability Expense	47,304	47,304
PCORI Fees	19,066	18,150
Office and Administrative Expenses and Professional Fees (Net of Charges to Other Plans)(See Sch. A)	1,354,108	1,300,260
TOTAL DEDUCTIONS	56,383,001	52,437,574
NET INCREASE (DECREASE) IN NET ASSETS	(1,844,012)	2,877,137
NET ASSETS AVAILABLE FOR BENEFITS- Beginning of Year	54,177,994	51,300,857
NET ASSETS AVAILABLE FOR BENEFITS- End of Year	$ 52,333,982	$ 54,177,994

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF BENEFIT OBLIGATIONS

	SEPTEMBER 30, 2025	SEPTEMBER 30, 2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims Payable		
Blue Cross/Blue Shield	$ 1,101,855	$ 932,534
Prescription Benefits	221,386	171,110
Life and AD&D	19,956	18,921
Vision Care	10,331	10,744
Dental	124,859	33,994
Other Benefits	32,176	80,700
	1,510,563	1,248,003
Claims Incurred But Not Reported		
Blue Cross/Blue Shield	7,635,000	6,623,000
	9,145,563	7,871,003
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	-	-
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	9,145,563	7,871,003
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Current Retirees and Dependents	16,470,000	17,837,000
Other Participants Fully Eligible for Benefits	8,420,000	8,759,000
Other Participants Not Yet Fully Eligible for Benefits	11,314,000	12,495,000
	36,204,000	39,091,000
PLAN'S TOTAL BENEFIT OBLIGATIONS	$ 45,349,563	$ 46,962,003

The accompanying notes are an integral part of these financial statements.

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

	YEAR ENDED SEPTEMBER 30, 2025	2024
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Balance at Beginning of Year	$ 7,871,003	$ 6,545,333
Benefits Incurred		
Blue Cross/Blue Shield	50,961,007	47,818,811
Prescription Benefits	5,045,939	4,140,472
Dental	1,085,631	1,118,971
Freedom Blue	379,609	376,613
Community Blue	140,057	132,304
Disability Benefits	125,820	118,124
Vision Care	160,657	159,396
Life and AD&D	225,184	227,695
Other Benefits	245,052	427,961
Medicare Part D Subsidy	(116,701)	(117,572)
Less Other Reimbursements and Refunds	(2,015,172)	(2,005,245)
Total Benefits Incurred	56,237,083	52,397,530
Claims Paid	(54,962,523)	(51,071,860)
BALANCE AT END OF YEAR	9,145,563	7,871,003
POSTEMPLOYMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE	-	-
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	9,145,563	7,871,003
POSTRETIREMENT BENEFIT OBLIGATIONS, NET OF AMOUNTS CURRENTLY PAYABLE		
Balance at beginning of year	39,091,000	31,550,000
Actuarial Experience (Gain) Loss	(1,947,000)	816,000
Benefits Earned Net of Benefits Paid	(1,247,000)	(1,156,000)
Interest	1,945,000	1,835,000
Plan Amendments	-	-
Changes in Actuarial Assumptions	(1,638,000)	6,046,000
	(2,887,000)	7,541,000
BALANCE AT END OF YEAR	36,204,000	39,091,000
PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	$ 45,349,563	$ 46,962,003

The accompanying notes are an integral part of these financial statements.

NOTE A - DESCRIPTION OF PLAN

The UFCW, Local 1776KS, Western Division and Employers' Health Fund was formed in 1968 for the purpose of providing health benefits to the employees of contributing employers who have entered into collective bargaining agreements with the United Food and Commercial Workers Labor Union or who have participation agreements. The plan provides medical, surgical, disability, dental, death, hospital, prescription, and vision care benefits for eligible members. The fund is subject to the provisions of the Employee Retirement Security Act of 1974 (ERISA). The foregoing description of the Fund provides only general information. Employees should refer to the Plan's booklet for a more complete description of the Plan's provisions. Copies of the booklet are available from the Fund office.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

BASIS OF ACCOUNTING - The financial statements have been prepared on the accrual basis of accounting.

INVESTMENT VALUATION AND INCOME RECOGNITION – Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

FIXED ASSETS/DEPRECIATION - All fixed assets are recorded at cost and are depreciated using the straight-line method over the estimated useful lives of the related assets.

ESTIMATES - The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

REVENUE RECOGNITION - Employer contributions are recognized as revenue whenever earned by the participants based upon a fixed rate per month for each participant in accordance with the terms of coverage. For contributions receivable that were not subsequently collected by the date of this audit an allowance for doubtful accounts has been recorded.

NOTE C - INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan and Trust qualify under Section 501(c)(9) of the Internal Revenue Code and are, therefore, not subject to tax under present income tax law.

NOTE D - PRIORITIES UPON TERMINATION

It is the intention of the Trustees to continue the Plan indefinitely. If the Plan were to be terminated by the Trustees, the assets of the Trust Fund would be used for the exclusive benefit of eligible employees to provide benefits and pay fund expenses until exhausted.

NOTE E – SUBSEQUENT EVENTS

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through May 4, 2026, the day the financial statements were approved and authorized for use.

NOTE F - ADMINISTRATIVE CHARGES AND COST REIMBURSEMENTS

Under agreements, the Health Fund shares administrative costs consisting of payroll, payroll related costs, office rent, postage and other office expenses with other UFCW, Local 1776KS, Western Division and Employers' Benefit Funds. The shared costs are apportioned among the funds monthly according to formulas based on services and costs incurred. The reimbursed costs represent refunded costs from other related UFCW benefit funds. At September 30, 2025 and 2024, reimbursements receivable from these related Plans were $ 20,367 and $ 25,623, respectively.

NOTE G – ASB ALLEGIANCE REAL ESTATE FUND, LP

A portion of the Plan's investments are in ASB Allegiance Real Estate Fund, LP, a limited partnership organized in the state of Delaware. Chevy Chase Trust Company serves as the Fund manager. The Fund invests primarily in real estate related investments.

The ASB Allegiance Real Estate Fund, LP is valued quarterly and any withdrawal requests require a 30 day notice. To withdraw, in whole or part from the ASB Allegiance Real Estate Fund, LP, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly redemption date. In June 2024, the Plan requested a full redemption of its investment in ASB. ASB estimated a time frame of up to two years to complete the redemption request. At September 30, 2025 and 2024, the fair value of the Plan's investment in the Partnership was $ 1,932,284 and $ 1,986,387 respectively.

NOTE H – U.S. REAL ESTATE INVESTMENT FUND, LLC

A portion of the Plan's investments are in U.S. Real Estate Investment Fund, LLC, a limited liability company organized in the state of Delaware. Intercontinental Real Estate Corporation serves as the Fund manager. The Fund invests primarily in real estate related investments.

The U.S. Real Estate Investment Fund, LLC is valued quarterly and any withdrawal requests require a 90 day notice. To withdraw, in whole or part from the U.S. Real Estate Investment Fund, LLC, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly redemption date. At September 30, 2025 and 2024, the fair value of the Plan's investment in the Investment fund was $ 2,491,413 and $ 2,429,124 respectively.

NOTE I – BOYD WATTERSON GSA FUND, LP

A portion of the Plan's investments are in Boyd Watterson GSA Fund, LP, a limited partnership. Boyd Watterson Asset Management, LLC is the investment manager of the partnership and has full investing authority over the assets of the Partnership. The Partnership invests primarily in real estate.

The Boyd Watterson GSA Fund, LP is valued quarterly and any withdrawal requests require a 60 day notice. To withdraw, in whole or part from the Boyd Watterson GSA Fund, LP, the Plan must submit a written request. The Fund will honor such requests, as cash permits, quarterly, on a pro-rated basis. Unsatisfied withdrawal requests will be carried forward to the next quarterly redemption date. At September 30, 2025 and 2024, the fair value of the Plan's investment in the Partnership was $ 971,093 and $ 935,554 respectively.

NOTE J – SENTINEL REAL ESTATE FUND, LP

At September 30, 2025, the Plan had a unfunded commitment to invest $ 1,900,000 in the Sentinel Real Estate Fund, LP, a limited partnership. Sentinel Fund Advisors, Inc. is the investment manager of the partnership and has full investing authority over the assets of the Partnership. The Partnership invests primarily in real estate.

NOTE K - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

Quoted prices for similar assets or liabilities in active markets;

Quoted prices for identical or similar assets or liabilities in inactive markets;

Inputs other than quoted prices that are observable for the asset or liability;

Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of 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 September 30, 2025 and 2024:

Cash Equivalents - The carrying value of cash equivalents approximates fair value.

U.S. Government Obligations - The estimated fair value of U.S. government securities are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing U.S. government securities, the Plan has classified U.S. government securities as Level 2 investments.

Corporate Bonds and Foreign Bonds - The estimated fair value of corporate and foreign bonds are based on quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices. Due to the nature of pricing corporate and foreign bonds, the Plan has classified corporate and foreign bonds as Level 2 investments.

Common Stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

Registered Investment Companies - Mutual Funds are valued at the net asset value of shares held by the plan at year end.

Real Estate Limited Partnerships - Valued at the Plan's partnership percentage of the total value of the partnership reported at fair value.

Real Estate Limited Liability Company - Valued at unit values provided by the respective LLC based on the estimated fair value of the investments held by the LLC.

NOTE K – FAIR VALUE MEASUREMENTS-(continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2025:

		Fair value Measurements at Reporting Date Using:		
Description	09/30/2025	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	$ 426,303	$ 426,303	$ -	$ -
U.S. Gov't Obligations	2,407,908	-	2,407,908	-
Corporate Debt	7,851,030	-	7,851,030	-
Common Stocks	7,747,492	7,747,492	-	-
Registered Investment Co.	26,159,654	26,159,654	-	-
Assets in Fair Value Hierarchy	44,592,387	34,333,449	10,258,938	-
Investments measured at Net Asset Value (a)				
Real Estate LLC	2,491,413			
Real Estate Partnerships	2,903,377			
	5,394,790	-	-	-
Investments at Fair Value	$ 49,987,177	$ 34,333,449	$ 10,258,938	$ -

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30, 2024:

		Fair value Measurements at Reporting Date Using:		
Description	09/30/2024	Quoted Prices In Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Cash Equivalents	$ 262,010	$ 262,010	$ -	$ -
U.S. Gov't Obligations	2,300,471	-	2,300,471	-
Corporate Debt	7,557,365	-	7,557,365	-
Foreign Bonds	7,735	-	7,735	-
Common Stocks	7,523,425	7,523,425	-	-
Registered Investment Co.	28,655,819	28,655,819	-	-
Assets in Fair Value Hierarchy	46,306,825	36,441,254	9,865,571	-
Investments measured at Net Asset Value (a)				
Real Estate LLC	2,429,124			
Real Estate Partnerships	2,921,941			
	5,351,065	-	-	-
Investments at Fair Value	$ 51,657,890	$ 36,441,254	$ 9,865,571	$ -

(a) In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

NOTE L – PLAN BENEFIT OBLIGATIONS

1. Amounts Currently Payable To Or For Participants – The amount reported as amounts currently payable to or for participants represents benefits incurred prior to September 30th and paid in the subsequent year.

2. Postretirement Benefit Obligations – The amount reported as the postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

   The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participants and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

   For September 30, 2025 measurement purposes, for non-Medicare, a 5.0 percent annual rate of increase in the per capita cost of covered health care benefits was assumed for the year ending September 30, 2026, and then to remain at that level thereafter; for Freedom Blue, Community Blue, and Medicare Supplement Plans, a 4.5 percent annual rate of increase in the per capita cost of covered health care benefits was assumed for the year ending September 30, 2026, and then to remain at that level thereafter.

   The following were other significant assumptions used in the valuations as September 30, 2025 and 2024:

Weighted-average discount rate	2025: 5.39% - 2024: 5.00%
Retirement age	Age 62-50%, Ages 63,64-10%, Age 65-100%
Mortality	2025: Healthy Life: RP-2014 Blue Collar Healthy Mortality Tables, Scale MP-2021; Disabled Life: RP-2014 Disabled Retiree, Scale MP-2021 2024: Healthy Life: RP-2014 Blue Collar Healthy Mortality Tables, Scale MP-2021; Disabled Life: RP-2014 Disabled Retiree, Scale MP-2021
Retiree Contribution	Freedom Blue or Community Blue any amount over the Fund's subsidy of $30 per month. Giant Eagle Meat cutters contribute varying amounts based on years of service.

   The weighted-average health care 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 September 30, 2025 and 2024 by $ 4,333,000 and $ 4,813,000, respectively.

   The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

NOTE M - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended September 30, 2025 and 2024.

	Sept. 30, 2025	Sept. 30, 2024
Net Assets Available for Benefits per Form 5500	$ 43,188,419	$ 46,306,991
Benefit Obligations Currently Payable	9,145,563	7,871,003
Net Assets Available for Benefits Per Financial Statements	$ 52,333,982	$ 54,177,994

The following is a reconciliation of benefits paid for participants per the financial statements to the Form 5500 for the year ended September 30, 2025.

Benefits Paid for Participants Per the Financial Statements	$ 54,962,523
Add: Amounts Currently Payable at End of Year	9,145,563
Less: Amounts Currently Payable at Beginning of Year	(7,871,003)
Benefits Paid for Participants Per Form 5500	$ 56,237,083

Amounts currently payable for participants are recorded on Form 5500 for benefit payments that have been incurred or processed and approved for payment prior to September 30, but not yet paid as of the date.

NOTE N – THE MEDICARE MODERNIZATION ACT

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (the MMA) was enacted on December 8, 2003. Among many changes, this legislation created Medicare prescription drug coverage beginning January 1, 2006.

Beginning in 2006, the Act allowed plans to receive a tax-free federal subsidy for retiree medical prescription drug benefits that are considered at least actuarially equivalent to the new Medicare Part D benefits. The subsidy was equal to 28% of drug costs between $250 and $5,000 for each plan's participant. The $250 and $5,000 amounts were indexed in 2007 and subsequent years based on cost increases of the Medicare prescription drug program. The Act also makes changes to Medicare reimbursement for Medicare Advantage (MA) plans and allows plans to coordinate benefits with Part D.

Actuarial analysis has determined that the Plan's prescription drug plan is actuarially equivalent in 2025 and 2024 would likely be in all future years. It was assumed that the Plan will receive the subsidy and the projected impact of the subsidy was included in the calculation of the Postretirement Benefit Obligations at September 30, 2025 and 2024.

NOTE O – MULTI-EMPLOYER DEFINED BENEFIT PENSION PLAN

The Plan participates in the UFCW International Union - Industry Pension Fund. The plan covers all employees in accordance with signed participation agreements. UFCW International Union - Industry Pension Fund is a multi-employer defined benefit pension plan provided for under the collective bargaining agreement between the International Union and its signatory employers. The risks of participating in multi-employer plans are different from single employer plans in the following aspects:

1) Assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers.
2) If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
3) If the Plan chooses to stop participating in the multi-employer defined benefit pension plan, it may be required to pay the plan an amount based on the unfunded status of the plan, referred to as withdrawal liability.

Information regarding the Plan's participation in the UFCW International Union - Industry Pension Fund is as follows:

1) The Fund's legal name is "United Food & Commercial Workers International Union – Industry Pension Fund".
2) The Fund's federal identification number and plan number are 51-6055922 and 001 respectively.
3) For the Plan's year ended September 30, 2025, the most recent available certified zone status provided by the Fund (plan year beginning July 1, 2024) indicated the Plan was certified green.
4) For the Plan's years ended September 30, 2024, the most recent available certified zone status provided by the Fund (plan year beginning July 1, 2023) indicated the Plan was certified green.
5) As of September 30, 2025, the Fund is not required to adopt a funding improvement plan.
6) The Plan did not pay a surcharge to the Fund.
7) The Plan participates in the Fund under a participation agreement which does not have an expiration date. Currently, there is not an increase in current contribution levels required under the participation agreement or by the Fund.
8) During the years ended September 30, 2025 and 2024, the Plan contributed to the Fund $ 15,224 and $ 15,224 respectively. These contributions did not represent more than 5 % of the total contributions to the Fund in either year.

NOTE P - MULTI-EMPLOYER WELFARE BENEFIT PLANS

The Plan participates in the UFCW, Local 1776KS, Western Division and Employers Health Fund, which is a multi-employer defined benefit welfare plan. Contributions to the fund for the years ended September 30, 2025 and 2024 were $ 245,877 and $ 238,914 respectively.

NOTE Q – WITHDRAWAL LIABILITY

The Fund withdrew from the UFCW, Local 1776KS, Western Division and Employers' Pension Fund effective July 31, 2009. As a result, the Fund was assessed a withdrawal liability of $ 1,226,361. The withdrawal liability assessment requires the Fund to make monthly payments in the amount of $ 3,942 indefinitely.

For the years ended September 30, 2025 and 2024, the Fund made twelve monthly payments of $ 3,942 totaling $ 47,304. This amount is recorded as Withdrawal Liability Expense in the Statement of Changes in Net Assets Available for Benefits.

NOTE R – CASH DEPOSITS IN EXCESS OF INSURED LIMITS

The Plan maintains cash balances at one financial institution in Pennsylvania. Accounts at the financial institution are insured by the Federal Deposit Insurance Corporation up to $ 250,000. At September 30, 2025 and 2024 the Plan's uninsured cash balances equaled $ 1,922,206 and $ 2,251,683 respectively.

NOTE S - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

NOTE T - LEASES

The Plan recognizes and measures its leases in accordance with FASB ASC 842, Leases. The Plan recognizes a lease liability and right of use asset at the commencement of the lease. The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variables depend on a rate or index. The discount rate is the implicit rate if it is readily determinable or otherwise the Plan uses either its incremental borrowing rate or the risk-free rate of return if elected. The risk-free rate of return is the rate investors expect to earn from an investment that carries zero risk over a period of time, such as a government treasury bill. The right of use asset is subsequently measured throughout the lease term at the of remeasured lease liability, plus (minus) and any prepaid (accrued) lease payments, less any unamortized balance of lease incentives received. We do not record leases with an initial term of 12 months or less in the lease liability calculation.

The Plan has obligations as a lessee for office space, equipment and a vehicle with initial noncancelable terms in excess of one year. The Plan classified these leases as operating leases. The office space lease agreement is with the United Food and Commercial Workers Union, Local 1776KS. The agreement, dated July 1, 2019, had an initial period of five years and has one renewal option of five years, which has been exercised with the remaining term included in the calculation of the lease liability. The final lease option expires June 30, 2029. The Plan has elected to use the risk-free rate of return for its office lease. The equipment lease has a term of sixty three months with no renewal provision. The vehicle lease has a term of thirty nine months with no renewal provision.

NOTE T - LEASES-(continued)

	YEAR ENDED SEPTEMBER 30,	
The components of lease cost	2025	2024
Operating lease cost	$ 153,808	$ 145,179
Short-term lease cost	-	-
Variable lease cost	-	-
Total lease cost	$ 153,808	$ 145,179

Other information related to leases is as follows:

Supplemental cash flow information		
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flow from operating leases	$ 153,808	$ 145,179
Right of use assets obtained in exchange for lease obligations	$ -	$ -
Reductions of Right of use assets resulting from a reduction of lease liabilities	$ -	$ -
Weighted average remaining lease term		
Operating Leases	3.75 years	4.66 years
Weighted average discount rate		
Operating Leases	4.01%	4.02%

Amounts disclosed for right of use assets obtained in exchange for lease obligations and reductions to right of use assets resulting from reductions to lease obligations include amounts added to or reduced from the carrying amount of right of use assets resulting from new leases, lease modifications or reassessments.

Maturities of lease liabilities under operating leases as of September 30, 2025 are as follows:

2026	$ 157,959
2027	159,532
2028	156,646
2029	119,466
2030	3,963
Thereafter	-
Total undiscounted lease payments	597,566
Less imputed interest	(43,701)
Total Lease Liabilities	$ 553,865

Amounts reported in the statement of net assets available for benefits are as follows:

	YEAR ENDED SEPTEMBER 30,	
	2025	2024
Operating Lease Right of Use Assets	$ 553,865	$ 650,433
Current Portion of Operating Lease Liabilities	$ 138,886	$ 129,785
Long Term Portion of Operating Lease Liabilities	$ 414,979	$ 520,648

Schedule A

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
SCHEDULE OF OFFICE AND ADMINISTRATIVE EXPENSES
AND PROFESSIONAL FEES

	YEAR ENDED SEPTEMBER 30, 2025	2024
OFFICE AND ADMINISTRATIVE EXPENSE		
Salaries and wages	$ 737,339	$ 705,983
Data processing	56,337	55,385
Employee benefits	263,494	256,526
Rent	139,425	136,045
Payroll taxes	59,051	57,591
Postage	70,204	67,339
Supplies	8,355	4,142
Telephone	7,114	8,395
Depreciation	13,532	15,476
Insurance	40,100	38,727
Printing	36,334	40,341
Office equipment leases and maintenance	15,846	12,433
Trustees meetings	806	815
Trustees educational conferences	17,128	18,527
Miscellaneous Expense	47,080	46,879
	1,512,145	1,464,604
Less Administrative Charges and Cost Reimbursements		
UFCW, Local 1776KS, WD and Employers Pension Fund	236,791	217,482
UFCW, Local 1776KS, WD and Employers Legal Fund	59,357	65,378
Bud Lutty Charitable Scholarship Trust	3,631	5,312
	299,779	288,172
OFFICE AND ADMINISTRATIVE COST (NET)	1,212,366	1,176,432
PROFESSIONAL FEES		
Medicare Part D Analysis Fee	8,521	2,010
Legal	51,571	43,818
Consulting and Actuarial	51,650	48,000
Auditing	30,000	30,000
TOTAL PROFESSIONAL FEES	141,742	123,828
	$ 1,354,108	$ 1,300,260

See auditor's report and notes to financial statements.

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 10/01/2024 and ending 09/30/2025

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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS HEALTH FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

BD OF TRUSTEES UFCW, LOCAL 1776KS, WD AND EMPLOYERS HEALTH FUND

345 SOUTHPOINTE BLVD STE 200

CANONSBURG PA 15317-8571

2b Employer Identification Number (EIN) 23-7083247

2c Plan Sponsor's telephone number 724-743-4260

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.

SIGN HERE	Edward W [signature]	5-10-26	ED AUER UNION TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Keri Brown	5/20/26	KERI BROWN EMPLOYER TRUSTEE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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**	5,246
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	4,876
a(2) Total number of active participants at the end of the plan year	**6a(2)**	4,767
b Retired or separated participants receiving benefits	**6b**	341
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5,108
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	65

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) ☐	Insurance	(1) ☒	Insurance
(2) ☐	Code section 412(e)(3) insurance contracts	(2) ☐	Code section 412(e)(3) insurance contracts
(3) ☒	Trust	(3) ☒	Trust
(4) ☐	General assets of the sponsor	(4) ☐	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

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached _____

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☒ **A** (Insurance Information) – Number Attached 2

(4) ☒ **C** (Service Provider Information)

(5) ☐ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
UFCW, Local 1776KS, Western Division
and Employers' Health Fund
Canonsburg, PA

We have audited the financial statements of the UFCW, Local 1776KS, Western Division and Employers' Health Fund as of and for the year ended September 30, 2025, and our report thereon dated May 4, 2026 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of September 30, 2025 and the schedule of reportable transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are 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 is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
May 4, 2026

5000 Waterdam Plaza Drive, Suite 220, McMurray, PA 15317 • t-412.220.7722 • f-412.220.7742 • dk-cpa.com

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

REPORTABLE (5%) TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2025

Federal I.D. - 23-7083247
Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION J

I. Individual Transactions:

(a) Identity Party involved	(b)Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f)Expenses incurred with transaction	(g) Cost of asset	(h)Current value of asset on transaction date	(i) Net gain or (loss)
-None-								

II. Series of Transactions:

Description of Investment	Total Number of Purchases	Total Number of Sales	Total Value of Purchases	Total Value of Sales	Net Gain or Loss
Vanguard Short Term Bond Fund	12	3	$ 310,185	$ 3,500,000	$(111,937)

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULES

Board of Trustees
UFCW, Local 1776KS, Western Division
and Employers' Health Fund
Canonsburg, PA

We have audited the financial statements of the UFCW, Local 1776KS, Western Division and Employers' Health Fund as of and for the year ended September 30, 2025, and our report thereon dated May 4, 2026 which expressed an unmodified opinion on those financial statements appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held for investment purposes as of September 30, 2025 and the schedule of reportable transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are 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 is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming an opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

In our opinion, the information in the accompanying schedules, is fairly stated in all material respects, in relation to the financial statements taken 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 the Employee Retirement Income Security Act of 1974.

DiClaudio & Kramer, LLC

McMurray, Pennsylvania
May 4, 2026

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UFCW LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND
ASSETS HELD FOR INVESTMENT PURPOSES
SEPTEMBER 30, 2025

Federal I.D. - 23-7083247
Plan No. - 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Collateral	Maturity Date	Rate of Interest	Par/Shares or Maturity Value	(d) Cost	(e) Current Value
	Interest - Bearing Cash:							
	Federated Hermes US Treasury Cash	Money Market	N/A	N/A	N/A	N/A	$ 426,303	$ 426,303
	U.S. Government Securities:							
	(See attached pages 19-31)						2,414,368	2,407,908
	Corporate Bonds:							
	(See attached pages 32-61)						7,750,510	7,861,030
	Common Stocks:							
	(See attached pages 62-72)						4,120,915	7,747,492
	Registered Investment Companies:							
	Eaton Vance Floating Rate Fd	Mutual Fund	N/A	N/A	N/A	850,320	7,557,276	6,981,123
	Vanguard Short Term Bond	Mutual Fund	N/A	N/A	N/A	650,186	6,843,910	6,709,916
	Vanguard Extended Market Index	Mutual Fund	N/A	N/A	N/A	19,598	2,628,202	3,113,402
	Vanguard Total Bond Market Index	Mutual Fund	N/A	N/A	N/A	418,995	4,299,310	4,093,579
	Vanguard Institutional Index	Mutual Fund	N/A	N/A	N/A	9,677	1,758,864	5,261,634
							23,087,562	26,159,654
	Real Estate Limited Partnership & LLC:							
	ASB Allegiance Real Estate FD, LP	Limited Ptnshp	N/A	N/A	N/A	1,483	1,725,664	1,932,284
	Boyd Watterson GSA Fund, LP	Limited Ptnshp	N/A	N/A	N/A	989	1,182,895	971,093
	U.S. Real Estate Investment Fund, LLC	LLC	N/A	N/A	N/A	2,135	2,716,236	2,491,413
							5,624,795	5,394,790
							$ 43,424,453	$ 49,987,177

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

Federal I.D. – 23-7083247
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	US government securities					
	FEDERAL HOME LOAN MTG CORP GOLD POOL G08737 03.000% DUE 12/01/2046 RATING: N/A [3128MJZB9] 20-75-010-***4249	$47,634.85 51,966.810	$47,020.09 $90.4810	0.11 %	- $614.76	$48,264.16 $92.87
	FEDERAL HOME LOAN BANK BNDS SERIES 0000 01.900% DUE 02/25/2036 RATING: AA1 [3130AKZE9] 20-75-010-***4249	11,419.80 15,000	11,548.95 76.9930	0.03 %	129.15	11,419.80 76.13
	FEDERAL HOME LOAN BANK BNDS SERIES 0001 02.150% DUE 02/25/2041 RATING: AA1 [3130ALBQ6] 20-75-010-***4249	10,189.65 15,000	10,437.00 69.5800	0.03 %	247.35	10,189.65 67.93
	FEDERAL HOME LOAN BANK BNDS SERIES 0000 02.000% DUE 02/26/2036 RATING: AA1 [3130AL5Z3] 20-75-010-***4249	23,084.10 30,000	23,341.50 77.8050	0.06 %	257.40	23,084.10 76.95
	FEDERAL HOME LOAN BANK BNDS CALL 02/25/2026 05.190% DUE 02/25/2032 RATING: AA1 [3130B5B49] 20-75-010-***4249	20,000.00 20,000	20,025.00 100.1250	0.05 %	25.00	20,000.00 100.00

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

Federal I.D. – 23-7083247
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL HOME LOAN BANK BNDS CALL 03/06/2026 04.840% DUE 03/06/2030 RATING: AA1 (3130B5CL0) 20-75-010-***4249	20,000.00 20,000	20,047.20 100.2360	0.05 %	47.20	20,000.00 100.00
	FEDERAL HOME LOAN BANK BNDS CALL 03/14/2028 04.930% DUE 03/14/2035 RATING: AA1 (3130B5DZ8) 20-75-010-***4249	20,000.00 20,000	20,055.00 100.2750	0.05 %	55.00	20,000.00 100.00
	FEDERAL HOME LOAN BANK BNDS CALL 04/09/2026 05.375% DUE 04/09/2035 RATING: AA1 (3130B5PU6) 20-75-010-***4249	39,990.00 40,000	40,159.60 100.3990	0.10 %	169.60	39,990.00 99.98
	FEDERAL HOME LOAN BANK BNDS CALL 04/17/2026 04.540% DUE 04/17/2030 RATING: AA1 (3130B5TW8) 20-75-010-***4249	40,000.00 40,000	40,023.60 100.0590	0.09 %	23.60	40,000.00 100.00
	FEDERAL HOME LOAN BANK BNDS CALL 06/12/2026 05.350% DUE 06/12/2034 RATING: AA1 (3130B6JM9) 20-75-010-***4249	14,962.50 15,000	15,085.35 100.5690	0.04 %	122.85	14,962.50 99.75

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

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Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL HOME LOAN BANK BNDS CALL 09/24/2026 04.850% DUE 09/24/2032 RATING: AA1 (3130B7PD0) 20-75-010-***4249	20,000.00 20,000	19,932.20 99.6610	0.05 %	- 67.80	20,000.00 100.00
	FEDERAL HOME LOAN MTG CORP POOL SD1193 03.500% DUE 07/01/2051 RATING: N/A (3132DNKE2) 20-75-010-***4249	70,057.15 74,242.180	68,593.09 92.3910	0.16 %	- 1,464.06	70,727.28 95.27
	FEDERAL HOME LOAN MTG CORP POOL SD7540 02.500% DUE 05/01/2051 RATING: N/A (3132DVLV5) 20-75-010-***4249	39,751.94 45,430.800	38,919.66 85.6680	0.09 %	- 832.28	40,341.13 88.80
	FEDERAL HOME LOAN MTG CORP POOL SD8182 02.000% DUE 12/01/2051 RATING: N/A (3132DWCT8) 20-75-010-***4249	21,857.31 27,854.800	22,575.76 81.0480	0.06 %	718.45	21,857.31 78.47
	FEDERAL HOME LOAN MTG CORP POOL SD8244 04.000% DUE 09/01/2052 RATING: N/A (3132DWER0) 20-75-010-***4249	13,987.18 14,944.570	14,135.92 94.5890	0.04 %	148.74	13,987.18 93.59

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL HOME LOAN MTG CORP POOL SD3619 05.500% DUE 09/01/2053 RATING: N/A (3132E0AU6) 20-75-010-***4249	42,136.47 41,103.130	41,961.36 102.0880	0.10 %	- 175.11	42,040.79 102.28
	FEDERAL FARM CREDIT BANK BNDS CALL 08/28/2025 01.950% DUE 05/14/2035 RATING: AA1 (3133ELZB3) 20-75-010-***4249	9,361.32 12,000	9,533.16 79.4430	0.03 %	171.84	9,361.32 78.01
	FEDERAL FARM CREDIT BANK BNDS CALL 09/18/2025 01.730% DUE 09/10/2035 RATING: AA1 (3133EL6C3) 20-75-010-***4249	38,235.68 49,000	37,827.02 77.1980	0.09 %	- 408.66	38,235.68 78.03
	FEDERAL FARM CREDIT BANK BNDS CALL 08/11/2025 01.740% DUE 02/01/2036 RATING: AA1 (3133EMPF3) 20-75-010-***4249	14,988.60 20,000	15,139.20 75.6960	0.04 %	150.60	14,988.60 74.94
	FEDERAL FARM CREDIT BANK BNDS CALL 03/18/2026 02.370% DUE 03/18/2041 RATING: AA1 (3133EMTL6) 20-75-010-***4249	7,017.20 10,000	7,171.80 71.7180	0.02 %	154.60	7,017.20 70.17

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

Federal I.D. – 23-7083247
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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL FARM CREDIT BANK BNDS CALL 07/29/2022 02.500% DUE 07/29/2041 RATING: AA1 (3133EMW65) 20-75-010-***4249	4,256.52 6,000	4,351.80 72.5300	0.01 %	95.28	4,256.52 70.94
	FEDERAL FARM CREDIT BANK BNDS CALL 03/05/2026 04.700% DUE 03/05/2029 RATING: AA1 (3133ER5H0) 20-75-010-***4249	10,000.00 10,000	10,014.20 100.1420	0.03 %	14.20	10,000.00 100.00
	FEDERAL FARM CREDIT BANK BNDS CALL 03/03/2027 04.940% DUE 03/03/2033 RATING: AA1 (3133ER5N7) 20-75-010-***4249	19,000.00 19,000	19,212.99 101.1210	0.05 %	212.99	19,000.00 100.00
	FEDERAL FARM CREDIT BANK BNDS CALL 03/11/2026 05.090% DUE 03/11/2033 RATING: AA1 (3133ER6U0) 20-75-010-***4249	24,981.25 25,000	24,967.75 99.8710	0.06 %	- 13.50	24,981.25 99.93
	FEDERAL FARM CREDIT BANK BNDS CALL 03/25/2026 05.110% DUE 03/25/2033 RATING: AA1 (3133ETAX5) 20-75-010-***4249	9,997.50 10,000	9,981.60 99.8160	0.03 %	- 15.90	9,997.50 99.98

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL FARM CREDIT BANK BNDS CALL 04/14/2027 04.720% DUE 04/14/2033 RATING: AA1 (3133ETCE5) 20-75-010-***4249	13,000.00 13,000	13,022.88 100.1760	0.03 %	22.88	13,000.00 100.00
	FEDERAL FARM CREDIT BANK BNDS CALL 06/23/2026 05.270% DUE 06/23/2033 RATING: AA1 (3133ETLW5) 20-75-010-***4249	29,982.00 30,000	30,061.80 100.2060	0.07 %	79.80	29,982.00 99.94
	FEDERAL FARM CREDIT BANK BNDS CALL 07/15/2026 05.110% DUE 07/15/2032 RATING: AA1 (3133ETQA8) 20-75-010-***4249	56,990.10 57,000	57,427.50 100.7500	0.13 %	437.40	56,990.10 99.98
	FEDERAL FARM CREDIT BANK BNDS CALL 08/25/2026 04.590% DUE 08/25/2031 RATING: AA1 (3133ETTR8) 20-75-010-***4249	26,989.20 27,000	26,906.31 99.6530	0.07 %	- 82.89	26,989.20 99.96
	FEDERAL FARM CREDIT BANK BNDS CALL 11/19/2025 04.900% DUE 08/19/2031 RATING: AA1 (3133ETTT4) 20-75-010-***4249	26,968.15 27,000	27,004.32 100.0160	0.07 %	36.17	26,968.15 99.88

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

Federal I.D. – 23-7083247
Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL FARM CREDIT BANK BNDS CALL 09/08/2026 04.940% DUE 09/08/2033 RATING: AA1 (3133ETWF0) 20-75-010-***4249	21,994.50 22,000	22,047.30 100.2150	0.05 %	52.80	21,994.50 99.98
	FEDERAL HOME LOAN MTG CORP NTS CALL 06/22/2023 01.720% DUE 09/22/2036 RATING: AA1 (3134GWTS5) 20-75-010-***4249	18,793.89 26,000	19,401.72 74.6220	0.05 %	607.83	18,793.89 72.28
	FEDERAL HOME LOAN MTG CORP NTS CALL 10/29/2025 02.000% DUE 10/29/2040 RATING: AA1 (3134GW6D3) 20-75-010-***4249	6,688.80 10,000	6,886.40 68.8640	0.02 %	197.60	6,688.80 66.89
	FEDERAL NATL MTG ASSN NTS CALL 02/24/2023 01.600% DUE 08/24/2035 RATING: AA1 (3136G4Q71) 20-75-010-***4249	28,021.50 39,000	29,904.81 76.6790	0.07 %	1,883.31	28,021.50 71.85
	FEDERAL NATL MTG ASSN NTS CALL 08/17/2023 01.530% DUE 08/17/2035 RATING: AA1 (3136G4S95) 20-75-010-***4249	19,245.20 26,000	19,685.90 75.7150	0.05 %	440.70	19,245.20 74.02

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

Federal I.D. – 23-7083247
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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL NATL MTG ASSN NTS CALL 03/14/2023 01.630% DUE 09/14/2035 RATING: AA1 (3136G43S0) 20-75-010-***4249	27,523.44 36,000	27,862.92 77.3970	0.07 %	339.48	27,658.80 76.83
	FEDERAL NATL MTG ASSN POOL BC4764 03.000% DUE 10/01/2046 RATING: N/A (3140F0JJ4) 20-75-010-***4249	78,595.86 85,736.880	77,413.54 90.2920	0.18 %	- 1,182.32	79,628.10 92.87
	FEDERAL NATL MTG ASSN POOL CB0609 02.500% DUE 05/01/2051 RATING: N/A (3140QKVB1) 20-75-010-***4249	71,604.73 81,839.590	70,011.31 85.5470	0.16 %	- 1,593.42	72,517.54 88.61
	FEDERAL NATL MTG ASSN POOL CB1597 02.500% DUE 09/01/2041 RATING: N/A (3140QLX35) 20-75-010-***4249	48,151.54 53,167.930	47,662.92 89.6460	0.11 %	- 488.62	48,274.82 90.80
	FEDERAL NATL MTG ASSN POOL CB6051 04.500% DUE 04/01/2053 RATING: N/A (3140QRWM1) 20-75-010-***4249	12,042.14 12,802.280	12,455.34 97.2900	0.03 %	413.20	12,042.14 94.06

UFCW, LOCAL 1776KS, WESTERN DIVISION AND EMPLOYERS' HEALTH FUND

ASSETS HELD FOR INVESTMENT PURPOSES

SEPTEMBER 30, 2025

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FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	FEDERAL NATL MTG ASSN POOL CB9449 04.500% DUE 11/01/2054 RATING: N/A (3140QVQB3] 20-75-010-***4249	14,395.25 15,233.079	14,941.82 98.0880	0.04 %	546.57	14,395.25 94.50
	FEDERAL NATL MTG ASSN POOL FA0884 06.000% DUE 03/01/2055 RATING: N/A (3140W06W0) 20-75-010-***4249	58,757.19 58,049.713	59,802.23 103.0190	0.14 %	1,045.04	58,757.19 101.22
	FEDERAL NATL MTG ASSN POOL FM9192 05.000% DUE 06/01/2050 RATING: N/A (3140XDGA8) 20-75-010-***4249	14,023.58 14,230.370	14,368.12 100.9680	0.04 %	344.54	14,023.58 98.55
	FEDERAL NATL MTG ASSN POOL FS5380 02.000% DUE 05/01/2051 RATING: N/A (3140XL6S2) 20-75-010-***4249	69,593.81 83,666.530	67,972.36 81.2420	0.16 %	- 1,621.45	70,580.56 84.36
	FEDERAL NATL MTG ASSN POOL FS7405 05.500% DUE 03/01/2054 RATING: N/A (3140XPGP8) 20-75-010-***4249	43,919.87 43,096.740	43,841.45 101.7280	0.10 %	- 78.42	43,837.47 101.72

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	FEDERAL NATL MTG ASSN POOL FS7494 04.000% DUE 01/01/2052 RATING: N/A (3140XPKG3) 20-75-010-***4249	9,914.67 10,472.663	10,004.43 95.5290	0.03 %	89.76	9,914.67 94.67
	FEDERAL NATL MTG ASSN POOL FS8707 05.500% DUE 08/01/2054 RATING: N/A (3140XQU96) 20-75-010-***4249	46,191.94 46,497.070	47,278.22 101.6800	0.11 %	1,086.28	46,191.93 99.34
	FEDERAL NATL MTG ASSN POOL MA4025 02.500% DUE 05/01/2050 RATING: N/A (31418DPK2) 20-75-010-***4249	35,668.19 42,034.786	34,975.04 83.2050	0.08 %	- 693.15	36,097.37 85.87
	GOVT NATL MTG ASSN II POOL BS8546 02.500% DUE 12/20/2050 RATING: N/A (3617MKP78) 20-75-010-***4249	52,384.67 60,647.240	51,731.49 85.2990	0.12 %	- 653.18	53,615.94 88.41
	GOVT NATL MTG ASSN II POOL MA7650 03.000% DUE 10/20/2051 RATING: N/A (36179WQB7) 20-75-010-***4249	24,687.70 27,056.780	24,177.13 89.3570	0.06 %	- 510.57	24,993.70 92.37

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	GOVT NATL MTG ASSN II POOL MA8428 05.000% DUE 11/20/2052 RATING: N/A [36179XLH7] 20-75-010-***4249	70,513.12 70,292.398	70,339.49 100.0670	0.16 %	- 173.63	70,852.54 100.80
	GOVT NATL MTG ASSN II POOL MA8944 03.500% DUE 06/20/2053 RATING: N/A [36179X5D4] 20-75-010-***4249	67,141.94 73,784.302	67,838.76 91.9420	0.16 %	696.82	67,141.94 91.00
	GOVT NATL MTG ASSN II POOL 786726 02.000% DUE 03/20/2051 RATING: N/A [3622ACLF5] 20-75-010-***4249	17,333.03 21,494.132	17,490.63 81.3740	0.04 %	157.60	17,333.03 80.64
	RESOLUTION FDG CORP BDS ZERO CPN DUE 01/15/2030 RATING: N/A [76116FAB3] 20-75-010-***4249	19,268.96 23,000	19,452.02 84.5740	0.05 %	183.06	19,268.96 83.78
	USA TREASURY NOTES 03.125% DUE 05/15/2048 RATING: AA1 [912810SC3] 20-75-010-***4249	79,237.43 102,000	78,651.18 77.1090	0.18 %	- 586.25	79,237.43 77.68
	USA TREASURY NOTES 02.000% DUE 08/15/2051 RATING: AA1 [912810SZ2] 20-75-010-***4249	39,780.00 68,000	39,838.48 58.5860	0.09 %	58.48	39,780.00 58.50

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	USA TREASURY NOTES 04.750% DUE 11/15/2043 RATING: AA1 (912810TW8) 20-75-010-***4249	60,438.28 60,000	60,637.80 101.0630	0.14 %	199.52	60,438.28 100.73
	USA TREASURY NOTES 04.250% DUE 02/15/2054 RATING: AA1 (912810TX6) 20-75-010-***4249	39,584.92 43,000	39,691.15 92.3050	0.09 %	106.23	39,584.92 92.06
	USA TREASURY NOTES 04.750% DUE 05/15/2055 RATING: AA1 (912810UK2) 20-75-010-***4249	59,048.20 59,000	59,184.67 100.3130	0.14 %	136.47	59,048.20 100.08
	USA TREASURY NOTES 04.875% DUE 08/15/2045 RATING: AA1 (912810UN6) 20-75-010-***4249	59,320.86 58,000	59,295.72 102.2340	0.14 %	- 25.14	59,320.86 102.28
	USA TREASURY NOTES 03.750% DUE 12/31/2028 RATING: AA1 (91282CJR3) 20-75-010-***4249	77,331.03 78,000	78,246.48 100.3160	0.18 %	915.45	77,331.03 99.14
	USA TREASURY NOTES 04.125% DUE 07/31/2031 RATING: AA1 (91282CLD1) 20-75-010-***4249	79,377.19 78,000	79,185.60 101.5200	0.18 %	- 191.59	79,377.19 101.77

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	USA TREASURY NOTES 03.875% DUE 07/15/2028 RATING: AA1 [91282CNM9] 20-75-010-***4249	39,229.75 39,000	39,252.72 100.6480	0.09 %	22.97	39,229.75 100.59
	USA TREASURY NOTES 03.875% DUE 07/31/2027 RATING: AA1 [91282CNP2] 20-75-010-***4249	47,159.57 47,000	47,192.70 100.4100	0.11 %	33.13	47,159.57 100.34
	USA TREASURY NOTES 04.250% DUE 08/15/2035 RATING: AA1 [91282CNT4] 20-75-010-***4249	47,281.41 47,000	47,382.11 100.8130	0.11 %	100.70	47,281.41 100.60
	USA TREASURY NOTES 03.875% DUE 08/31/2032 RATING: AA1 [91282CNW7] 20-75-010-***4249	57,022.97 57,000	56,830.71 99.7030	0.13 %	- 192.26	57,022.97 100.04
	USA TREASURY NOTES 03.625% DUE 08/31/2030 RATING: AA1 [91282CNX5] 20-75-010-***4249	99,055.70 99,000	98,489.16 99.4840	0.23 %	- 566.54	99,055.70 100.06
	Total US government securities	**$2,407,161.30**	**$2,407,907.44**	**5.40 %**	**$746.14**	**$2,414,368.15**

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	Corporate debt					
	AT&T INC CALL 12/01/2028 UNSC 04.350% DUE 03/01/2029 RATING: BAA2 (00206RHJ4) 20-75-010-***4249	$3,977.43 4,000	$4,017.76 $100.4440	0.01 %	$40.33	$4,031.92 $100.80
	ALABAMA POWER CO CALL 04/01/2049 UNSC 03.450% DUE 10/01/2049 RATING: A1 (010392FT0) 20-75-010-***4249	8,463.07 11,000	8,060.14 73.2740	0.02 %	- 402.93	8,601.23 78.19
	ALLEGHENY TECHNOLOGIES CALL 10/01/2024 UNSC 04.875% DUE 10/01/2029 RATING: BA3 (01741RAL6) 20-75-010-***5966	174,713.70 180,000	176,970.60 98.3170	0.40 %	2,256.90	174,713.70 97.06
	AMERICAN EXPRESS CO CALL 07/26/2034 UNSC VAR% DUE 07/26/2035 RATING: A2 (025816DW6) 20-75-010-***4249	11,453.31 11,000	11,354.31 103.2210	0.03 %	- 99.00	11,475.97 104.33
	AMERICAN EXPR NATL BK INSTL CTF OF DEPOSIT 04.050% DUE 04/10/2028 RATING: N/A (02589AH47) 20-75-010-***4249	38,883.00 39,000	39,372.06 100.9540	0.09 %	489.06	38,883.00 99.70

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	AMERICAN HONDA FINANCE SER MTN UNSC 02.000% DUE 03/24/2028 RATING: A3 (02665WDW8) 20-75-010-***4249	11,167.08 12,000	11,407.80 95.0650	0.03 %	240.72	11,194.56 93.29
	AMERICAN HONDA FINANCE UNSC 04.800% DUE 03/05/2030 RATING: A3 (02665WFY2) 20-75-010-***4249	6,993.84 7,000	7,119.63 101.7090	0.02 %	125.79	6,993.84 99.91
	AMERICAN TOWER CORP CALL 05/15/2029 UNSC 03.800% DUE 08/15/2029 RATING: BAA3 (03027XAW0) 20-75-010-***4249	11,675.04 12,000	11,772.12 98.1010	0.03 %	97.08	11,708.04 97.57
	APPLE INC CALL 03/11/2049 UNSC 02.950% DUE 09/11/2049 RATING: AAA (037833DQ0) 20-75-010-***4249	9,625.98 13,000	8,898.89 68.4530	0.02 %	-727.09	9,771.84 75.17
	BAT CAPITAL CORP CALL 06/15/2032 COGT 05.350% DUE 08/15/2032 RATING: BAA1 (05526DCB9) 20-75-010-***4249	15,987.20 16,000	16,543.04 103.3940	0.04 %	555.84	15,987.20 99.92

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	BALL CORP CALL 05/15/2026 UNSC 06.000% DUE 06/15/2029 RATING: BA1 (058498AZ9) 20-75-010-***5966	172,272.50 170,000	174,020.50 102.3650	0.40 %	1,748.00	172,272.50 101.34
	BANK OF NY MELLON CORP CALL 07/22/2031 UNSC VAR% DUE 07/22/2032 RATING: AA3 (06406RBZ9) 20-75-010-***4249	22,653.18 22,000	22,730.84 103.3220	0.06 %	77.66	22,713.77 103.24
	BANK OF NOVA SCOTIA SEDOL BTCCHR2 ISIN US06418GAQ01 VAR% DUE 02/14/2031 RATING: A2 (06418GAQ0) 20-75-010-***4249	8,999.82 9,000	9,251.01 102.7890	0.03 %	251.19	8,999.82 100.00
	BERKSHIRE HATHAWAY ENERG CALL 04/15/2030 UNSC 03.700% DUE 07/15/2030 RATING: A3 (084659AV3) 20-75-010-***4249	4,890.60 5,000	4,895.15 97.9030	0.02 %	4.55	4,900.10 98.00
	BOEING CO CALL 02/01/2030 UNSC 05.150% DUE 05/01/2030 RATING: BAA3 (097023CY9) 20-75-010-***4249	6,964.93 7,000	7,183.12 102.6160	0.02 %	218.19	6,964.93 99.50

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	BOYD GAMING CORP CALL 12/01/2022 COGT 04.750% DUE 12/01/2027 RATING: BA3 (103304BU4) 20-75-010-***5966	163,132.20 165,000	164,052.90 99.4260	0.37 %	920.70	157,488.50 95.45
	BP CAP MARKETS AMERICA CALL 06/11/2033 COGT 04.893% DUE 09/11/2033 RATING: A1 (10373QBV1) 20-75-010-***4249	5,864.94 6,000	6,086.94 101.4490	0.02 %	222.00	5,864.94 97.75
	BROADCOM INC CALL 12/15/2029 UNSC 04.350% DUE 02/15/2030 RATING: A3 (11135FCB5) 20-75-010-***4249	7,984.40 8,000	8,039.28 100.4910	0.02 %	54.88	8,007.33 100.09
	BROADCOM INC CALL 05/15/2032 UNSC 04.900% DUE 07/15/2032 RATING: A3 (11135FCL3) 20-75-010-***4249	18,953.34 19,000	19,436.81 102.2990	0.05 %	483.47	18,953.34 99.75
	BUCKEYE PARTNERS LP CALL 09/01/2027 UNSC 04.125% DUE 12/01/2027 RATING: BA3 (118230AR2) 20-75-010-***5966	173,456.95 180,000	177,960.60 98.8670	0.40 %	4,503.65	173,456.95 96.36

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	BURLINGTN NORTH SANTA FE CALL 03/01/2044 @ 100.000 UNSC 04.550% DUE 09/01/2044 RATING: A2 (12189LAU5) 20-75-010-***4249	22,660.32 24,000	21,620.16 90.0840	0.05 %	- 1,040.16	22,858.32 95.24
	CIGNA CORP CALL 12/15/2030 UNSC 02.375% DUE 03/15/2031 RATING: BAA1 (125523CM0) 20-75-010-***4249	5,309.22 6,000	5,398.38 89.9730	0.02 %	89.16	5,309.22 88.49
	CIGNA GROUP/THE CALL 10/15/2035 UNSC 05.250% DUE 01/15/2036 RATING: BAA1 (125523CZ1) 20-75-010-***4249	17,965.62 18,000	18,229.32 101.2740	0.05 %	263.70	17,965.62 99.81
	CANADIAN IMPERIAL BANK SEDOL 2L8RBH2 ISIN US13608JAA51 05.260% DUE 04/08/2029 RATING: A2 (13608JAA5) 20-75-010-***4249	15,587.10 15,000	15,526.65 103.5110	0.04 %	- 60.45	15,599.10 103.99
	CAPITAL ONE FINANCIAL CO CALL 11/02/2026 UNSC VAR% DUE 11/02/2027 RATING: BAA1 (14040HCH6) 20-75-010-***4249	7,601.52 8 000	7,794.96 97.4370	0.02 %	193.44	7,593.20 94.92

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	CAPITAL ONE FINANCIAL CO CALL 06/08/2028 UNSC VAR% DUE 06/08/2029 RATING: BAA1 (14040HCZ6) 20-75-010-***4249	5,266.75 5,000	5,245.05 104.9010	0.02 %	- 21.70	5,264.35 105.29
	CARPENTER TECHNOLOGY CALL 07/15/2023 UNSC 06.375% DUE 07/15/2028 RATING: BA3 (144285AL7) 20-75-010-***5966	156,011.55 155,000	155,330.15 100.2130	0.35 %	- 691.40	154,596.45 99.74
	CATERPILLAR INC CALL 02/15/2035 UNSC 05.200% DUE 05/15/2035 RATING: A2 (149123CL3) 20-75-010-***4249	9,970.75 10,000	10,346.10 103.4610	0.03 %	375.35	9,970.75 99.71
	CENTENE CORP SER WI CALL 12/15/2022 04.250% DUE 12/15/2027 RATING: BA1 (15135BAR2) 20-75-010-***5966	176,416.10 180,000	176,763.60 98.2020	0.40 %	347.50	171,076.36 95.04
	CENTURY COMMUNITIES CALL 07/22/2022 COGT 06.750% DUE 06/01/2027 RATING: BA2 (156504AL6) 20-75-010-***5966	156,488.00 155,000	154,958.15 99.9730	0.35 %	- 1,529.85	155,836.60 100.54

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	CHEVRON USA INC CALL 02/15/2032 COGT 04.819% DUE 04/15/2032 RATING: AA2 (166756BE5) 20-75-010-***4249	15,015.18 15,000	15,417.60 102.7840	0.04 %	402.42	15,015.18 100.10
	CISCO SYSTEMS INC CALL 12/26/2030 UNSC 04.950% DUE 02/26/2031 RATING: A1 (17275RBS0) 20-75-010-***4249	9,407.16 9,000	9,314.28 103.4920	0.03 %	- 92.88	9,456.75 105.08
	CITIGROUP INC CALL 05/07/2030 UNSC VAR% DUE 05/07/2031 RATING: A3 (172967QA2) 20-75-010-***4249	12,958.68 13,000	13,247.00 101.9000	0.03 %	288.32	12,958.68 99.68
	CLEVELAND-CLIFFS INC CALL 06/01/2022 COGT 05.875% DUE 06/01/2027 RATING: BA3 (185899AH4) 20-75-010-***5966	160,355.20 160,000	159,996.80 99.9980	0.36 %	- 358.40	159,544.70 99.72
	CNH EQUIPMENT TRUST SERIES 2024 C CLASS A3 04.030% DUE 01/15/2030 RATING: AAA (18978GAD6) 20-75-010-***4249	59,859.00 60,000	60,121.80 100.2030	0.14 %	262.80	59,990.83 99.98

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	COCA-COLA CO/THE CALL 03/01/2030 UNSC 01.650% DUE 06/01/2030 RATING: A1 (191216CV0) 20-75-010-***4249	7,734.06 9,000	8,094.15 89.9350	0.02 %	360.09	7,734.06 85.93
	COMCAST CORP CALL 05/01/2039 UNSC 03.250% DUE 11/01/2039 RATING: A3 (20030NCY5) 20-75-010-***4249	18,724.94 23,000	18,364.35 79.8450	0.05 %	- 360.59	18,868.79 82.04
	COMMERCIAL METALS CO CALL 01/15/2025 UNSC 04.125% DUE 01/15/2030 RATING: BA2 (201723AQ6) 20-75-010-***5966	162,350.00 170,000	163,096.30 95.9390	0.37 %	746.30	162,350.00 95.50
	CONOCOPHILLIPS CALL 11/15/2052 COGT 05.300% DUE 05/15/2053 RATING: A2 (20826FBE5) 20-75-010-***4249	19,201.78 19,000	18,112.13 95.3270	0.05 %	- 1,089.65	19,456.95 102.41
	CROWN AMERICAS LLC CALL 01/01/2030 COGT 05.250% DUE 04/01/2030 RATING: BA2 (228180AB1) 20-75-010-***5966	161,093.75 160,000	162,139.20 101.3370	0.37 %	1,045.45	161,093.75 100.68

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	JOHN DEERE CAPITAL CORP SER MTN UNSC 05.100% DUE 04/11/2034 RATING: A1 [24422EXP9] 20-75-010-***4249	10,972.10 11,000	11,381.04 103.4640	0.03 %	408.94	10,972.10 99.75
	WALT DISNEY COMPANY/THE CALL 11/13/2039 COGT 03.500% DUE 05/13/2040 RATING: A2 [254687FY7] 20-75-010-***4249	15,248.26 18,000	15,084.72 83.8040	0.04 %	- 163.54	15,282.82 84.90
	DOMINION ENERGY INC CALL 12/15/2034 UNSC 05.450% DUE 03/15/2035 RATING: BAA2 [25746UDX4] 20-75-010-***4249	11,985.64 12,000	12,295.56 102.4630	0.03 %	309.92	11,985.64 99.88
	DUKE ENERGY CORP CALL 06/15/2035 UNSC 04.950% DUE 09/15/2035 RATING: BAA2 [26441CCJ2] 20-75-010-***4249	11,017.75 11,000	10,927.84 99.3440	0.03 %	- 89.91	11,017.75 100.16
	DUKE ENERGY CAROLINAS 1ST MTG 05.300% DUE 02/15/2040 RATING: AA3 [26442CAH7] 20-75-010-***4249	25,631.55 25,000	25,271.75 101.0870	0.06 %	- 359.80	25,786.06 103.14

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	ENCOMPASS HEALTH CORP CALL 02/01/2025 COGT 04.750% DUE 02/01/2030 RATING: BA2 (29261AAB6) 20-75-010-***5966	170,095.70 175,000	172,949.00 98.8280	0.39 %	2,853.30	169,599.85 96.91
	ENERGY TRANSFER OPERATNG CALL 02/15/2030 COGT 03.750% DUE 05/15/2030 RATING: BAA2 (29278NAQ6) 20-75-010-***4249	7,534.16 8,000	7,768.56 97.1070	0.02 %	234.40	7,534.16 94.18
	ENTERGY CORP CALL 04/15/2028 UNSC 01.900% DUE 06/15/2028 RATING: BAA2 (29364GAN3) 20-75-010-***4249	5,506.26 6,000	5,657.22 94.2870	0.02 %	150.96	5,524.68 92.08
	ENTERPRISE PRODUCTS OPER CALL 08/01/2048 COGT 04.800% DUE 02/01/2049 RATING: A3 (29379VBU6) 20-75-010-***4249	2,802.27 3,000	2,677.29 89.2430	0.01 %	- 124.98	2,837.07 94.57
	EXXON MOBIL CORPORATION CALL 09/19/2049 UNSC 04.327% DUE 03/19/2050 RATING: AA2 (30231GBG6) 20-75-010-***4249	19,926.28 22,000	18,856.20 85.7100	0.05 %	- 1,070.08	20,095.02 91.34

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	META PLATFORMS INC CALL 11/15/2052 UNSC 05.600% DUE 05/15/2053 RATING: AA3 (30303M8Q8) 20-75-010-***4249	5,420.95 5,000	5,071.75 101.4350	0.02 %	- 349.20	5,510.00 110.20
	FEDERAL HOME LOAN MTG CORP SERIES 4979 CLASS A 02.000% DUE 12/25/2043 RATING: N/A (3137FTWV5) 20-75-010-***4249	26,296.18 27,820.155	26,483.40 95.1950	0.06 %	187.22	26,403.07 94.91
	FEDERAL HOME LOAN MTG CORP SERIES 4988 CLASS A 02.000% DUE 05/25/2046 RATING: N/A (3137FUMY7) 20-75-010-***4249	17,461.20 19,482.510	17,534.45 90.0010	0.04 %	73.25	17,494.67 89.80
	FEDERAL HOME LOAN MTG CORP SERIES 5522 CLASS DE 05.500% DUE 11/25/2051 RATING: N/A (3137HKA61) 20-75-010-***4249	10,665.40 10,659.580	10,798.69 101.3050	0.03 %	133.29	10,665.40 100.05
	FEDERAL HOME LOAN MTG CORP SERIES 5267 CLASS JA 05.000% DUE 06/25/2047 RATING: N/A (3137H9B57) 20-75-010-***4249	53,192.47 53,603.620	53,922.03 100.5940	0.13 %	729.56	53,905.14 100.56

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	FEDEX 2020-1 CLASS AA SECR 01.875% DUE 08/20/2035 RATING: AA3 (314353AA1) 20-75-010-***4249	4,418.79 5,128.460	4,438.07 86.5380	0.01 %	19.28	4,418.79 86.16
	FLORIDA POWER & LIGHT CO CALL 10/01/2052 MORT 05.300% DUE 04/01/2053 RATING: AA2 (341081GM3) 20-75-010-***4249	10,446.60 10,000	9,816.60 98.1660	0.03 %	- 630.00	10,568.20 105.68
	FLORIDA POWER & LIGHT CO CALL 03/15/2034 MORT 05.300% DUE 06/15/2034 RATING: AA2 (3410B1GU5) 20-75-010-***4249	8,038.10 8,000	8,345.28 104.3160	0.02 %	307.18	8,038.10 100.48
	FLUOR CORP CALL 06/15/2028 UNSC 04.250% DUE 09/15/2028 RATING: BA1 (343412AF9) 20-75-010-***5966	145,356.00 150,000	148,303.50 98.8690	0.34 %	2,947.50	145,356.00 96.90
	FORD CREDIT AUTO OWNER TRUST SERIES 2024 C CLASS A3 04.760% DUE 07/15/2029 RATING: N/A (34532UAD1) 20-75-010-***4249	79,948.80 80,000	80,193.60 100.2420	0.18 %	244.80	79,999.46 100.00

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	FORD MOTOR COMPANY CALL 11/12/2031 UNSC 03.250% DUE 02/12/2032 RATING: BA1 (345370DA5) 20-75-010-***4249	13,626.08 16,000	13,999.52 87.4970	0.04 %	373.44	13,834.24 86.46
	FOX CORP CALL 07/13/2033 UNSC 06.500% DUE 10/13/2033 RATING: BAA2 (35137LAN5) 20-75-010-***4249	18,601.91 17,000	18,716.15 110.0950	0.05 %	114.24	18,707.31 110.04
	GLP CAPITAL LP / FIN II CALL 10/15/2030 COGT 04.000% DUE 01/15/2031 RATING: BA1 (361841AQ2) 20-75-010-***5966	115,464.00 120,000	114,854.40 95.7120	0.26 %	- 609.60	115,464.00 96.22
	GXO LOGISTICS INC CALL 04/06/2029 UNSC 06.250% DUE 05/06/2029 RATING: BAA3 (36262GAF8) 20-75-010-***5966	166,533.00 160,000	168,025.60 105.0160	0.38 %	1,492.60	163,078.80 101.92
	GENERAL MOTORS FINL CO CALL 12/07/2029 UNSC 05.350% DUE 01/07/2030 RATING: BAA2 (37045XFB7) 20-75-010-***4249	20,191.12 20,000	20,486.40 102.4320	0.05 %	295.28	20,191.12 100.96

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	GOLDMAN SACHS GROUP INC SR UNSEC CALL 01/27/21 @ 100 VAR% DUE 01/27/2032 RATING: A2 [38141GXR0] 20-75-010-***4249	18,819.24 22,000	19,413.46 88.2430	0.05 %	594.22	18,799.22 85.45
	GOLDMAN SACHS BANK USA INSTL CTF OF DEPOSIT 04.300% DUE 03/11/2027 RATING: N/A [38150VR43] 20-75-010-***4249	37,924.00 38,000	38,301.72 100.7940	0.09 %	377.72	37,924.00 99.80
	GOLDMAN SACHS BANK USA CALL 05/21/2026 UNSC VAR% DUE 05/21/2027 RATING: A1 [38151LAG5] 20-75-010-***4249	9,145.71 9,000	9,069.12 100.7680	0.03 %	- 76.59	9,159.48 101.77
	GOVERNMENT NATIONAL MORTGAGE A SERIES 2022 90 CLASS GA 03.500% DUE 11/20/2047 RATING: N/A [38383RE37] 20-75-010-***4249	66,516.44 67,836.529	66,570.02 98.1330	0.15 %	53.58	66,633.48 98.23
	GOVERNMENT NATIONAL MORTGAGE A SERIES 2024 20 CLASS PC 05.500% DUE 02/20/2054 RATING: N/A [38384JC77] 20-75-010-***4249	18,082.96 17,705.140	18,014.63 101.7480	0.05 %	- 68.33	17,925.15 101.24

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	HA SUSTAINABLE INF CAP CALL 11/15/2030 COGT 06.150% DUE 01/15/2031 RATING: BAA3 (40408AAA9) 20-75-010-***5966	131,631.90 130,000	133,546.40 102.7280	0.30 %	1,914.50	131,631.90 101.26
	H.B. FULLER CO CALL 10/15/2023 UNSC 04.250% DUE 10/15/2028 RATING: BA3 (40410KAA3) 20-75-010-***5966	160,501.91 168,000	163,359.84 97.2380	0.37 %	2,857.93	158,800.56 94.52
	HILTON WORLDWIDE FIN LLC SER WI CALL 04/01/2022 04.875% DUE 04/01/2027 RATING: BA2 (432891AK5) 20-75-010-***5966	164,509.95 165,000	164,887.80 99.9320	0.37 %	377.85	170,358.70 103.25
	HONDA MOTOR CO LTD SEDOL 2NS7QG0 ISIN US438127AE20 04.688% DUE 07/08/2030 RATING: A3 (438127AE2) 20-75-010-***4249	16,260.04 16,000	16,141.12 100.8820	0.04 %	- 118.92	16,260.04 101.63
	HONEYWELL INTERNATIONAL CALL 12/01/2031 UNSC 04.750% DUE 02/01/2032 RATING: A2 (438516CZ7) 20-75-010-***4249	20,579.40 20,000	20,359.80 101.7990	0.05 %	- 219.60	20,699.00 103.50

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	ICAHN ENTERPRISES/FIN CALL 05/15/2022 COGT 06.250% DUE 05/15/2026 RATING: B1 {451102BT3} 20-75-010-***5966	19,844.00 20,000	19,976.40 99.8820	0.05 %	132.40	19,426.64 97.13
	ICAHN ENTERPRISES/FIN CALL 11/15/2026 COGT 05.250% DUE 05/15/2027 RATING: B1 {451102BZ9} 20-75-010-***5966	67,076.80 70,000	68,806.50 98.2950	0.16 %	1,729.70	64,925.00 92.75
	JPMORGAN CHASE & CO SR UNSEC CALL 02/04/2031 @ 100 VAR% DUE 02/04/2032 RATING: A1 {46647PBX3} 20-75-010-***4249	10,510.24 12,000	10,607.64 88.3970	0.03 %	97.40	10,510.24 87.59
	JPMORGAN CHASE & CO CALL 07/22/2029 UNSC VAR% DUE 07/22/2030 RATING: A1 {46647PEJ1} 20-75-010-***4249	12,054.48 12,000	12,308.88 102.5740	0.03 %	254.40	12,054.48 100.45
	JPMORGAN CHASE & CO CALL 12/24/2030 UNSC VAR% DUE 01/24/2031 RATING: A1 {46647PEV4} 20-75-010-***4249	19,085.31 19,000	19,621.87 103.2730	0.05 %	536.56	19,085.31 100.45

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	JOHNSON CONTROLS/TYCO FI SEDOL ISIN US477921AA87 05.500% DUE 04/19/2029 RATING: BAA1 (477921AA8) 20-75-010-***4249	5,229.20 5,000	5,205.50 104.1100	0.02 %	- 23.70	5,258.40 105.17
	KEURIG DR PEPPER INC SER 10 CALL 01/15/2031 05.200% DUE 03/15/2031 RATING: BAA1 (49271VAU4) 20-75-010-***4249	11,484.44 11,000	11,243.10 102.2100	0.03 %	- 241.34	11,550.11 105.00
	L BRANDS INC COGT 05.250% DUE 02/01/2028 RATING: BA2 (501797AN4) 20-75-010-***5966	170,231.25 170,000	170,977.50 100.5750	0.39 %	746.25	170,231.25 100.14
	LAMAR MEDIA CORP SER WI CALL 02/15/2023 03.750% DUE 02/15/2028 RATING: BA3 (513075BR1) 20-75-010-***5966	163,070.80 170,000	165,274.00 97.2200	0.38 %	2,203.20	154,667.70 90.98
	ELI LILLY & CO CALL 08/09/2053 UNSC 05.000% DUE 02/09/2054 RATING: AA3 (532457CM8) 20-75-010-***4249	9,010.92 9,000	8,514.90 94.6100	0.02 %	- 496.02	9,155.70 101.73

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	LOCKHEED MARTIN CORP CALL 11/15/2045 @ 100.000 UNSC 04.700% DUE 05/15/2046 RATING: A2 [539830BL2] 20-75-010-***4249	8,909.94 10,000	9,180.00 91.8000	0.03 %	270.06	8,909.94 89.10
	LOCKHEED MARTIN CORP CALL 05/15/2035 UNSC 05.000% DUE 08/15/2035 RATING: A2 [539830CM9] 20-75-010-***4249	6,983.41 7,000	7,111.09 101.5870	0.02 %	127.68	6,983.41 99.76
	LOWE'S COS INC CALL 08/15/2032 UNSC 04.500% DUE 10/15/2032 RATING: BAA1 [548661EW3] 20-75-010-***4249	11,874.60 12,000	11,902.44 99.1870	0.03 %	27.84	11,874.60 98.96
	MCDONALDS CORP CALL 01/12/2031 UNSC 04.400% DUE 02/12/2031 RATING: BAA1 [58013MGB4] 20-75-010-***4249	4,004.68 4,000	4,010.88 100.2720	0.01 %	6.20	4,004.68 100.12
	MIDAMERICAN ENERGY CO CALL 01/15/2049 MORT 04.250% DUE 07/15/2049 RATING: AA2 [595620AU9] 20-75-010-***4249	28,276.80 32,000	26,746.88 83.5840	0.06 %	- 1,529.92	28,398.40 88.75

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	MORGAN STANLEY BANK NA INSTL CTF OF DEPOSIT 04.150% DUE 05/07/2029 RATING: N/A (61690D4D7) 20-75-010-***4249	22,919.50 23,000	23,327.06 101.4220	0.06 %	407.56	22,919.50 99.65
	MORGAN STANLEY PVT BANK INSTL CTF OF DEPOSIT 04.150% DUE 05/07/2029 RATING: N/A (61776NRV7) 20-75-010-***4249	28,89[illegible].50 29 000	29,412.38 101.4220	0.07 %	513.88	28,898.50 99.65
	NMI HOLDINGS CALL 07/15/2029 UNSC 06.000% DUE 08/15/2029 RATING: BAA3 (629209AC1)- 20-75-010-***5966	164,158.45 160,000	165,366.40 103.3540	0.38 %	1,207.95	159,187.30 99.49
	NAVIENT CORP UNSC 06.750% DUE 06/15/2026 RATING: BA3 (63938CAJ7) 20-75-010-***5966	172,283.95 170,000	171,943.10 101.1430	0.39 %	-340.85	172,283.95 101.34
	NEXTERA ENERGY CAPITAL CALL 03/01/2030 COST 02.250% DUE 06/01/2030 RATING: BAA1 (65339KBR0) 20-75-010-***4249	3,575.24 4,000	3,652.08 91.3020	0.01 %	76.84	3,593.24 89.83

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	NISSAN AUTO LEASE TRUST SERIES 2025 A CLASS A3 04.880% DUE 03/15/2028 RATING: AAA {65479XAD4} 20-75-010-***4249	21,999.68 22,000	22,279.18 101.2690	0.05 %	279.50	21,999.68 100.00
	NORTHROP GRUMMAN CORP CALL 10/15/2027 UNSC 03.250% DUE 01/15/2028 RATING: A3 {666807BN1} 20-75-010-***4249	9,717.50 10,000	9,834.50 98.3450	0.03 %	117.00	9,746.20 97.46
	ONEOK INC CALL 05/01/2054 COGT 05.700% DUE 11/01/2054 RATING: BAA2 {682680CF8} 20-75-010-***4249	5,621.64 6,000	5,664.42 94.4070	0.02 %	42.78	5,621.64 93.69
	ONEOK INC CALL 08/15/2032 COGT 04.950% DUE 10/15/2032 RATING: BAA2 {682680DB6} 20-75-010-***4249	8,029.92 8,000	7,995.52 99.9440	0.02 %	- 34.40	8,029.92 100.37
	ONEMAIN FINANCE CORP CALL 01/15/2024 COGT 03.500% DUE 01/15/2027 RATING: BA2 {682691AB6} 20-75-010-***5966	81,321.05 85,000	83,072.20 97.7320	0.19 %	1,751.15	79,130.70 93.09

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	ONEMAIN FINANCE CORP CALL 09/15/2024 COGT 03.875% DUE 09/15/2028 RATING: BA2 (682691AC4) 20-75-010-***5966	83,541.25 90,000	86,496.30 96.1070	0.20 %	2,955.05	83,494.15 92.77
	ORACLE CORP CALL 10/01/2039 UNSC 03.600% DUE 04/01/2040 RATING: BAA2 (68389XBW4) 20-75-010-***4249	13,311.68 16,000	12,850.24 80.3140	0.03 %	-461.44	13,361.92 83.51
	ORACLE CORP CALL 07/03/2028 UNSC 04.800% DUE 08/03/2028 RATING: BAA2 (68389XCY9) 20-75-010-***4249	12,094.68 12,000	12,201.96 101.6830	0.03 %	107.28	12,094.68 100.79
	ORACLE CORP CALL 07/26/2032 UNSC 04.800% DUE 09/26/2032 RATING: BAA2 (68389XDK8) 20-75-010-***4249	13,002.17 13,000	13,015.60 100.1200	0.03 %	13.43	13,002.17 100.02
	PNC FINANCIAL SERVICES CALL 10/20/2033 UNSC VAR% DUE 10/20/2034 RATING: A3 (693475BU8) 20-75-010-***4249	4,438.12 4,000	4,531.80 113.2950	0.02 %	93.68	4,438.12 110.95

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	PACIFIC GAS & ELECTRIC CALL 01/01/2030 MORT 04.550% DUE 07/01/2030 RATING: BAA1 (694308JM0) 20-75-010-***4249	4,961.40 5,000	4,965.25 99.3050	0.02 %	3.85	4,966.80 99.34
	PENSKE AUTOMOTIVE GROUP CALL 06/15/2024 COGT 03.750% DUE 06/15/2029 RATING: BA3 (70959WAK9) 20-75-010-***5966	162,906.00 170,000	162,392.50 95.5250	0.37 %	- 513.50	162,906.00 95.83
	PEPSICO INC CALL 04/23/2035 UNSC 05.000% DUE 07/23/2035 RATING: A1 (713448GK8) 20-75-010-***4249	14,997.60 15,000	15,279.75 101.8650	0.04 %	282.15	14,997.60 99.98
	PHILIP MORRIS INTL INC CALL 12/15/2029 UNSC 05.125% DUE 02/15/2030 RATING: A2 (718172DA4) 20-75-010-***4249	7,261.80 7,000	7,234.08 103.3440	0.02 %	- 27.72	7,294.00 104.20
	PHILLIPS 66 CO CALL 04/15/2031 COGT 05.250% DUE 06/15/2031 RATING: BAA1 (718547AU6) 20-75-010-***4249	15,511.35 15,000	15,562.65 103.7510	0.04 %	51.30	15,537.30 103.58

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	RYMAN HOSPITALITY PROP SER WI CALL 10/15/2022 04.750% DUE 10/15/2027 RATING: BA3 [749571AF2] 20-75-010-***5966	161,725.00 165,000	164,277.30 99.5620	0.37 %	2,552.30	161,725.00 98.02
	ROYAL BANK OF CANADA SER GMTN SEDOL 2MXF3V6 ISIN US78017FZT38 VAR% DUE 10/18/2030 RATING: N/A [78017FZT3] 20-75-010-***4249	20,734.74 21,000	21,240.90 101.1472	0.05 %	506.16	20,734.74 98.74
	SBA COMMUNICATIONS CORP CALL 02/15/2023 UNSC 03.875% DUE 02/15/2027 RATING: BA3 [78410GAD6] 20-75-010-***5966	170,549.75 175,000	172,362.75 98.4930	0.39 %	1,813.00	180,234.15 102.99
	SLM CORP CALL 10/02/2026 UNSC 03.125% DUE 11/02/2026 RATING: BA1 [78442PGE0] 20-75-010-***5966	120,168.75 125,000	122,456.25 97.9650	0.28 %	2,287.50	120,764.74 96.61
	SLM CORP CALL 12/31/2029 UNSC 06.500% DUE 01/31/2030 RATING: BA1 [78442PGF7] 20-75-010-***5966	51,036.33 50,000	52,103.50 104.2070	0.12 %	1,067.17	51,036.33 102.07

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	SABRA HEALTH/CAPTL CORP CALL 07/15/2029 COGT 03.900% DUE 10/15/2029 RATING: BAA3 {78572XAG6} 20-75-010-***5966	101,683.95 105,000	101,730.30 96.8860	0.23 %	46.35	101,683.95 96.84
	SERVICE CORP INTL CALL 12/15/2022 UNSC 04.625% DUE 12/15/2027 RATING: BA3 {817565CD4} 20-75-010-***5966	162,710.85 165,000	164,193.15 99.5110	0.37 %	1,422.30	155,709.05 94.37
	SILGAN HOLDINGS INC CALL 10/01/2022 UNSC 04.125% DUE 02/01/2028 RATING: BA2 {827048AW9} 20-75-010-***5966	170,728.25 175,000	170,810.50 97.6060	0.39 %	82.25	158,223.48 90.41
	SPRINGLEAF FINANCE CORP COGT 07.125% DUE 03/15/2026 RATING: BA2 {85172FAN9} 20-75-010-***5966	4,083.68 4,000	4,036.16 100.9040	0.01 %	- 47.52	4,064.00 101.60
	SUNOCO LP/FINANCE CORP SER WI CALL 04/15/2022 06.000% DUE 04/15/2027 RATING: BA1 {86765LAQ0} 20-75-010-***5966	155,516.15 155,000	154,941.10 99.9620	0.35 %	- 575.05	162,343.75 104.74

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	TEGNA INC CALL 03/15/2023 COGT 04.625% DUE 03/15/2028 RATING: BA3 (87901JAJ4) 20-75-010-***5966	162,214.00 170,000	166,710.50 98.0650	0.38 %	4,496.50	153,009.35 90.01
	TELEFLEX INC CALL 11/15/2022 COGT 04.625% DUE 11/15/2027 RATING: BA2 (879369AF3) 20-75-010-***5966	172,569.25 175,000	173,393.50 99.0820	0.39 %	824.25	166,703.15 95.26
	TENET HEALTHCARE CORP SR GLBL NT27 CALL 02/05/2023 @ 100 05.125% DUE 11/01/2027 RATING: BA3 (88033GDB3) 20-75-010-***5966	84,678.70 85,000	84,844.45 99.8170	0.20 %	165.75	83,550.00 98.29
	TENET HEALTHCARE CORP SR SEC GLBL NT29 CALL 06/01/2024 @ 100 04.250% DUE 06/01/2029 RATING: BA3 (88033GDM9) 20-75-010-***5966	86,775.30 90,000	87,896.70 97.6630	0.20 %	1,121.40	83,156.25 92.40
	TEVA PHARMACEUTICALS NE SEDOL ISIN US88167AAE10 03.150% DUE 10/01/2026 RATING: BA1 (88167AAE1) 20-75-010-***5966	32,681.14 34,000	33,395.48 98.2220	0.08 %	714.34	30,475.60 89.63

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	TEVA PHARMACEUTICALS NE SEDOL 2FV7YL2 ISIN US88167AAK79 06.750% DUE 03/01/2028 RATING: BA1 (88167AAK7) 20-75-010-***5966	26,056.25 25,000	25,950.50 103.8020	0.06 %	- 105.75	25,187.50 100.75
	TEVA PHARMACEUTICAL INDU SEDOL BM92G79 ISIN US88167AAP66 04.750% DUE 05/09/2027 RATING: BA1 (88167AAP6) 20-75-010-***5966	59,154.60 60,000	59,916.00 99.8600	0.14 %	761.40	57,150.00 95.25
	TEVA PHARMACEUTICALS NE SEDOL BM92G80 ISIN US88167AAQ40 05.125% DUE 05/09/2029 RATING: BA1 (88167AAQ4) 20-75-010-***5966	54,892.25 55,000	55,292.05 100.5310	0.13 %	399.80	54,892.25 99.80
	TORONTO DOMINION BANK SEDOL 2M3M696 ISIN US89115A3C46 04.783% DUE 12/17/2029 RATING: A2 (89115A3C4) 20-75-010-***4249	5,020.15 5,000	5,110.95 102.2190	0.02 %	90.80	5,020.15 100.40
	TORONTO-DOMINION BANK SEDOL 2M8V320 ISIN US89115A3E02 04.861% DUE 01/31/2028 RATING: A2 (89115A3E0) 20-75-010-***4249	7,991.36 8,000	8,139.84 101.7480	0.02 %	148.48	7,991.36 99.89

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	TOTALENERGIES CAPITAL SA SEDOL BPW6WH1 ISIN US89157XAB73 05.488% DUE 04/05/2054 RATING: AA3 (89157XAB7) 20-75-010-***4249	13,434.72 13,000	12,857.91 98.9070	0.03 %	- 576.81	13,718.90 105.53
	TOYOTA MOTOR CREDIT CORP UNSC 05.350% DUE 01/09/2035 RATING: A1 (89236TNB7) 20-75-010-***4249	11,893.62 12,000	12,548.88 104.5740	0.03 %	655.26	11,893.62 99.11
	UNDER ARMOUR INC CALL 03/15/2026 @ 100.000 UNSC 03.250% DUE 06/15/2026 RATING: B1 (904311AA5) 20-75-010-***5966	154,680.00 160,000	158,136.00 98.8350	0.36 %	3,456.00	166,151.30 103.84
	UNITED AIR 2023-1 A PTT PASS 05.800% DUE 07/15/2037 RATING: A2 (90932LAJ6) 20-75-010-***4249	5,874.92 5,597.820	5,789.10 103.4170	0.02 %	- 85.82	5,915.78 105.68
	UNITED RENTALS NORTH AM CALL 05/15/2022 COGT 05.500% DUE 05/15/2027 RATING: BA2 (911365BF0) 20-75-010-***5966	157,254.34 157,000	157,006.28 100.0040	0.36 %	- 248.06	160,391.56 102.16

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	US BANCORP CALL 02/12/2030 UNSC VAR% DUE 02/12/2031 RATING: A3 (91159HJT8) 20-75-010-***4249	12,295.44 12,000	12,307.56 102.5630	0.03 %	12.12	12,295.44 102.46
	UNITEDHEALTH GROUP INC CALL 02/15/2031 UNSC 02.300% DUE 05/15/2031 RATING: A2 (91324PED0) 20-75-010-***4249	4,336.40 5,000	4,482.20 89.6440	0.02 %	145.80	4,336.40 86.73
	UNITEDHEALTH GROUP INC CALL 10/15/2053 UNSC 05.375% DUE 04/15/2054 RATING: A2 (91324PFC1) 20-75-010-***4249	1,963.36 2,000	1,920.74 96.0370	0.01 %	- 42.62	1,963.36 98.17
	UNITEDHEALTH GROUP INC CALL 04/15/2034 UNSC 05.150% DUE 07/15/2034 RATING: A2 (91324PFJ6) 20-75-010-***4249	8,883.63 9,000	9,237.24 102.6360	0.03 %	353.61	8,883.63 98.71
	VERIZON COMMUNICATIONS CALL 05/20/2040 UNSC 02.650% DUE 11/20/2040 RATING: BAA1 (92343VFT6) 20-75-010-***4249	19,137.06 26,000	18,804.76 72.3260	0.05 %	- 352.30	19,290.70 74.20

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	VERIZON MASTER TRUST SERIES 2025 7 CLASS A1A 03.960% DUE 08/20/2031 RATING: N/A [92348KEN9] 20-75-010-***4249	9,998.04 10,000	9,981.70 99.8170	0.03 %	- 16.34	9,998.04 99.98
	VIACOMCBS INC CALL 11/15/2030 UNSC 04.950% DUE 01/15/2031 RATING: BAA3 [92556HAB3] 20-75-010-***5966	162,116.55 165,000	163,117.35 98.8590	0.37 %	1,000.80	162,116.55 98.25
	VICI PROPERTIES LP CALL 01/15/2028 UNSC 04.750% DUE 02/15/2028 RATING: BAA3 [925650AB9] 20-75-010-***5966	89,984.70 90,000	90,756.90 100.8410	0.21 %	772.20	87,659.80 97.40
	VIRGINIA ELEC & POWER CO CALL 10/01/2052 UNSC 05.450% DUE 04/01/2053 RATING: A3 [927804GL2] 20-75-010-***4249	18,654.84 18,000	17,574.30 97.6350	0.04 %	- 1,080.54	18,776.88 104.32
	WALMART INC CALL 01/28/2035 UNSC 04.900% DUE 04/28/2035 RATING: AA2 [931142FP3] 20-75-010-***4249	7,976.35 8,000	8,229.28 102.8660	0.02 %	252.93	7,976.35 99.70

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	WELLS FARGO BANK NA INSTL CTF OF DEPOSIT 04.250% DUE 03/11/2027 RATING: N/A {949764QM9} 20-75-010-***4249	37,943.00 38,000	38,281.96 100.7420	0.09 %	338.96	37,943.00 99.85
	WELLS FARGO & COMPANY CALL 01/24/2030 UNSC VAR% DUE 01/24/2031 RATING: A1 {95000U3P6} 20-75-010-***4249	10,127.00 10,000	10,346.10 103.4610	0.03 %	219.10	10,127.00 101.27
	WESTERN DIGITAL CORP CALL 11/15/2025 COGT 04.750% DUE 02/15/2026 RATING: BA3 {958102AM7} 20-75-010-***5966	53,815.60 54,000	53,968.68 99.9420	0.13 %	153.08	56,869.00 105.31
	WYNDHAM WORLDWIDE CORP CALL 01/01/2027 UNSC 04.500% DUE 04/01/2027 RATING: BA3 {98310WAN8} 20-75-010-***5966	106,267.50 105,000	106,504.65 101.4330	0.24 %	237.15	102,024.50 97.17
	Total corporate debt	**$7,794,337.18**	**$7,851,030.18**	**17.61 %**	**$56,693.00**	**$7,750,509.96**

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	Corporate stock - common					
	ACCENTURE PLC CLASS A (ACN) SEDOL B4BNMY3 ISIN IE00B4BNMY34 20-75-010-***1176	$37,822.36 107	$26,386.20 $246.6000	0.06 %	- $11,436.16	$34,173.53 $319.38
	EATON CORP PLC (ETN) SEDOL B8KQN82 ISIN IE00B8KQN827 20-75-010-***1176	36,458.40 110	41,167.50 374.2500	0.10 %	4,709.10	8,289.09 75.36
	INVESCO LTD (IVZ) ISIN BM8491BT1088 SEDOL B28XP76 20-75-010-***1176	21,624.38 1,241	28,468.54 22.9400	0.07 %	6,844.16	20,678.14 16.66
	MEDTRONIC PLC (MDT) SEDOL BTN1Y11 ISIN IE00BTN1Y115 20-75-010-***1176	47,805.93 531	50,572.44 95.2400	0.12 %	2,766.51	43,229.03 81.41
	SMURFIT WESTROCK PLC (SW) SEDOL BRK49M5 ISIN IE00028FXN24 20-75-010-***1176	22,881.46 463	19,709.91 42.5700	0.05 %	- 3,171.55	19,041.77 41.13
	TRANE TECHNOLOGIES PLC (TT) SEDOL BK9ZQ96 ISIN IE00BK9ZQ967 20-75-010-***1176	33,042.05 85	35,866.60 421.9600	0.09 %	2,824.55	13,811.02 162.48
	CHUBB LTD (CB) SEDOL B3BQMF6 ISIN CH0044328745 20-75-010-***1176	29,127.39 101	28,507.25 282.2500	0.07 %	- 620.14	19,696.04 195.01
	AT&T INC (T) 20-75-010-***1176	35,354.00 1,607	45,381.68 28.2400	0.11 %	10,027.68	34,092.65 21.22
	ABBOTT LABORATORIES INC (ABT) 20-75-010-***1176	22,80 2.00 200	26,788.00 133.9400	0.07 %	3,986.00	22,760.68 113.80
	ABBVIE INC (ABBV) 20-75-010-***1176	31,399.32 159	36,814.86 231.5400	0.09 %	5,415.54	20,921.34 131.58

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	ADOBE INC (ADBE)	44,011.30	29,983.75	0.07 %	- 14,027.55	39,422.71
	20-75-010-***1176	85	352.7500			463.80
	AIRBNB INC-CLASS A (ABNB)	21,954.15	20,519.98	0.05 %	- 1,434.17	24,610.38
	20-75-010-***1176	169	121.4200			145.62
	ALPHABET INC/CA-CL C (GOOG)	79,415.25	115,686.25	0.26 %	36,271.00	31,128.34
	20-75-010-***1176	475	243.5500			65.53
	ALPHABET INC/CA-CL A (GOOGL)	165,850.00	243,100.00	0.55 %	77,250.00	49,104.65
	20-75-010-***1176	1,000	243.1000			49.10
	AMAZON COM INC (AMZN)	247,370.34	288,734.55	0.65 %	41,364.21	110,007.57
	20-75-010-***1176	1,315	219.5700			83.66
	AMEREN CORP (AEE)	18,363.03	19,205.92	0.05 %	842.89	18,363.03
	20-75-010-***1176	184	104.3800			99.80
	AMENTUM HOLDINGS INC-W/I (AMTM)	153.97	191.60	0.01 %	37.63	153.97
	20-75-010-***1176	8	23.9500			19.25
	AMERICAN EXPRESS CO (AXP)	25,434.75	30,558.72	0.07 %	5,123.97	25,434.75
	20-75-010-***1176	92	332.1600			276.46
	AMERICAN TOWER CORP (AMT)	24,405.05	21,924.48	0.05 %	- 2,480.57	24,405.05
	20-75-010-***1176	114	192.3200			214.08
	CENCORA INC (COR)	16,430.84	22,814.69	0.06 %	6,383.85	7,311.34
	20-75-010-***1176	73	312.5300			100.16
	AMERIPRISE FINANCIAL INC (AMP)	17,392.97	18,176.25	0.05 %	793.28	16,268.83
	20-75-010-***1176	37	491.2500			439.70
	AMGEN INC (AMGN)	41,673.68	37,250.40	0.09 %	- 4,423.28	35,675.74
	20-75-010-***1176	132	282.2000			270.27
	ELEVANCE HEALTH INC (ELV)	24,960.00	15,509.76	0.04 %	- 9,450.24	7,845.36
	20-75-010-***1176	48	323.1200			163.45
	APOLLO GLOBAL MANAGEMENT INC (APO)	15,675.71	15,192.78	0.04 %	- 482.93	15,675.71
	20-75-010-***1176	114	133.2700			137.51
	APPLE INC (AAPL)	480,222.02	524,283.17	1.18 %	44,061.15	125,079.71
	20-75-010-***1176	2,059	254.6300			60.75
	ARCHER DANIELS MIDLAND CO (ADM)	14,098.64	14,098.64	0.04 %		10,039.27
	20-75-010-***1176	236	59.7400			42.54

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	ARISTA NETWORKS INC (ANET)	17,943.59	27,247.77	0.07 %	9,304.18	4,821.61
	20-75-010-***1176	187	145.7100			25.78
	AUTODESK INC (ADSK)	21,795.21	23,825.25	0.06 %	2,030.04	21,795.21
	20-75-010-***1176	75	317.6700			290.60
	AUTOMATIC DATA PROCESSING INC (ADP)	21,650.15	22,012.50	0.05 %	362.35	21,650.15
	20-75-010-***1176	75	293.5000			288.67
	BANK NEW YORK MELLON CORP COM (BK)	29,175.16	44,237.76	0.10 %	15,062.60	18,548.52
	20-75-010-***1176	406	108.9600			45.69
	BERKSHIRE HATHAWAY INC (BRKB)	99,416.16	108,591.84	0.25 %	9,175.68	47,376.86
	CLASS B	216	502.7400			219.34
	20-75-010-***1176					
	BLACKSTONE INC (BX)	30,583.81	31,948.95	0.08 %	1,365.14	30,583.81
	20-75-010-***1176	187	170.8500			163.55
	BOSTON SCIENTIFIC CORP (BSX)	23,947.77	25,383.80	0.06 %	1,436.03	23,947.77
	20-75-010-***1176	260	97.6300			92.11
	BRISTOL MYERS SQUIBB CO (BMY)	31,668.65	26,158.00	0.06 %	- 5,510.65	34,977.34
	20-75-010-***1176	580	45.1000			60.31
	BROADCOM INC (AVGO)	113,869.64	214,441.50	0.49 %	100,571.86	36,723.33
	20-75-010-***1176	650	329.9100			56.50
	CBRE GROUP INC (CBRE)	25,518.40	32,299.80	0.08 %	6,781.40	14,457.01
	20-75-010-***1176	205	157.5600			70.52
	THE CIGNA GROUP (CI)	32,911.80	27,383.75	0.07 %	- 5,528.05	18,504.84
	20-75-010-***1176	95	288.2500			194.79
	CVS HEALTH CORPORATION (CVS)	22,511.04	26,989.62	0.07 %	4,478.58	35,976.27
	20-75-010-***1176	358	75.3900			100.49
	CAPITAL ONE FINANCIAL CORP (COF)	28,748.16	40,815.36	0.10 %	12,067.20	17,726.64
	20-75-010-***1176	192	212.5800			92.33
	CATERPILLAR INC (CAT)	37,547.52	45,806.40	0.11 %	8,258.88	15,512.88
	20-75-010-***1176	96	477.1500			161.59
	CHEVRON CORPORATION (CVX)	29,748.54	31,368.58	0.08 %	1,620.04	24,678.03
	20-75-010-***1176	202	155.2900			122.17

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	CHIPOTLE MEXICAN GRIL CL A (CMG)	27,648.71	21,045.03	0.05 %	- 6,603.68	27,312.98
	20-75-010-***1176	537	39.1900			50.86
	CINTAS CORP (CTAS)	26,146.76	26,068.02	0.06 %	- 78.74	12,467.82
	20-75-010-***1176	127	205.2600			98.17
	CITIGROUP INC (C)	24,856.75	26,491.50	0.06 %	1,634.75	24,856.75
	20-75-010-***1176	261	101.5000			95.24
	COCA COLA CO (KO)	56,769.40	52,392.80	0.12 %	- 4,376.60	42,777.93
	20-75-010-***1176	790	66.3200			54.15
	COGNIZANT TECHNOLOGY SOLUTIONS (CTSH)	17,905.76	15,560.24	0.04 %	- 2,345.52	14,688.50
	20-75-010-***1176	232	67.0700			63.31
	COMCAST CORPORATION CL A (CMCSA)	28,487.14	21,428.44	0.05 %	- 7,058.70	25,810.10
	20-75-010-***1176	682	31.4200			37.84
	CORTEVA INC-W/I (CTVA)	17,225.47	19,815.59	0.05 %	2,590.12	18,454.29
	20-75-010-***1176	293	67.6300			62.98
	COSTCO WHOLESALE CORP (COST)	89,538.52	93,488.63	0.21 %	3,950.11	33,876.02
	20-75-010-***1176	101	925.6300			335.41
	CROWDSTRIKE HOLDINGS INC - A (CRWD)	30,918.71	30,403.56	0.07 %	- 515.15	30,918.71
	20-75-010-***1176	62	490.3800			498.69
	DTE ENERGY CO (DTE)	20,637.28	21,497.36	0.05 %	860.08	20,637.28
	20-75-010-***1176	152	141.4300			135.77
	DARDEN RESTAURANTS INC W I (DRI)	11,270.48	11,421.60	0.03 %	151.12	11,270.48
	20-75-010-***1176	60	190.3600			187.84
	DELTA AIR LINES INC (DAL)	14,627.52	16,344.00	0.04 %	1,716.48	12,581.17
	20-75-010-***1176	288	56.7500			43.68
	DEVON ENERGY CORP NEW (DVN)	15,597.20	15,075.80	0.04 %	- 521.40	17,411.84
	20-75-010-***1176	430	35.0600			40.49
	DISNEY WALT CO (DIS)	42,953.33	45,342.00	0.11 %	2,388.67	42,953.33
	20-75-010-***1176	396	114.5000			108.47
	DOLLAR TREE INC (DLTR)	20,027.20	26,423.60	0.06 %	6,396.40	20,027.20
	20-75-010-***1176	280	94.3700			71.53
	DOORDASH INC - A (DASH)	17,018.84	18,767.31	0.05 %	1,748.47	17,018.84
	20-75-010-***1176	69	271.9900			246.65

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Plan No. 501

FORM 5500, SCHEDULE H, PART IV, QUESTION I

(a)	(b) & (c) Identity & Description		(e)			(d)
	DUKE ENERGY HOLDING CORP (DUK)	30,554.50	32,793.75	0.08 %	2,239.25	26,838.38
	20-75-010-***1176	265	123.7500			101.28
	EOG RES INC (EOG)	17,701.92	16,145.28	0.04 %	- 1,556.64	19,001.10
	20-75-010-***1176	144	112.1200			131.95
	EBAY INC (EBAY)	19,207.45	26,830.25	0.07 %	7,622.80	14,287.83
	20-75-010-***1176	295	90.9500			48.43
	ECOLAB INC (ECL)	24,001.02	25,742.84	0.06 %	1,741.82	20,989.29
	20-75-010-***1176	94	273.8600			223.29
	EDWARDS LIFESCIENCES CORP (EW)	17,223.39	20,297.97	0.05 %	3,074.58	17,050.77
	20-75-010-***1176	261	77.7700			65.33
	EMERSON ELECTRIC CO (EMR)	44,353.57	46,306.54	0.11 %	1,952.97	44,353.57
	20-75-010-***1176	353	131.1800			125.65
	ENTERGY CORP (ETR)	13,819.05	19,569.90	0.05 %	5,750.85	7,725.23
	NEW	210	93.1900			36.79
	20-75-010-***1176					
	EXPEDIA GROUP INC (EXPE)	14,209.92	20,520.00	0.05 %	6,310.08	16,069.41
	20-75-010-***1176	96	213.7500			167.39
	EXTRA SPACE STORAGE INC (EXR)	19,466.52	15,221.52	0.04 %	- 4,239.00	17,027.12
	20-75-010-***1176	108	140.9400			157.66
	EXXON MOBIL CORP (XOM)	54,507.30	52,428.75	0.12 %	- 2,078.55	37,122.96
	20-75-010-***1176	465	112.7500			79.83
	META PLATFORMS INC (META)	176,883.96	226,923.42	0.51 %	50,039.46	47,826.98
	20-75-010-***1176	309	734.3800			154.78
	F5 INC (FFIV)	23,121.00	33,934.95	0.08 %	10,813.95	19,327.46
	20-75-010-***1176	105	323.1900			184.07
	FIFTH THIRD BANCORP (FITB)	20,650.06	21,161.25	0.05 %	511.19	20,650.06
	20-75-010-***1176	475	44.5500			43.47
	FORD MOTOR COMPANY (F)	14,678.40	16,624.40	0.04 %	1,946.00	13,867.25
	20-75-010-***1176	1,390	11.9600			9.98
	FORTINET INC (FTNT)	27,142.50	29,428.00	0.07 %	2,285.50	5,114.17
	20-75-010-***1176	350	84.0800			14.61

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	GE AEROSPACE (GE)	32,435.76	51,741.04	0.12 %	19,305.28	13,862.39
	20-75-010-***1176	172	300.8200			80.60
	GENERAL MOTORS CO (GM)	18,513.92	25,180.61	0.06 %	6,661.69	15,333.22
	20-75-010-***1176	413	60.9700			37.13
	GILEAD SCIENCES INC (GILD)	27,198.01	32,301.00	0.08 %	5,102.99	26,377.86
	20-75-010-***1176	291	111.0000			90.65
	GODADDY INC - CLASS A (GDDY)	11,247.84	10,535.91	0.03 %	- 711.93	11,247.84
	20-75-010-***1176	77	136.8300			146.08
	GOLDMAN SACHS GROUP INC (GS)	35,410.07	48,577.35	0.11 %	13,167.28	35,410.07
	20-75-010-***1176	61	796.3500			580.49
	HARTFORD INSURANCE GROUP INC (HIG)	22,698.73	25,744.27	0.06 %	3,045.54	14,429.78
	20-75-010-***1176	193	133.3900			74.77
	HEWLETT PACKARD ENTERPRISE CO (HPE)	12,889.80	15,472.80	0.04 %	2,583.00	9,124.73
	20-75-010-***1176	630	24.5600			14.48
	HOLOGIC INC (HOLX)	14,744.26	12,215.69	0.03 %	- 2,528.57	12,295.78
	20-75-010-***1176	181	67.4900			67.93
	HOME DEPOT INC (HD)	49,464.30	49,433.18	0.12 %	- 31.12	40,640.21
	20-75-010-***1176	122	405.1900			333.12
	HONEYWELL INTL INC (HON)	30,914.29	29,049.00	0.07 %	- 1,865.29	30,914.29
	20-75-010-***1176	138	210.5000			224.02
	HOST HOTELS & RESORTS INC (HST)	18,004.80	17,411.46	0.04 %	- 593.34	17,480.92
	REIT	1,023	17.0200			17.09
	20-75-010-***1176					
	INGERSOLL RAND INC (IR)	19,730.16	16,606.62	0.04 %	- 3,123.54	12,068.83
	20-75-010-***1176	201	82.6200			60.04
	INTERNATIONAL BUSINESS MACHS (IBM)	34,199.17	43,170.48	0.10 %	8,971.31	34,199.17
	CORP	153	282.1600			223.52
	20-75-010-***1176					
	INTUIT SOFTWARE (INTU)	41,607.00	45,754.97	0.11 %	4,147.97	36,042.22
	20-75-010-***1176	67	682.9100			537.94
	JPMORGAN CHASE & CO (JPM)	90,037.22	134,688.61	0.31 %	44,651.39	43,425.16
	20-75-010-***1176	427	315.4300			101.70

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	JACOBS SOLUTIONS INC (J) 20-75-010-***1176	17,671.50 135	20,231.10 149.8600	0.05 %	2,559.60	16,037.73 118.80
	JOHNSON & JOHNSON (JNJ) 20-75-010-***1176	62,555.16 386	71,572.12 185.4200	0.17 %	9,016.96	54,011.15 139.93
	KLA CORP (KLAC) 20-75-010-***1176	34,093.91 44	47,458.40 1,078.6000	0.11 %	13,364.49	34,093.91 774.86
	KIMCO REALTY CORP (KIM) REIT 20-75-010-***1176	25,565.22 1,101	24,056.85 21.8500	0.06 %	- 1,508.37	21,538.09 19.56
	KRAFT HEINZ CO/THE (KHC) 20-75-010-***1176	6,741.12 192	4,999.68 26.0400	0.02 %	- 1,741.44	6,182.11 32.20
	KROGER CO (KR) 20-75-010-***1176	16,330.50 285	19,211.85 67.4100	0.05 %	2,881.35	9,052.41 31.76
	LAM RESEARCH CORP (LRCX) 20-75-010-***1176	23,352.38 230	30,797.00 133.9000	0.07 %	7,444.62	23,352.38 101.53
	LENNAR CORP (LEN) CLASS A 20-75-010-***1176	35,996.16 192	24,199.68 126.0400	0.06 %	- 11,796.48	14,673.84 76.43
	ELI LILLY & CO (LLY) 20-75-010-***1176	118,700.80 135	103,005.00 763.0000	0.24 %	- 15,695.80	60,380.10 447.26
	LOCKHEED MARTIN CORP (LMT) 20-75-010-***1176	21,353.45 46	22,963.66 499.2100	0.06 %	1,610.21	21,353.45 464.21
	MASTERCARD INC CL A (MA) 20-75-010-***1176	86,113.71 153	87,027.93 568.8100	0.20 %	914.22	86,113.71 562.83
	MERCK & CO INC (MRK) 20-75-010-***1176	49,604.91 459	38,523.87 83.9300	0.09 %	- 11,081.04	41,065.44 89.47
	METLIFE INC. (MET) 20-75-010-***1176	14,928.88 181	14,908.97 82.3700	0.04 %	- 19.91	11,776.28 65.06
	MICROSOFT CORP (MSFT) 20-75-010-***1176	444,458.00 1,030	533,488.50 517.9500	1.20 %	89,030.50	122,486.05 118.92
	MICRON TECHNOLOGY INC (MU) 20-75-010-***1176	23,364.43 199	33,296.68 167.3200	0.08 %	9,932.25	23,364.43 117.41

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	MOLSON COORS BEVERAGE COMPANY (TAP)	10,066.00	7,918.75	0.02 %	- 2,147.25	7,327.79
	20-75-010-***1176	175	45.2500			41.87
	MOSAIC CO/THE (MOS)	11,755.42	15,224.52	0.04 %	3,468.10	13,012.70
	20-75-010-***1176	439	34.6800			29.64
	MOTOROLA SOLUTIONS INC (MSI)	28,676.08	27,437.40	0.07 %	- 1,238.68	28,676.08
	20-75-010-***1176	60	457.2900			477.93
	NETAPP INC (NTAP)	18,773.52	18,005.92	0.05 %	- 767.60	9,303.45
	20-75-010-***1176	152	118.4600			61.21
	NETFLIX INC (NFLX)	32,626.42	55,150.32	0.13 %	22,523.90	14,357.74
	20-75-010-***1176	46	1,198.9200			312.12
	NEWMONT CORP (NEM)	23,143.85	36,506.23	0.09 %	13,362.38	18,797.02
	20-75-010-***1176	433	84.3100			43.41
	NEXTERA ENERGY INC (NEE)	27,605.02	31,252.86	0.08 %	3,647.84	27,605.02
	20-75-010-***1176	414	75.4900			66.68
	NORTHERN TRUST CORP (NTRS)	26,703.30	34,996.00	0.08 %	8,292.70	26,703.30
	20-75-010-***1176	260	134.6000			102.71
	NUCOR CORP (NUE)	18,341.48	16,522.46	0.04 %	- 1,819.02	11,040.31
	20-75-010-***1176	122	135.4300			90.49
	NVIDIA CORP (NVDA)	407,309.76	625,789.32	1.41 %	218,479.56	26,002.12
	20-75-010-***1176	3,354	186.5800			7.75
	OCCIDENTAL PETROLEUM CORP (OXY)	22,668.77	21,782.25	0.05 %	- 886.52	23,278.75
	20-75-010-***1176	461	47.2500			50.50
	OMNICOM GROUP (OMC)	16,852.57	13,289.39	0.03 %	- 3,563.18	16,307.12
	20-75-010-***1176	163	81.5300			100.04
	ORACLE CORP (ORCL)	39,614.54	63,279.00	0.15 %	23,664.46	39,614.54
	20-75-010-***1176	225	281.2400			176.06
	PPG INDUSTRIES INC (PPG)	14,173.22	11,246.77	0.03 %	- 2,926.45	15,088.69
	20-75-010-***1176	107	105.1100			141.02
	PALANTIR TECHNOLOGIES INC-A (PLTR)	13,145.84	56,185.36	0.13 %	43,039.52	13,145.84
	20-75-010-***1176	308	182.4200			42.68
	PALO ALTO NETWORKS INC (PANW)	35,888.23	36,447.98	0.09 %	559.75	35,888.23
	20-75-010-***1176	179	203.6200			200.49

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	PAYCHEX INC (PAYX)	36,365.49	34,351.96	0.08 %	- 2,013.53	24,997.29
	20-75-010-***1176	271	126.7600			92.24
	PAYPAL HOLDINGS INC-W/I (PYPL)	23,623.53	20,453.30	0.05 %	- 3,170.23	23,623.53
	20-75-010-***1176	305	67.0600			77.45
	PEPSICO INC (PEP)	48,464.25	40,025.40	0.09 %	- 8,438.85	39,484.37
	20-75-010-***1176	285	140.4400			138.54
	PFIZER INC (PFE)	26,183.32	25,225.20	0.06 %	- 958.12	29,220.96
	20-75-010-***1176	990	25.4800			29.52
	PRICE T ROWE GROUP INC (TROW)	34,639.74	32,639.52	0.08 %	- 2,000.22	35,083.15
	20-75-010-***1176	318	102.6400			110.32
	PRINCIPAL FINANCIAL GROUP (PFG)	12,799.10	12,353.59	0.03 %	- 445.51	9,299.26
	20-75-010-***1176	149	82.9100			62.41
	PROCTER & GAMBLE CO (PG)	74,476.00	66,069.50	0.15 %	- 8,406.50	49,348.14
	20-75-010-***1176	430	153.6500			114.76
	PROGRESSIVE CORP OHIO (PGR)	25,943.07	26,423.65	0.06 %	480.58	25,943.07
	20-75-010-***1176	107	246.9500			242.46
	PULTE GROUP INC (PHM)	43,776.65	40,299.65	0.10 %	- 3,477.00	7,276.41
	20-75-010-***1176	305	132.1300			23.86
	QUALCOMM (QCOM)	30,264.71	30,776.60	0.07 %	511.89	24,053.50
	20-75-010-***1176	185	166.3600			130.02
	QUANTA SVCS INC (PWR)	28,622.40	39,784.32	0.09 %	11,161.92	15,722.70
	20-75-010-***1176	96	414.4200			163.78
	RALPH LAUREN CORP (RL)	30,437.59	49,228.92	0.12 %	18,791.33	14,828.75
	20-75-010-***1176	157	313.5600			94.45
	RTX CORPORATION (RTX)	32,834.36	45,346.43	0.11 %	12,512.07	23,677.92
	20-75-010-***1176	271	167.3300			87.37
	REGENERON PHARMACEUTICALS INC (REGN)	22,419.11	22,490.80	0.06 %	71.69	22,419.11
	20-75-010-***1176	40	562.2700			560.48
	REGIONS FINANCIAL CORP (RF)	16,121.03	18,221.67	0.05 %	2,100.64	14,886.21
	20-75-010-***1176	691	26.3700			21.54
	RESMED INC (RMD)	23,351.02	26,551.81	0.06 %	3,200.79	23,351.02
	20-75-010-***1176	97	273.7300			240.73

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	SALESFORCE INC (CRM)	57,711.15	51,666.00	0.12 %	- 6,045.15	47,343.00
	20-75-010-***1176	218	237.0000			217.17
	SCHLUMBERGER LTD (SLB)	22,846.62	18,422.32	0.05 %	- 4,424.30	22,846.62
	SEDOL 2779201	536	34.3700			42.62
	ISIN AN8068571086					
	20-75-010-***1176					
	SCHWAB CHARLES CORP NEW (SCHW)	27,786.61	36,565.01	0.09 %	8,778.40	27,786.61
	20-75-010-***1176	383	95.4700			72.55
	SERVICE NOW INC (NOW)	34,881.21	35,890.92	0.09 %	1,009.71	26,046.38
	20-75-010-***1176	39	920.2800			667.86
	SKYWORKS SOLUTIONS INC (SWKS)	16,502.30	16,550.70	0.04 %	48.40	16,502.30
	20-75-010-***1176	215	76.9800			76.75
	JM SMUCKER CO/THE-NEW COM WI (SJM)	15,864.10	14,226.60	0.04 %	- 1,637.50	15,543.11
	20-75-010-***1176	131	108.6000			118.65
	SNAP ON INC (SNA)	22,887.09	27,375.87	0.07 %	4,488.78	13,521.24
	20-75-010-***1176	79	346.5300			171.15
	SOUTHERN CO (SO)	26,783.46	28,146.69	0.07 %	1,363.23	21,292.52
	20-75-010-***1176	297	94.7700			71.69
	TJX COMPANIES INC NEW (TJX)	37,142.64	45,674.64	0.11 %	8,532.00	29,275.60
	20-75-010-***1176	316	144.5400			92.64
	TARGET CORP (TGT)	22,016.64	15,338.70	0.04 %	- 6,677.94	22,016.64
	20-75-010-***1176	171	89.7000			128.75
	TESLA INC (TSLA)	100,251.49	165,435.84	0.38 %	65,184.35	90,932.83
	20-75-010-***1176	372	444.7200			244.44
	3M COMPANY (MMM)	51,672.60	58,658.04	0.14 %	6,985.44	28,894.80
	20-75-010-***1176	378	155.1800			76.44
	THE TRAVELERS COS INC (TRV)	24,582.60	29,318.10	0.07 %	4,735.50	17,821.67
	20-75-010-***1176	105	279.2200			169.73
	TYSON FOODS INC (TSN)	18,165.80	16,561.50	0.04 %	- 1,604.30	16,927.56
	CLASS A	305	54.3000			55.50
	20-75-010-***1176					

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	UBER TECHNOLOGIES INC (UBER)	26,207.48	31,644.31	0.08 %	5,436.83	26,758.80
	20-75-010-***1176	323	97.9700			82.84
	UNITED AIRLINES HOLDINGS INC (UAL)	17,574.48	29,722.00	0.07 %	12,147.52	13,815.22
	20-75-010-***1176	308	96.5000			44.85
	UNITEDHEALTH GROUP INC (UNH)	51,451.84	30,386.40	0.07 %	- 21,065.44	21,629.26
	20-75-010-***1176	88	345.3000			245.79
	VALERO ENERGY CORP (VLO)	27,141.03	34,222.26	0.08 %	7,081.23	17,850.45
	20-75-010-***1176	201	170.2600			88.81
	VERIZON COMMUNICATIONS INC (VZ)	17,290.35	16,920.75	0.04 %	- 369.60	15,970.26
	20-75-010-***1176	385	43.9500			41.48
	VERTEX PHARMACEUTICALS INC (VRTX)	21,113.52	21,540.20	0.05 %	426.68	21,113.52
	20-75-010-***1176	55	391.6400			383.88
	VISA INC (V)	50,865.75	63,155.30	0.15 %	12,289.55	29,899.39
	CLASS A SHARES	185	341.3800			161.62
	20-75-010-***1176					
	WEC ENERGY GROUP INC (WEC)	27,892.20	33,231.10	0.08 %	5,338.90	19,382.74
	20-75-010-***1176	290	114.5900			66.84
	WELLS FARGO & COMPANY (WFC)	42,028.56	62,362.08	0.14 %	20,333.52	39,246.69
	20-75-010-***1176	744	83.8200			52.75
	WELLTOWER INC (WELL)	39,582.24	46,494.54	0.11 %	6,912.30	39,582.24
	20-75-010-***1176	261	178.1400			151.66
	WILLIAMS COMPANIES INC (WMB)	26,403.65	32,181.80	0.08 %	5,778.15	26,403.65
	20-75-010-***1176	508	63.3500			51.98
	Total corporate stock - common	**$6,626,140.48**	**$7,747,491.90**	**17.37 %**	**$1,121,351.42**	**$4,120,915.53**