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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1998

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)
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

2010 NW 150TH AVENUE
STE 200
PEMBROKE PINES, FL 33028

2b Employer Identification Number (EIN)
31-1586967

2c Plan Sponsor's telephone number
800-842-5899

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.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	9411
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)**	9411
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9218
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	9218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	9218
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)**	0
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**	1

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4D 4E 4F 4B 4A

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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 4
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

D Employer Identification Number (EIN)
31-1586967

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3350, C4613	3650	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(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

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** [ ] Health (other than dental or vision)
- **b** [ ] Dental
- **c** [ ] Vision
- **d** [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) ▶ ACCIDENTAL DEATH DISMEMBERMENT

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((**1**) + (**2**) - (**3**))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (**1**) and (**2**))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	166043
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 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

D Employer Identification Number (EIN)
31-1586967

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
FIDELITY SECURITY LIFE INSURANCE CO.

(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
43-0949844	71870	1031280	3496	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(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	

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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**	152090
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

D Employer Identification Number (EIN)
31-1586967

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
BERKSHIRE HATHAWAY SPECIALTY 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
63-0202590	22276	47-MSL-000202-0	2380	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	451042
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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

D Employer Identification Number (EIN)
31-1586967

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
CIGNA DENTAL

(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
36-2739571	79413	68179	3496	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(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**	
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)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] 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	860768
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 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

D Employer Identification Number (EIN)
31-1586967

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

NATIONAL EMPLOYEE BENEFITS ADMIN

35-0498809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	2304572	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	146249	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

MED EXPERT

1300 HANCOCK ST
REDWOOD CITY, CA 94063

(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?
73 50 12	NONE	144747	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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)

LAPADULA CARLSON & CO.

65-0292391

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	85354	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

TOP DRAWER MEDIA

20-8789452

(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?
99 50	NONE	55886	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

GODWIN, MORRIS, LAURENZI & BLOOMFIE

62-1371542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16483	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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)

SMART DATA SOLUTIONS

41-2006324

(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?
99 50	NONE	8817	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

MULTIPLAN CORP

84-3536151

(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?
99 50	NONE	423730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

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

SEGAL SELECT INSURANCE SERVICE

46-0619194

(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?
73 50	NONE	24310	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
UFCW LOCAL 1000 AND KROGER DALLAS HEALTH & WELFARE FUND

D Employer Identification Number (EIN)
31-1586967

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	109184	153178
(3) Other	1b(3)	89891	400887
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4474404	3172338
(2) U.S. Government securities	1c(2)	17051831	18675648
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4054897	3426931
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	25780207	25828982
Liabilities			
1g Benefit claims payable	1g	13413000	11102000
1h Operating payables	1h	95974	252227
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	13508974	11354227
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12271233	14474755

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)	33357974	
(B) Participants	2a(1)(B)	2221417	
(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)		35579391
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	73833	
(B) U.S. Government securities	2b(1)(B)	619074	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		692907
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	268061	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		268061
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	40610195	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	40556133	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		54062
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	230695	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		230695

		(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)		518179
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		37343295
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27373266	
(2) To insurance carriers for the provision of benefits	2e(2)	5302417	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		32675683
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1731583	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	82300	
(5) Investment advisory and investment management fees	2i(5)	49592	
(6) Bank or trust company trustee/custodial fees	2i(6)	63695	
(7) Actuarial fees	2i(7)	143760	
(8) Legal fees	2i(8)	18106	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	12824	
(11) Other expenses	2i(11)	362230	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2464090
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		35139773
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2203522
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: LAPADULA CARLSON + CO **(2)** EIN: 65-0292391

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan 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 _____.

UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

TOGETHER WITH INDEPENDENT AUDITORS' REPORT

LaPadula Carlson + Co.
Certified Public Accountants

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

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LAPADULA
CARLSON
+ Co.
CERTIFIED PUBLIC ACCOUNTANTS
550 Biltmore Way, Suite 1200
Coral Gables, FL 33134
Telephone
305-529-9300
Facsimile
305-529-0012

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
United Food and Commercial Workers Local 1000
and Kroger-Dallas Health and Welfare Fund
Dallas, Texas

Opinion

We have audited the financial statements of the **United Food and Commercial Workers Local 1000 and Kroger-Dallas Health and Welfare Fund** (the "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 benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and changes in benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America ("United States").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 these financial statements in accordance with accounting principles generally accepted in the United States, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditing standards generally accepted in the United States will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with auditing standards generally accepted in the United States, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 the 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 audits.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

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

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

LaPadula, Carlson + Co.

Coral Gables, Florida
April 30, 2026

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS, at fair value		
Corporate and foreign bonds	$ 6,896,146	$ 5,540,747
U.S. Government securities	11,779,502	11,511,084
Money market fund	41,060	176,509
Mutual funds	3,426,931	4,054,897
Total investments	22,143,639	21,283,237
RECEIVABLES:		
Participant contributions	153,178	109,184
Claims refund	15,403	23,870
Stop-loss reimbursement	373,970	66,021
Subrogation refunds	11,514	-
Total receivables	554,065	199,075
CASH	3,131,278	4,297,895
Total assets	25,828,982	25,780,207
LIABILITIES		
ACCOUNTS PAYABLE	252,227	95,974
NET ASSETS AVAILABLE FOR BENEFITS	**$ 25,576,755**	**$ 25,684,233**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS:		
Contributions -		
Employers	$ 33,357,974	$ 33,413,266
Participants	2,221,417	1,968,158
Total contributions	35,579,391	35,381,424
Investment income -		
Net appreciation in fair value of investments	802,936	534,230
Interest and dividends	960,968	997,251
Less: Investment expenses	(49,592)	(39,882)
Net investment income	1,714,312	1,491,599
Total additions	37,293,703	36,873,023
DEDUCTIONS:		
Benefits paid to or for participants	34,986,683	31,004,857
Administrative expenses	2,414,498	2,449,845
Total deductions	37,401,181	33,454,702
(Decrease) increase in net assets available for benefits	(107,478)	3,418,321
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	25,684,233	22,265,912
End of year	**$ 25,576,755**	**$ 25,684,233**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

STATEMENTS OF BENEFIT OBLIGATIONS

AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, at present value of estimated amounts, Claims payable and claims incurred but not reported	**$ 11,102,000**	**$ 13,413,000**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
NET (DECREASE) INCREASE IN OBLIGATIONS FOR CURRENT BENEFIT COVERAGE:		
(Decrease) increase during the year is attributable to -		
Claims payable and claims incurred but not reported	(2,311,000)	3,203,000
TOTAL BENEFIT OBLIGATIONS:		
Beginning of year	13,413,000	10,210,000
End of year	**$ 11,102,000**	**$ 13,413,000**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THE FINANCIAL STATEMENTS.

(1) DESCRIPTION OF THE FUND

General

The following description of the **United Food and Commercial Workers Local 1000 and Kroger-Dallas Health and Welfare Fund** (the "Fund" or "Plan") provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions. Copies are available from National Employee Benefits Administrators, Inc. ("NEBA"), the Fund's third-party administrator.

The Fund was formed pursuant to a Collective Bargaining Agreement ("CBA") between Kroger-Texas LP (the "Employer") and the United Food and Commercial Workers Local Union 1000 (the "Local"). The purpose of the Fund is to provide health and welfare benefits to eligible employees and their dependents. The Fund is subject to and complies with the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

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

Benefits

In summary, depending on the employee's classification, the Fund provides the following benefits:

- Comprehensive medical, emergency care, immunization, x-ray, laboratory and doctor visits
- Vision
- Dental
- Short-term disability
- Life insurance and accidental death and dismemberment coverage ranging from $1,000 to $25,000 (based on the employee's classification)

Prescription drug benefits are provided by the employer and are not a component of the Fund.

Plan amendments

Effective January 1, 2021, the Fund engaged HealthSmart Preferred Network and HST-VPT Health Plan. Effective January 1, 2021, the Fund offers coverage with two separate plans, the Sapphire Plan (previously known as Value Plan) and the Emerald Plan (previously known as Premium Plan).

Effective March 1, 2024, the Fund contracted HealthEquity, Inc. to administer and operate the health reimbursement arrangement.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Initial eligibility

Initial eligibility for the two plans offered effective January 1, 2021 are listed below:

Sapphire Plan for Variable Hour Employees
For employees hired on or after November 15, 2017

Employee coverage only –

- Newly hired employee only coverage employees may earn initial coverage as early as the 1st day of the 13th month of employment.
- Employees can earn initial coverage by working a minimum of 1,248 hours during the Initial Measurement Period.
- Initial eligibility for employee coverage only is measured 12 months from hire date.

Employee and child(ren) coverage –

- Newly hired employee and child(ren) coverage employees may earn initial coverage as early as the 1st day of the 13th month of employment.
- Employees can earn initial coverage by working a minimum of 1,560 hours during the Initial Measurement Period.
- Initial eligibility for employee and child(ren) coverage is measured 12 months from hire date.

For employees hired on or after November 15, 2017

Employee and spouse, family coverages (effective January 1, 2021) –

- Newly hired employee and spouse, family coverage employees may earn initial coverage as early as the 1st day of the 13th month of employment.
- Employees can earn initial coverage by working a minimum of 1,716 hours during the Initial Measurement Period.
- Initial eligibility for employee and spouse, family coverage is measured 12 months from hire date.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Initial eligibility (continued)

Emerald Plan for Variable Hour Employees
For employees hired on or after November 15, 2017

Employee coverage only –

- Newly hired employee only coverage employees may earn initial coverage as early as the 1st day of the 25th month of employment for employees hired prior to November 15, 2017 or the 1st day of the 37th month of employment for employees hired on or after November 15, 2017.
- Employees can earn initial coverage by working a minimum of 1,248 hours during the Initial Measurement Period.
- Initial eligibility for employee coverage only is measured 12 months from hire date for employees hired prior to November 15, 2017 and 24 months from hire date for employees hired on or after November 15, 2017.

Employee and child(ren) coverage –

- Newly hired employee and child(ren) coverage may earn initial coverage as early as the 1st day of the 25th month of employment for employees hired prior to November 15, 2017 or the 1st day of the 37th month of employment for employees hired on or after November 15, 2017.
- Employees can earn initial coverage by working a minimum of 1,560 hours during the Initial Measurement Period.
- Initial eligibility for employee and child(ren) coverage is measured 12 months from hire date.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Initial eligibility (continued)

Emerald Plan for Variable Hour Employees (continued)
For employees hired on or after November 15, 2017

Employee and spouse, family coverages –

- Newly hired employee and spouse, family coverage employees may earn initial coverage as early as the 1st day of the 25th month of employment for employees hired prior to November 15, 2017 or the 1st day of the 37th month of employment for employees hired on or after November 15, 2017.
- Employees can earn initial coverage by working a minimum of 1,716 hours during the Initial Measurement Period.
- Initial eligibility for employee and spouse, family coverage is measured 12 months from hire date.

Sapphire Plan for Known Full Time Employees
For employees hired on or after November 15, 2017

Employee and child(ren) coverage only –

- Newly hired employee may earn initial coverage as early as the 1st day of the 3rd month of employment.
- No minimum hours required.

Employee and spouse, family coverages –

- Newly hired employee and spouse, family coverage employees may earn initial coverage as early as the 1st day of the 13th month of employment.
- Employees can earn initial coverage by working a minimum of 1,716 hours during the Initial Measurement Period.
- Initial eligibility employee and spouse, family coverage is measured 12 months from hire date.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Initial eligibility (continued)

Emerald Plan for Known Full Time Employees
For employees hired on or after November 15, 2017

Employee and child(ren) coverage only –

- Newly hired employees may earn initial coverage as early as the 1st day of the 25th month of employment for employees hired prior to November 15, 2017, or the 1st day of the 37th month of employment for employees hired on or after November 15, 2017.
- No minimum hours required.

Employee and spouse, family coverages –

- Newly hired employees may earn initial coverage as early as the 1st day of the 25th month of employment for employees hired prior to November 15, 2017, or the 1st day of the 37th month of employment for employees hired on or after November 15, 2017.
- Employees can earn initial coverage by working a minimum of 1,716 hours during the Initial Measurement Period.
- Initial eligibility for employees is measured 12 months from hire date for employees hired prior to November 15, 2017, and 24 months from hire date for employees hired on or after November 15, 2017.

Continuing eligibility

Eligibility standards were in effect for employees who were hired on or after November 15, 2017. Continuing eligibility is determined based on employment status as either a "variable hour" employee or "known full time" employee. Continuing eligibility for the two plans offered effective January 1, 2021 are as follows:

Sapphire Plan for Variable Hour Employees
For employees hired on or after November 15, 2017

Employee coverage only –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,248 hours during the standard measurement period.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Continuing eligibility (continued)

Sapphire Plan for Variable Hour Employees (continued)
For employees hired on or after November 15, 2017

Employee and dependent(s) coverage –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,560 hours during the standard measurement period.

Employee and spouse, family coverages –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,716 hours during the standard measurement period.

Emerald Plan for Variable Hour Employees
For employees hired on or after November 15, 2017

Employee coverage only –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,248 hours during the standard measurement period.

Employee and dependent(s) coverage –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,560 hours during the standard measurement period.

Employee and spouse, family coverages –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,716 hours during the standard measurement period.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Continuing eligibility (continued)

Sapphire Plan for Known Full Time Employees
For employees hired on or after November 15, 2017

Employee and children coverage only –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- No minimum hours required during the standard measurement period.

Employee, children and spouse coverage –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,716 hours during the standard measurement period.

Emerald Plan for Known Full Time Employees
For employees hired on or after November 15, 2017

Employee and children coverage only –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- No minimum hours required during the standard measurement period.

Employee, children and spouse coverage –

- Ongoing eligibility is measured every November 1st through October 31st using the standard measurement period.
- Worked a minimum of 1,716 hours during the standard measurement period.

Extended eligibility

Since a participant's coverage ends upon termination of employment, no extended eligibility obligation is considered necessary by the Plan.

(1) DESCRIPTION OF THE FUND (CONTINUED)

Transition rules

Effective January 1, 2021, all eligible participants have the option of choosing between the following plans:

Available Plans
Sapphire Plan
Emerald Plan

COBRA

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

Funding policy

Funding is provided through employer contributions (as prescribed in the CBA), contributions paid by participants and income earned by the Fund's investments.

Effective February 1, 2024, the contribution rate is $523.71 (previously $484.81) per eligible per month.

The CBA requires that the Fund's reserve level be reviewed as of August 31st by the Fund's consultant no later than September 30th of each calendar year. The gross fund asset target is $12,000,000. If gross assets exceed the target as of August 31st of each calendar year, the following actions will be taken in the fourth quarter of each year:

- The employer will receive contribution holidays of 50% of the amount exceeding the fund asset target of $12,000,000. Employer contribution holiday during the year ended December 31, 2025, amounted to $3,963,018.
- The remaining 50% is considered the participant share and the Trustees shall use the participant portion to the benefit of the participants based on guidance from their union representatives.

Participants in the Fund are subject to the following weekly co-payments -

(1) DESCRIPTION OF THE FUND (CONTINUED)

Effective January 1, 2021, employee contribution rates are as follows:

Family Tier	Sapphire Plan Weekly Contribution	Emerald Plan Weekly Contribution
Employee Only	$ 5.00	$ 10.00
Employee & Spouse	10.00	15.00
Employee & Children	10.00	15.00
Employee & Family	15.00	20.00

Co-payments commence on the first day of the fourth month of employment provided the participant elects to have coverage through the Fund.

Health Reimbursement Arrangement

Effective March 1, 2024, the Fund contracted HealthEquity, Inc., to administer and operate the Fund's Health Reimbursement Arrangement ("HRA") to assist participants with eligible out-of-pocket healthcare expenses. During the year ended December 31, 2025, reimbursed healthcare expenses to participants amounted to $1,832,798 and the Fund paid $163,089 in HRA administrative fees.

Termination

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

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

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Fund is presented to assist in understanding the Fund's financial statements. The financial statements and notes are representations of the Trustees, who are responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America ("United States" or "U.S.") and have been consistently applied in the preparation of the accompanying financial statements.

The Fund's records are in the custody of NEBA. The administrator performs the various administrative functions necessary for the operation of the Fund, including the collection of contributions, processing of benefit claims and the payment of insurance premiums and administrative expenses.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

Risk and uncertainties

Financial instruments, which potentially expose the Fund to concentrations of risk, consist primarily of cash. The Fund maintains its cash in a bank deposit account and frequently maintains balances in excess of the federally insured limit of $250,000.

The Fund invests in various types of investment securities which 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements. The Fund's exposure to concentration of risk is mitigated by the diversification of investments across a variety of financial instruments and investment strategies.

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

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Valuation of investments and income recognition

Investments are stated at aggregate fair value. Fair value is the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date (See Note 6).

The difference between current value and the value as of the end of the prior year as well as the difference between the proceeds and the average cost of the investments sold are presented in the accompanying statements of changes in net assets available for benefits as net appreciation in the fair value of investments. Investment transactions are recognized on a trade date basis. Interest income is recognized when earned and dividend income is recognized on ex-dividend date.

Contributions receivable

Contributions receivable at December 31 represents contributions earned but not received at year end as determined by subsequent collections. Since these contributions were received in the subsequent period, an allowance for doubtful accounts is unnecessary.

Pursuant to the CBA, the Trustees implemented a policy of auditing the payroll records of the contributing employer on a periodic basis.

Benefit obligations

These obligations are determined by the Fund's consultant and are presented in the accompanying financial statements at present value.

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

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

Income taxes

In accordance with a determination letter received from the Internal Revenue Service, dated June 19, 1998, the Fund meets the requirements of the Internal Revenue Code ("IRC") Section 501(c)(9). The Fund has been amended since receiving the letter of determination. The Trustees and legal counsel believe the Fund, as amended, is in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes is considered necessary.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income taxes (continued)

The Trustees have evaluated the tax positions taken by the Fund and have concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken, that would require the recognition of a liability or asset or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions until the applicable statute of limitations expires; however, there are currently no audits for any tax periods in progress.

Reclassification

Certain 2024 amounts have been reclassified to conform to the 2025 presentation.

(3) BENEFITS PAID TO OR FOR PARTICIPANTS

Benefits paid to or for participants for the years ended December 31, 2025 and 2024, consists of the following:

	2025	2024
Payments for -		
Health and disability claims	$ 29,657,454	$ 26,781,309
HRA claims and admin fees	1,995,887	860,052
Dental premiums	860,768	839,617
Vision benefits	152,090	169,144
Preferred provider fees	1,079,595	973,457
Life insurance premiums	166,043	176,431
Coordinated Healthcare	596,992	693,963
Stop loss Insurance premiums	451,042	485,897
PCORI fees	26,812	24,987
Benefits paid to or for participants	$ 34,986,683	$ 31,004,857

(4) RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31, 2025 and 2024:

	2025	2024
Net assets available for benefits per financial statements	$ 25,576,755	$ 25,684,233
Less: Obligations for current benefit coverage	(11,102,000)	(13,413,000)
Net assets available for benefits per Form 5500	$ 14,474,755	$ 12,271,233

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the years ended December 31, 2025 and 2024:

	2025	2024
Benefits paid to or for participants per financial statements	$ 34,986,683	$ 31,004,857
Add: Current benefit obligations - end of year	11,102,000	13,413,000
Less: Current benefit obligations - beginning of year	(13,413,000)	(10,210,000)
Benefits paid to or for participants per Form 5500	$ 32,675,683	$ 34,207,857

(5) INVESTMENTS

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

During the years ended December 31, 2025 and 2024, the Fund's investments (including investments bought, sold and held during the year) appreciated in value as follows:

Description	2025	2024
Fixed income securities	$ 284,757	$ 147,838
Mutual funds	518,179	386,392
Net appreciation in fair value	$ 802,936	$ 534,230

(6) FAIR VALUE MEASUREMENT

The Fund adopted the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures,* which provides the 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 Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets' or liabilities' in active markets that the Fund 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; and
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The assets' or liabilities' 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.

The 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 December 31, 2025 and 2024.

Corporate and foreign bonds – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

(6) FAIR VALUE MEASUREMENT (CONTINUED)

U.S. Government securities – The value is calculated using quoted market prices and documented trade history in the security.

Mutual funds – The value is calculated at the daily closing price as reported by the funds. Mutual funds held by the Fund are open-ended mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Fund are deemed to be actively traded.

Money market fund – The value is calculated using a pricing model, which maximizes the use of observable inputs for similar securities.

The preceding methods may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future values. While the managers believe their valuation methods are appropriate and consistent with other market participants, the use of different methodologies to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with these securities.

The following tables set forth by levels, within the fair value hierarchy, the balances of investments measured at fair value on a recurring basis as of December 31, 2025 and 2024:

	2025			
Description	Level 1	Level 2	Level 3	Total
Fixed income:				
Corporate and foreign bonds	$ -	$ 6,896,146	$ -	$ 6,896,146
U.S. Government securities	11,779,502	-	-	11,779,502
Money market fund	-	41,060	-	41,060
Equities:				
Mutual funds	3,426,931	-	-	3,426,931
Total investments	$ 15,206,433	$ 6,937,206	$ -	$ 22,143,639

(6) FAIR VALUE MEASUREMENT (CONTINUED)

	2024			
Description	Level 1	Level 2	Level 3	Total
Fixed income:				
Corporate and foreign bonds	$ -	$ 5,540,747	$ -	$ 5,540,747
U.S. Government securities	11,511,084	-	-	11,511,084
Money market fund	-	176,509	-	176,509
Equities:				
Mutual funds	4,054,897	-	-	4,054,897
Total investments	$ 15,565,981	$ 5,717,256	$ -	$ 21,283,237

Changes in Fair Value Levels

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

The Trustees have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of levels 1, 2 or 3.

(7) PARTY IN INTEREST TRANSACTIONS

The Fund pays various administrative expenses including accounting fees, investment advisory fees, attorney fees, and other administrative fees. These are party in interest transactions.

(8) SUBSEQUENT EVENTS

In accordance with FASB ASC Topic 855, *Subsequent Events*, the Fund has evaluated events that occurred through April 30, 2026, which is the date these financial statements were available to be issued. No events have occurred subsequent to the date of the statements of net assets available for benefits and benefit obligations that would require adjustment to, or disclosure in, the financial statements.

SUPPLEMENTAL SCHEDULES

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS:				
ABBVIE INC	54,000	4.800% DUE 03/15/2029	$ 53,888	$ 55,324
ABBVIE INC	25,000	4.650% DUE 03/15/2028	24,967	25,419
AIR PRODUCTS & CHEMICALS	60,000	4.600% DUE 02/08/2029	59,911	61,053
ALPHABET INC	65,000	3.875% DUE 11/15/2028	64,944	65,317
ALPHABET INC	57,000	4.000% DUE 05/15/2030	56,668	57,120
AMERICAN EXPRESS CO	55,000	5.098% DUE 02/16/2028	55,000	55,639
AMERICAN WATER CAPITAL CO	54,000	3.750% DUE 09/01/2028	51,561	53,762
AMPHENOL CORP	57,000	4.350% DUE 06/01/2029	56,839	57,552
AMPHENOL CORP	53,000	4.125% DUE 11/15/2030	53,000	52,722
APPLE INC	57,000	4.200% DUE 05/12/2030	56,903	57,662
ASTRAZENECA FINANCE LLC	35,000	4.850% DUE 02/26/2029	34,963	35,935
BANK OF AMERICA CORP	120,000	5.933% DUE 09/15/2027	120,000	121,547
BANK OF NY MELLON CORP	56,000	4.890% DUE 07/21/2028	56,000	56,867
BHP BILLITON FIN USA LTD	62,000	5.250% DUE 09/08/2026	61,900	62,561
BHP BILLITON FIN USA LTD	60,000	5.100% DUE 09/08/2028	59,679	61,825
BHP BILLITON FIN USA LTD	13,000	5.000% DUE 02/21/2030	12,993	13,413
BRISTOL-MEYERS SQUIBB CO	54,000	4.900% DUE 02/22/2029	53,887	55,515
BROADCOM INC	63,000	4.200% DUE 10/15/2030	62,911	62,951
BP CAP MARKETS AMERICA	70,000	4.699% DUE 04/10/2029	69,986	71,354
CAPITAL ONE FINANCIAL CO	74,000	4.493% DUE 09/11/2031	74,000	73,891
CARGILL INC	55,000	4.625% DUE 02/11/2028	54,964	55,810
CARGILL INC	70,000	4.125% DUE 10/23/2030	69,819	69,696
CATERPILLAR FINANCIAL SERVICES	69,000	4.600% DUE 11/15/2027	68,941	70,127
CATERPILLAR FINANCIAL SERVICES	22,000	4.375% DUE 08/16/2029	21,940	22,302
CHARLES SCHWAB CORP	64,000	5.875% DUE 08/24/2026	63,946	64,700
CHARLES SCHWAB CORP	35,000	4.343% DUE 11/14/2031	35,000	34,948
CHEVRON USA INC	25,000	4.300% DUE 10/15/2030	24,962	25,242
CHUBB INA HOLDINGS LLC	67,000	4.650% DUE 08/15/2029	66,936	68,480
CINTAS CORPORATION NO.2	60,000	4.200% DUE 05/01/2028	59,923	60,298
CITIGROUP INC	55,000	4.786% DUE 03/04/2029	55,000	55,788
CISCO SYSTEMS INC	35,000	4.850% DUE 02/26/2029	34,988	35,924
CME GROUP INC	60,000	4.400% DUE 03/15/2030	59,744	60,863
COCA-COLA CONSOLIDATED	54,000	5.250% DUE 06/01/2029	53,915	55,874
COLGATE-PALMOLIVE CO	115,000	4.200% DUE 05/01/2030	114,939	115,783
CONOCOPHILLIPS CO	55,000	4.700% DUE 01/15/2030	54,927	56,031
CONSUMERS ENERGY CO	77,000	4.600% DUE 05/30/2029	76,821	78,250

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
DOW CHEMICAL CO	45,000	4.800% DUE 01/15/2031	44,915	44,745
DTE ELECTRIC CO	57,000	4.250% DUE 05/14/2027	56,953	57,390
ECOLAB INC	58,000	4.300% DUE 06/15/2028	57,905	58,607
ELI LILLY & CO	15,000	4.000% DUE 10/15/2028	14,993	15,101
ELI LILLY & CO	53,000	4.500% DUE 02/09/2029	52,965	53,999
ELI LILLY & CO	35,000	4.250% DUE 03/15/2031	34,990	35,259
ENTERPRISE PRODUCTS	85,000	4.300% DUE 06/20/2028	85,507	85,728
EQUITABLE AMERICA GLOBAL	85,000	4.000% DUE 09/15/2027	84,918	84,867
GENERAL ELECTRIC CO	90,000	4.300% DUE 07/29/2030	89,868	90,764
GENERAL MILLS INC	58,000	5.500% DUE 10/17/2028	57,690	60,153
GENERAL MOTORS FINANCIAL CO	40,000	5.050% DUE 04/04/2028	39,992	40,737
GEORGIA-PACIFIC LLC	60,000	4.400% DUE 06/30/2028	59,876	60,711
GOLDMAN SACHS GROUP INC	45,000	5.414% DUE 05/21/2027	45,000	45,236
GOLDMAN SACHS GROUP INC	56,000	4.692% DUE 10/23/2030	56,000	56,764
HERSHEY CO	45,000	4.550% DUE 02/24/2028	44,969	45,707
HOME DEPOT INC	74,000	3.750% DUE 09/15/2028	73,952	74,021
HOME DEPOT INC	50,000	3.950% DUE 09/15/2030	49,850	49,885
HONEYWELL INTERNATIONAL	70,000	4.875% DUE 09/01/2029	70,000	71,911
IBM CORP	50,000	4.650% DUE 02/10/2028	49,993	50,734
IBM INTERNATIONAL CAPITAL	30,000	4.700% DUE 02/05/2026	29,963	30,015
IBM INTERNATIONAL CAPITAL	42,000	4.600% DUE 02/05/2029	41,939	42,630
INTEL CORP	71,000	4.875% DUE 02/10/2026	71,205	71,045
INTERCONTINENTAL EXCHANGE	65,000	3.950% DUE 12/01/2028	64,725	65,169
JM SMUCKER CO	45,000	5.900% DUE 11/15/2028	44,980	47,147
JOHN DERRE CAPITAL CORP	50,000	4.375% DUE 10/15/2030	49,952	50,527
JPMORGAN CHASE & CO	69,000	4.505% DUE 10/22/2028	69,000	69,676
LOCKHEED MARTIN CORP	65,000	4.150% DUE 08/15/2028	64,917	65,413
LOCKHEED MARTIN CORP	65,000	4.400% DUE 08/15/2030	64,920	65,624
LOWE'S COS INC	40,000	4.000% DUE 10/15/2028	39,957	40,072
MARS INC	45,000	4.600% DUE 03/01/2028	45,000	45,617
MARS INC	45,000	4.800% DUE 03/01/2030	44,951	45,988
MASTERCARD INC	60,000	4.100% DUE 01/15/2028	59,967	60,465
META PLATFORMS INC	50,000	4.200% DUE 11/15/2030	49,941	50,106
MCDONALD'S CORP	64,000	4.800% DUE 08/14/2028	63,978	65,352
MCDONALD'S CORP	10,000	4.600% DUE 05/15/2030	9,985	10,171
MERCK & CO INC	61,000	4.150% DUE 09/15/2030	60,898	61,217
MET LIFE GLOBAL FUNDING	66,000	4.900% DUE 01/09/2030	65,864	67,529

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
MET TOWER GLOBAL FUNDING	67,000	4.000% DUE 10/01/2027	66,960	67,137
MONDELEZ INTERNATIONAL	69,000	4.750% DUE 02/20/2029	68,685	70,368
MORGAN STANLEY	130,000	4.654% DUE 10/18/2030	129,958	131,572
MORGAN STANLEY BANK	60,000	5.882% DUE 10/30/2026	60,000	60,899
NATIONAL RURAL UTIL CORP	60,000	5.600% DUE 11/13/2026	59,979	60,812
NATIONAL RURAL UTIL CORP	50,000	5.050% DUE 09/15/2028	49,994	51,299
NESTLE CAPITAL CORP	90,000	4.650% DUE 03/12/2029	89,865	92,129
NEW YORK LIFE GLOBAL	58,000	4.900% DUE 04/02/2027	57,965	58,767
NEW YORK LIFE GLOBAL	40,000	4.600% DUE 12/05/2029	39,977	40,628
NORTHERN TRUST CORP	63,000	4.150% DUE 11/19/2030	62,969	63,068
NXP BV/NXP FDG/NXP USA	50,000	4.300% DUE 08/19/2028	49,993	50,186
NVIDIA CORP	54,000	2.850% DUE 04/01/2030	48,805	51,585
O'REILLY AUTOMOTIVE INC	60,000	5.750% DUE 11/20/2026	59,972	60,807
ONEOK INC	64,000	5.650% DUE 11/01/2028	63,916	66,468
ORACLE CORP	65,000	4.450% DUE 09/26/2030	64,960	63,591
OTIS WORLDWIDE CORP	63,000	5.250% DUE 08/16/2028	62,773	64,922
PACCAR FINANCIAL CORP	54,000	4.000% DUE 09/26/2029	53,937	54,070
PEPSICO INC	25,000	4.100% DUE 01/15/2028	24,970	25,137
PEPSICO INC	69,000	4.550% DUE 02/13/2026	68,960	69,014
PEPSICO INC	50,000	4.300% DUE 07/23/2030	49,911	50,515
PHILIP MORRIS INTL INC	55,000	4.375% DUE 11/01/2027	54,627	55,482
PLAINS ALL AMERICAN PIPELINE	45,000	4.700% DUE 01/15/2031	44,939	45,253
PPG INDUSTRIES INC	50,000	4.375% DUE 03/15/2031	49,785	49,940
PROCTER & GAMBLE CO	50,000	4.100% DUE 11/03/2032	49,958	49,705
PROLOGIS LP	57,000	4.750% DUE 01/15/2031	56,826	58,266
RIO TINTO FIN USA PLC	25,000	4.500% DUE 03/14/2028	24,933	25,295
RIO TINTO FIN USA PLC	35,000	4.875% DUE 03/14/2030	34,994	35,957
RTX CORP	60,000	5.750% DUE 11/08/2026	59,946	60,817
ROPER TECHNOLOGIES INC	65,000	4.250% DUE 09/15/2028	64,984	65,230
SHELL FINANCE US INC	62,000	4.125% DUE 11/06/2030	61,914	61,991
STATE STREET BANK & TRUST	58,000	4.782% DUE 11/23/2029	58,000	59,699
STATE STREET CORP	20,000	4.536% DUE 02/28/2028	20,000	20,307
T-MOBILE USA INC	75,000	4.850% DUE 01/15/2029	74,888	76,605
TEXAS INSTRUMENTS INC	42,000	4.600% DUE 02/08/2027	41,973	42,357
TEXAS INSTRUMENTS INC	42,000	4.600% DUE 02/08/2029	41,955	42,906
THERMO FISHER SCIENTIFIC	75,000	4.200% DUE 03/01/2031	74,906	74,963
TOYOTA MOTOR CREDIT CORP	30,000	4.050% DUE 09/05/2028	29,963	30,150

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
TOYOTA MOTOR CREDIT CORP	70,000	4.350% DUE 10/08/2027	69,973	70,677
TYCO ELECTRONICS GROUP	45,000	4.625% DUE 02/01/2030	44,577	45,860
UNILEVER CAPITAL CORP	105,000	4.875% DUE 09/08/2028	104,788	107,798
UNION PACIFIC CORP	60,000	4.750% DUE 02/21/2026	59,896	60,025
USAA CAPITAL CORP	69,000	4.375% DUE 06/01/2028	68,870	69,846
US BANCORP	60,000	6.787% DUE 10/26/2027	60,000	61,311
WASTE MANAGEMENT INC	70,000	4.500% DUE 03/15/2028	69,844	70,936
WELLS FARGO & CO	70,000	5.198% DUE 01/23/2030	69,778	72,089
WILLIAMS COMPANIES INC	55,000	4.900% DUE 03/15/2029	54,911	56,146
WISCONSIN ELECTRIC POWER	50,000	4.150% DUE 10/15/2030	49,958	49,934
		Total corporate and foreign bonds	**6,800,978**	**6,896,146**
U.S. GOVERNMENT SECURITIES:				
U.S. TREASURY BILL	635,000	DUE 01/29/2026	621,832	633,317
U.S. TREASURY BILL	1,495,000	DUE 02/05/2026	1,466,106	1,489,992
U.S. TREASURY BILL	25,000	DUE 03/19/2026	24,056	24,814
U.S. TREASURY BILL	690,000	DUE 08/06/2026	665,733	675,896
U.S. TREASURY BILL	1,115,000	DUE 09/03/2026	1,078,719	1,089,578
U.S. TREASURY NOTE	265,000	4.375% DUE 07/31/2026	265,053	266,235
U.S. TREASURY NOTE	575,000	4.125% DUE 06/15/2026	569,117	576,599
U.S. TREASURY NOTE	300,000	4.875% DUE 04/30/2026	299,286	301,215
U.S. TREASURY NOTE	935,000	3.750% DUE 08/31/2026	934,930	936,000
U.S. TREASURY NOTE	175,000	3.500% DUE 09/30/2026	173,319	174,871
U.S. TREASURY NOTE	325,000	4.250% DUE 12/31/2026	324,519	327,265
U.S. TREASURY NOTE	275,000	4.125% DUE 02/15/2027	273,153	276,804
U.S. TREASURY NOTE	275,000	4.250% DUE 03/15/2027	273,744	277,329
U.S. TREASURY NOTE	150,000	3.875% DUE 03/31/2027	149,602	150,650
U.S. TREASURY NOTE	265,000	4.375% DUE 07/15/2027	266,502	268,519
U.S. TREASURY NOTE	935,000	3.750% DUE 08/15/2027	938,254	938,871
U.S. TREASURY NOTE	575,000	4.000% DUE 06/30/2028	571,790	581,733
U.S. TREASURY NOTE	1,475,000	3.375% DUE 09/15/2028	1,467,363	1,468,938
U.S. TREASURY NOTE	275,000	4.000% DUE 01/31/2029	272,208	278,501
U.S. TREASURY NOTE	770,000	3.625% DUE 09/30/2030	766,243	767,020
U.S. TREASURY NOTE	275,000	4.625% DUE 02/28/2026	274,958	275,355
		Total U.S. Government securities	**11,676,487**	**11,779,502**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
MUTUAL FUNDS:				
GABELLI ASSET FUND CLASS I	31,807	SHARES MUTUAL FUND	1,687,459	1,495,877
GABELLI GROWTH FUND CLASS I	14,726	SHARES MUTUAL FUND	1,398,144	1,931,054
		Total mutual funds	**3,085,603**	**3,426,931**
MONEY MARKET FUND,				
GS FSQ GOVERNMENT INSTL FUND	41,060	SHARES MONEY MARKET FUND	**41,060**	**41,060**
		Total investments	**$ 21,604,128**	**$ 22,143,639**

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 31-1586967

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(I) Net gain or (loss)
GS FSQ Govt Institutional Fund	Money Market Fund	$ 22,764,155	$ -	$ -	$ 22,764,155	$ 22,764,155	$ -
GS FSQ Govt Institutional Fund	Money Market Fund	-	22,899,604	-	22,899,604	22,899,604	-
U.S. Treasury Bill Due 01/29/2026	U.S. Government	1,175,116	-	-	1,175,116	1,175,116	-
U.S. Treasury Bill Due 01/29/2026	U.S. Government	-	561,574	-	553,284	561,574	8,290
U.S. Treasury Bill Due 02/05/2026	U.S. Government	1,466,106	-	-	1,466,106	1,466,106	-
U.S. Treasury Bill Due 07/31/2025	U.S. Government	1,081,923		-	1,081,923	1,081,923	-
U.S. Treasury Bill Due 07/31/2025	U.S. Government	-	1,104,827	-	1,104,478	1,104,827	349
U.S. Treasury Bill Due 08/07/2025	U.S. Government	783,183	-	-	783,183	783,183	-
U.S. Treasury Bill Due 08/07/2025	U.S. Government	-	800,000	-	800,000	800,000	-
U.S. Treasury Bill Due 08/28/2025	U.S. Government	675,419	-	-	675,419	675,419	-
U.S. Treasury Bill Due 08/28/2025	U.S. Government	-	690,000	-	690,000	690,000	-
U.S. Treasury Bill Due 09/02/2025	U.S. Government	1,060,131	-	-	1,060,131	1,060,131	-
U.S. Treasury Bill Due 09/02/2025	U.S. Government	-	1,075,000	-	1,075,000	1,075,000	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 31-1586967

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(I) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill Due 09/25/2025	U.S. Government	1,547,596	-	-	1,547,596	1,547,596	-
U.S. Treasury Bill Due 09/25/2025	U.S. Government	-	1,565,000	-	1,565,000	1,565,000	-
U.S. Treasury Bill Due 12/26/2025	U.S. Government	1,346,955	-	-	1,346,955	1,346,955	-
U.S. Treasury Bill Due 12/26/2025	U.S. Government	-	1,369,355	-	1,346,955	1,369,355	22,400
U.S. Treasury Bill Due 09/15/2028	U.S. Government	1,467,363	-	-	1,467,363	1,467,363	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning and ending

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here . . . . . ▶ ☒

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW Local 1000 and Kroger Dallas Health & Welfare Fund

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 1/1/1998

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)

UFCW Local 1000 and Kroger Dallas
Health & Welfare Fund

STE 200 2010 NW 150th Avenue
Pembroke Pines FL 33028

Electronic Filing Only

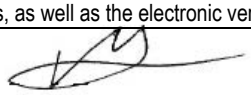
2b Employer Identification Number (EIN)
31-1586967

2c Plan Sponsor's telephone number
800-842-5899

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		9/23/2026	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor Same	**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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	9,411
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)**	9,411
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	9,218
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	9,218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	9,218
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**	1

Electronic Filing Only

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

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(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 4
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

Electronic Filing Only

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 31-1586967

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(I) Net gain or (loss)
GS FSQ Govt Institutional Fund	Money Market Fund	$ 22,764,155	$ -	$ -	$ 22,764,155	$ 22,764,155	$ -
GS FSQ Govt Institutional Fund	Money Market Fund	-	22,899,604	-	22,899,604	22,899,604	-
U.S. Treasury Bill Due 01/29/2026	U.S. Government	1,175,116	-	-	1,175,116	1,175,116	-
U.S. Treasury Bill Due 01/29/2026	U.S. Government	-	561,574	-	553,284	561,574	8,290
U.S. Treasury Bill Due 02/05/2026	U.S. Government	1,466,106	-	-	1,466,106	1,466,106	-
U.S. Treasury Bill Due 07/31/2025	U.S. Government	1,081,923		-	1,081,923	1,081,923	-
U.S. Treasury Bill Due 07/31/2025	U.S. Government	-	1,104,827	-	1,104,478	1,104,827	349
U.S. Treasury Bill Due 08/07/2025	U.S. Government	783,183	-	-	783,183	783,183	-
U.S. Treasury Bill Due 08/07/2025	U.S. Government	-	800,000	-	800,000	800,000	-
U.S. Treasury Bill Due 08/28/2025	U.S. Government	675,419	-	-	675,419	675,419	-
U.S. Treasury Bill Due 08/28/2025	U.S. Government	-	690,000	-	690,000	690,000	-
U.S. Treasury Bill Due 09/02/2025	U.S. Government	1,060,131	-	-	1,060,131	1,060,131	-
U.S. Treasury Bill Due 09/02/2025	U.S. Government	-	1,075,000	-	1,075,000	1,075,000	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

REPORTABLE TRANSACTIONS – SCHEDULE H, LINE 4j – FORM 5500

FOR THE YEAR ENDED DECEMBER 31, 2025

EIN: 31-1586967

(a) Identity of party	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(I) Net gain or (loss)
CONTINUED							
U.S. Treasury Bill Due 09/25/2025	U.S. Government	1,547,596	-	-	1,547,596	1,547,596	-
U.S. Treasury Bill Due 09/25/2025	U.S. Government	-	1,565,000	-	1,565,000	1,565,000	-
U.S. Treasury Bill Due 12/26/2025	U.S. Government	1,346,955	-	-	1,346,955	1,346,955	-
U.S. Treasury Bill Due 12/26/2025	U.S. Government	-	1,369,355	-	1,346,955	1,369,355	22,400
U.S. Treasury Bill Due 09/15/2028	U.S. Government	1,467,363	-	-	1,467,363	1,467,363	-

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS SCHEDULE.

UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS:				
ABBVIE INC	54,000	4.800% DUE 03/15/2029	$ 53,888	$ 55,324
ABBVIE INC	25,000	4.650% DUE 03/15/2028	24,967	25,419
AIR PRODUCTS & CHEMICALS	60,000	4.600% DUE 02/08/2029	59,911	61,053
ALPHABET INC	65,000	3.875% DUE 11/15/2028	64,944	65,317
ALPHABET INC	57,000	4.000% DUE 05/15/2030	56,668	57,120
AMERICAN EXPRESS CO	55,000	5.098% DUE 02/16/2028	55,000	55,639
AMERICAN WATER CAPITAL CO	54,000	3.750% DUE 09/01/2028	51,561	53,762
AMPHENOL CORP	57,000	4.350% DUE 06/01/2029	56,839	57,552
AMPHENOL CORP	53,000	4.125% DUE 11/15/2030	53,000	52,722
APPLE INC	57,000	4.200% DUE 05/12/2030	56,903	57,662
ASTRAZENECA FINANCE LLC	35,000	4.850% DUE 02/26/2029	34,963	35,935
BANK OF AMERICA CORP	120,000	5.933% DUE 09/15/2027	120,000	121,547
BANK OF NY MELLON CORP	56,000	4.890% DUE 07/21/2028	56,000	56,867
BHP BILLITON FIN USA LTD	62,000	5.250% DUE 09/08/2026	61,900	62,561
BHP BILLITON FIN USA LTD	60,000	5.100% DUE 09/08/2028	59,679	61,825
BHP BILLITON FIN USA LTD	13,000	5.000% DUE 02/21/2030	12,993	13,413
BRISTOL-MEYERS SQUIBB CO	54,000	4.900% DUE 02/22/2029	53,887	55,515
BROADCOM INC	63,000	4.200% DUE 10/15/2030	62,911	62,951
BP CAP MARKETS AMERICA	70,000	4.699% DUE 04/10/2029	69,986	71,354
CAPITAL ONE FINANCIAL CO	74,000	4.493% DUE 09/11/2031	74,000	73,891
CARGILL INC	55,000	4.625% DUE 02/11/2028	54,964	55,810
CARGILL INC	70,000	4.125% DUE 10/23/2030	69,819	69,696
CATERPILLAR FINANCIAL SERVICES	69,000	4.600% DUE 11/15/2027	68,941	70,127
CATERPILLAR FINANCIAL SERVICES	22,000	4.375% DUE 08/16/2029	21,940	22,302
CHARLES SCHWAB CORP	64,000	5.875% DUE 08/24/2026	63,946	64,700
CHARLES SCHWAB CORP	35,000	4.343% DUE 11/14/2031	35,000	34,948
CHEVRON USA INC	25,000	4.300% DUE 10/15/2030	24,962	25,242
CHUBB INA HOLDINGS LLC	67,000	4.650% DUE 08/15/2029	66,936	68,480
CINTAS CORPORATION NO.2	60,000	4.200% DUE 05/01/2028	59,923	60,298
CITIGROUP INC	55,000	4.786% DUE 03/04/2029	55,000	55,788
CISCO SYSTEMS INC	35,000	4.850% DUE 02/26/2029	34,988	35,924
CME GROUP INC	60,000	4.400% DUE 03/15/2030	59,744	60,863
COCA-COLA CONSOLIDATED	54,000	5.250% DUE 06/01/2029	53,915	55,874
COLGATE-PALMOLIVE CO	115,000	4.200% DUE 05/01/2030	114,939	115,783
CONOCOPHILLIPS CO	55,000	4.700% DUE 01/15/2030	54,927	56,031
CONSUMERS ENERGY CO	77,000	4.600% DUE 05/30/2029	76,821	78,250

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UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
DOW CHEMICAL CO	45,000	4.800% DUE 01/15/2031	44,915	44,745
DTE ELECTRIC CO	57,000	4.250% DUE 05/14/2027	56,953	57,390
ECOLAB INC	58,000	4.300% DUE 06/15/2028	57,905	58,607
ELI LILLY & CO	15,000	4.000% DUE 10/15/2028	14,993	15,101
ELI LILLY & CO	53,000	4.500% DUE 02/09/2029	52,965	53,999
ELI LILLY & CO	35,000	4.250% DUE 03/15/2031	34,990	35,259
ENTERPRISE PRODUCTS	85,000	4.300% DUE 06/20/2028	85,507	85,728
EQUITABLE AMERICA GLOBAL	85,000	4.000% DUE 09/15/2027	84,918	84,867
GENERAL ELECTRIC CO	90,000	4.300% DUE 07/29/2030	89,868	90,764
GENERAL MILLS INC	58,000	5.500% DUE 10/17/2028	57,690	60,153
GENERAL MOTORS FINANCIAL CO	40,000	5.050% DUE 04/04/2028	39,992	40,737
GEORGIA-PACIFIC LLC	60,000	4.400% DUE 06/30/2028	59,876	60,711
GOLDMAN SACHS GROUP INC	45,000	5.414% DUE 05/21/2027	45,000	45,236
GOLDMAN SACHS GROUP INC	56,000	4.692% DUE 10/23/2030	56,000	56,764
HERSHEY CO	45,000	4.550% DUE 02/24/2028	44,969	45,707
HOME DEPOT INC	74,000	3.750% DUE 09/15/2028	73,952	74,021
HOME DEPOT INC	50,000	3.950% DUE 09/15/2030	49,850	49,885
HONEYWELL INTERNATIONAL	70,000	4.875% DUE 09/01/2029	70,000	71,911
IBM CORP	50,000	4.650% DUE 02/10/2028	49,993	50,734
IBM INTERNATIONAL CAPITAL	30,000	4.700% DUE 02/05/2026	29,963	30,015
IBM INTERNATIONAL CAPITAL	42,000	4.600% DUE 02/05/2029	41,939	42,630
INTEL CORP	71,000	4.875% DUE 02/10/2026	71,205	71,045
INTERCONTINENTAL EXCHANGE	65,000	3.950% DUE 12/01/2028	64,725	65,169
JM SMUCKER CO	45,000	5.900% DUE 11/15/2028	44,980	47,147
JOHN DERRE CAPITAL CORP	50,000	4.375% DUE 10/15/2030	49,952	50,527
JPMORGAN CHASE & CO	69,000	4.505% DUE 10/22/2028	69,000	69,676
LOCKHEED MARTIN CORP	65,000	4.150% DUE 08/15/2028	64,917	65,413
LOCKHEED MARTIN CORP	65,000	4.400% DUE 08/15/2030	64,920	65,624
LOWE'S COS INC	40,000	4.000% DUE 10/15/2028	39,957	40,072
MARS INC	45,000	4.600% DUE 03/01/2028	45,000	45,617
MARS INC	45,000	4.800% DUE 03/01/2030	44,951	45,988
MASTERCARD INC	60,000	4.100% DUE 01/15/2028	59,967	60,465
META PLATFORMS INC	50,000	4.200% DUE 11/15/2030	49,941	50,106
MCDONALD'S CORP	64,000	4.800% DUE 08/14/2028	63,978	65,352
MCDONALD'S CORP	10,000	4.600% DUE 05/15/2030	9,985	10,171
MERCK & CO INC	61,000	4.150% DUE 09/15/2030	60,898	61,217
MET LIFE GLOBAL FUNDING	66,000	4.900% DUE 01/09/2030	65,864	67,529

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UNITED FOOD AND COMMERCIAL WORKERS

LOCAL 1000 AND KROGER-DALLAS HEALTH AND WELFARE FUND

ASSETS (HELD AT END OF YEAR) – SCHEDULE H, LINE 4i – FORM 5500

AS OF DECEMBER 31, 2025

EIN: 31-1586967

(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity		(d) Cost	(e) Current value
CORPORATE AND FOREIGN BONDS (CONTINUED):				
MET TOWER GLOBAL FUNDING	67,000	4.000% DUE 10/01/2027	66,960	67,137
MONDELEZ INTERNATIONAL	69,000	4.750% DUE 02/20/2029	68,685	70,368
MORGAN STANLEY	130,000	4.654% DUE 10/18/2030	129,958	131,572
MORGAN STANLEY BANK	60,000	5.882% DUE 10/30/2026	60,000	60,899
NATIONAL RURAL UTIL CORP	60,000	5.600% DUE 11/13/2026	59,979	60,812
NATIONAL RURAL UTIL CORP	50,000	5.050% DUE 09/15/2028	49,994	51,299
NESTLE CAPITAL CORP	90,000	4.650% DUE 03/12/2029	89,865	92,129
NEW YORK LIFE GLOBAL	58,000	4.900% DUE 04/02/2027	57,965	58,767
NEW YORK LIFE GLOBAL	40,000	4.600% DUE 12/05/2029	39,977	40,628
NORTHERN TRUST CORP	63,000	4.150% DUE 11/19/2030	62,969	63,068
NXP BV/NXP FDG/NXP USA	50,000	4.300% DUE 08/19/2028	49,993	50,186
NVIDIA CORP	54,000	2.850% DUE 04/01/2030	48,805	51,585
O'REILLY AUTOMOTIVE INC	60,000	5.750% DUE 11/20/2026	59,972	60,807
ONEOK INC	64,000	5.650% DUE 11/01/2028	63,916	66,468
ORACLE CORP	65,000	4.450% DUE 09/26/2030	64,960	63,591
OTIS WORLDWIDE CORP	63,000	5.250% DUE 08/16/2028	62,773	64,922
PACCAR FINANCIAL CORP	54,000	4.000% DUE 09/26/2029	53,937	54,070
PEPSICO INC	25,000	4.100% DUE 01/15/2028	24,970	25,137
PEPSICO INC	69,000	4.550% DUE 02/13/2026	68,960	69,014
PEPSICO INC	50,000	4.300% DUE 07/23/2030	49,911	50,515
PHILIP MORRIS INTL INC	55,000	4.375% DUE 11/01/2027	54,627	55,482
PLAINS ALL AMERICAN PIPELINE	45,000	4.700% DUE 01/15/2031	44,939	45,253
PPG INDUSTRIES INC	50,000	4.375% DUE 03/15/2031	49,785	49,940
PROCTER & GAMBLE CO	50,000	4.100% DUE 11/03/2032	49,958	49,705
PROLOGIS LP	57,000	4.750% DUE 01/15/2031	56,826	58,266
RIO TINTO FIN USA PLC	25,000	4.500% DUE 03/14/2028	24,933	25,295
RIO TINTO FIN USA PLC	35,000	4.875% DUE 03/14/2030	34,994	35,957
RTX CORP	60,000	5.750% DUE 11/08/2026	59,946	60,817
ROPER TECHNOLOGIES INC	65,000	4.250% DUE 09/15/2028	64,984	65,230
SHELL FINANCE US INC	62,000	4.125% DUE 11/06/2030	61,914	61,991
STATE STREET BANK & TRUST	58,000	4.782% DUE 11/23/2029	58,000	59,699
STATE STREET CORP	20,000	4.536% DUE 02/28/2028	20,000	20,307
T-MOBILE USA INC	75,000	4.850% DUE 01/15/2029	74,888	76,605
TEXAS INSTRUMENTS INC	42,000	4.600% DUE 02/08/2027	41,973	42,357
TEXAS INSTRUMENTS INC	42,000	4.600% DUE 02/08/2029	41,955	42,906
THERMO FISHER SCIENTIFIC	75,000	4.200% DUE 03/01/2031	74,906	74,963
TOYOTA MOTOR CREDIT CORP	30,000	4.050% DUE 09/05/2028	29,963	30,150

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CORPORATE AND FOREIGN BONDS (CONTINUED):				
TOYOTA MOTOR CREDIT CORP	70,000	4.350% DUE 10/08/2027	69,973	70,677
TYCO ELECTRONICS GROUP	45,000	4.625% DUE 02/01/2030	44,577	45,860
UNILEVER CAPITAL CORP	105,000	4.875% DUE 09/08/2028	104,788	107,798
UNION PACIFIC CORP	60,000	4.750% DUE 02/21/2026	59,896	60,025
USAA CAPITAL CORP	69,000	4.375% DUE 06/01/2028	68,870	69,846
US BANCORP	60,000	6.787% DUE 10/26/2027	60,000	61,311
WASTE MANAGEMENT INC	70,000	4.500% DUE 03/15/2028	69,844	70,936
WELLS FARGO & CO	70,000	5.198% DUE 01/23/2030	69,778	72,089
WILLIAMS COMPANIES INC	55,000	4.900% DUE 03/15/2029	54,911	56,146
WISCONSIN ELECTRIC POWER	50,000	4.150% DUE 10/15/2030	49,958	49,934
		Total corporate and foreign bonds	**6,800,978**	**6,896,146**
U.S. GOVERNMENT SECURITIES:				
U.S. TREASURY BILL	635,000	DUE 01/29/2026	621,832	633,317
U.S. TREASURY BILL	1,495,000	DUE 02/05/2026	1,466,106	1,489,992
U.S. TREASURY BILL	25,000	DUE 03/19/2026	24,056	24,814
U.S. TREASURY BILL	690,000	DUE 08/06/2026	665,733	675,896
U.S. TREASURY BILL	1,115,000	DUE 09/03/2026	1,078,719	1,089,578
U.S. TREASURY NOTE	265,000	4.375% DUE 07/31/2026	265,053	266,235
U.S. TREASURY NOTE	575,000	4.125% DUE 06/15/2026	569,117	576,599
U.S. TREASURY NOTE	300,000	4.875% DUE 04/30/2026	299,286	301,215
U.S. TREASURY NOTE	935,000	3.750% DUE 08/31/2026	934,930	936,000
U.S. TREASURY NOTE	175,000	3.500% DUE 09/30/2026	173,319	174,871
U.S. TREASURY NOTE	325,000	4.250% DUE 12/31/2026	324,519	327,265
U.S. TREASURY NOTE	275,000	4.125% DUE 02/15/2027	273,153	276,804
U.S. TREASURY NOTE	275,000	4.250% DUE 03/15/2027	273,744	277,329
U.S. TREASURY NOTE	150,000	3.875% DUE 03/31/2027	149,602	150,650
U.S. TREASURY NOTE	265,000	4.375% DUE 07/15/2027	266,502	268,519
U.S. TREASURY NOTE	935,000	3.750% DUE 08/15/2027	938,254	938,871
U.S. TREASURY NOTE	575,000	4.000% DUE 06/30/2028	571,790	581,733
U.S. TREASURY NOTE	1,475,000	3.375% DUE 09/15/2028	1,467,363	1,468,938
U.S. TREASURY NOTE	275,000	4.000% DUE 01/31/2029	272,208	278,501
U.S. TREASURY NOTE	770,000	3.625% DUE 09/30/2030	766,243	767,020
U.S. TREASURY NOTE	275,000	4.625% DUE 02/28/2026	274,958	275,355
		Total U.S. Government securities	**11,676,487**	**11,779,502**

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MUTUAL FUNDS:				
GABELLI ASSET FUND CLASS I	31,807	SHARES MUTUAL FUND	1,687,459	1,495,877
GABELLI GROWTH FUND CLASS I	14,726	SHARES MUTUAL FUND	1,398,144	1,931,054
		Total mutual funds	**3,085,603**	**3,426,931**
MONEY MARKET FUND,				
GS FSQ GOVERNMENT INSTL FUND	41,060	SHARES MONEY MARKET FUND	**41,060**	**41,060**
		Total investments	**$ 21,604,128**	**$ 22,143,639**

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