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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 03/01/1961

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

Board of Trustees, UFCW Unions and
Participating Employers Health and

Associated Administrators, LLC
8400 Corporate Drive, Ste. 430

Landover MD 20785-2361

2b Employer Identification Number (EIN) 52-6044428

2c Plan Sponsor's telephone number (301)459-3020

2d Business code (see instructions) 525100

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			Mark Federici
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			William Seehafer
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	2,040
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1,590
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1,032
b	Retired or separated participants receiving benefits	**6b**	434
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1,466
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	5

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

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

4A 4B 4D 4E 4F 4Q

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] 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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 5 **A** (Insurance Information)
- **(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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_____

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

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

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Part II Basic Plan Information—enter all requested information

1a Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

1b Three-digit plan number (PN) ▶ 502

1c Effective date of plan 03/01/1961

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

Associated Administrators, LLC
8400 Corporate Drive, Ste. 430

Landover MD 20785-2361

2b Employer Identification Number (EIN) 52-6044428

2c Plan Sponsor's telephone number (301) 459-3020

2d Business code (see instructions) 525100

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	Mark Federici	10/15/2021	Mark Federici
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	William Seehafer	10-15-21	William Seehafer
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2,040
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**).		
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c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1,466
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
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**	5

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

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

4A 4B 4D 4E 4F 4Q

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

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

a Pension Schedules		**b General Schedules**		
(1) [ ]	**R** (Retirement Plan Information)	(1) [X]		**H** (Financial Information)
(2) [ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]		**I** (Financial Information – Small Plan)
		(3) [X]	5	**A** (Insurance Information)
(3) [ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
Board of Trustees, UFCW Unions and Participating Employers Health and

D Employer Identification Number (EIN)
52-6044428

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

Beacon Health Options, Inc

(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
54-1414194	62199		611	01/01/2020	12/31/2020

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ EAP Program

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** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶EAP Program

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	6,284
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

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Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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1 Coverage Information:

(a) Name of insurance carrier

Fidelity Security Life Insurance

(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	12030-7,8	2,193	01/01/2020	12/31/2020

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

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

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

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

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

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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)**	81,292		
(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)**	81,292
b Benefit charges (1) Claims paid	**9b(1)**	36,593		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	36,593
(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)**	15,039		
(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)**	15,039
(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**	
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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
Board of Trustees, UFCW Unions and Participating Employers Health and

D Employer Identification Number (EIN)
52-6044428

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

Group Dental Service of Maryland, Inc.

(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
52-2056201	95846	01GDS01	2,196	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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	684,066
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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
Board of Trustees, UFCW Unions and Participating Employers Health and

D Employer Identification Number (EIN)
52-6044428

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

Kaiser Foundation Health Plan of the Mid-Atlantic

(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
52-0954463	95639	1313	231	06/01/2019	05/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(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 ☐ 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**	647,757
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
Board of Trustees, UFCW Unions and Participating Employers Health and

D Employer Identification Number (EIN)
52-6044428

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

Metropolitan 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
13-5581829	65978	526044	4,465	09/01/2019	08/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(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** ☐ Dental
- **c** ☐ Vision
- **d** ☒ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☒ Other (specify) ▶ Accidental Death and 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	80,683
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
UFCW Unions and Participating Employers Health and Welfare Fund	502

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
Board of Trustees, UFCW Unions and Participating Employers Health and	52-6044428

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

ASSOCIATED ADMINISTRATORS LLC
52-0940029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	591,174	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONIFER VALUE BASED CARE LLC
52-1964905

(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?
15 23 50	NONE	188,816	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SLEVIN & HART PC
52-1708613

(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	107,704	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

THE SEGAL COMPANY
13-1835864

(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?
16 50	NONE	64,000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH + BROWN
22-2027092

(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	53,337	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEACON
54-1414194

(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?
23 50	NONE	44,487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAREFIRST
52-1385894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	41,183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON
13-4215617

(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	19,950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC
13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	5,097	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MORGAN LEWIS & BOCKIUS LLP
23-0891050

(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	51,097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
UFCW Unions and Participating Employers Health and Welfare Fund

B Three-digit plan number (PN) ▶ 502

C Plan sponsor's name as shown on line 2a of Form 5500
Board of Trustees, UFCW Unions and Participating Employers Health and

D Employer Identification Number (EIN)
52-6044428

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	1,145	2,580
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1,710,240	786,447
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	752,129	694,739
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	732,026	724,604
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1,163,419	1,359,914
(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)	9,320,269	4,957,937
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	56,503	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	90,038	19,757
f	Total assets (add all amounts in lines 1a through 1e)	1f	13,825,769	8,545,978
	Liabilities			
g	Benefit claims payable	1g	1,878,529	1,379,832
h	Operating payables	1h	132,564	103,808
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	133,142	133,142
k	Total liabilities (add all amounts in lines 1g through1j)	1k	2,144,235	1,616,782
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11,681,534	6,929,196

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)	11,393,112	
	(B) Participants	2a(1)(B)	193,666	
	(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)		11,586,778
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(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)	53,934	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		53,934
	(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)	40,907	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		40,907
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1,077,655	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1,067,113	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		10,542
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	54,881	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		54,881

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		22,775
d Total income. Add all **income** amounts in column (b) and enter total	2d		11,769,817
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9,656,008	
(2) To insurance carriers for the provision of benefits	2e(2)	4,021,642	
(3) Other	2e(3)	1,591,378	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		15,269,028
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	296,088	
(2) Contract administrator fees	2i(2)	325,137	
(3) Investment advisory and management fees	2i(3)	9,637	
(4) Other	2i(4)	622,265	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1,253,127
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16,522,155
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4,752,338
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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	

			Yes	No	Amount
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		1,000,000
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 ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

UFCW Unions and Participating Employers Health and Welfare Fund

EIN 52-6044428
Plan No. 502
Plan Year Ended December 31, 2020

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

UFCW UNIONS AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

EIN 52-6044428
Plan No. 502
Plan Year Ended December 31, 2020

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

UFCW UNIONS AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

EIN 52-6044428
Plan No. 502
Plan Year Ended December 31, 2020

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

UNITED FOOD AND COMMERCIAL WORKERS UNIONS AND PARTICIPATING EMPLOYERS HEALTH AND WELFARE FUND

Financial Statements

December 31, 2020 and 2019

With Independent Auditor's Report

withum

ADVISORY TAX AUDIT

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund
Table of Contents
December 31, 2019 and 2018

withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund:

Report on the Financial Statements

We have audited the accompanying financial statements of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to financial statements.

Management's Responsibility 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 of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund as of December 31, 2020 and 2019, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

WithumSmith+Brown, PC

October 12, 2021

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Cash and cash equivalents	$ 4,960,517	$ 9,321,414
Investments at fair value		
U.S. government and agency securities	724,604	732,026
Corporate bonds and municipal bonds	1,359,914	1,219,922
Total investments	2,084,518	1,951,948
Receivables		
Employers' contributions	786,447	1,710,240
Prescription rebates	642,858	669,545
Accrued interest	11,729	23,248
Due from pension fund	20,175	-
Other	19,977	59,336
Total receivables	1,481,186	2,462,369
Prepaid expenses	19,757	90,038
Total assets	8,545,978	13,825,769
Liabilities		
Accounts payable and accrued expenses	103,808	132,564
Employer deposits	133,142	133,142
Total liabilities	236,950	265,706
Net assets available for benefits	$ 8,309,028	$ 13,560,063

The Notes to Financial Statements are an integral part of these statements.

United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions		
Contributions		
Employers	$ 11,393,112	$ 20,367,954
Participants	193,666	197,363
Total contributions	11,586,778	20,565,317
Investment income		
Net appreciation in fair value of investments	65,423	60,533
Interest and dividends	94,841	232,572
Investment expenses	(9,637)	(8,486)
Net investment income	150,627	284,619
Other income	22,775	22,500
Total additions	11,760,180	20,872,436
Deductions		
Benefits	15,767,725	18,919,312
Claims administration fees	552,556	655,692
Administrative expenses		
Contract administrator fees	325,137	374,333
Affordable Care Act fees	7,854	9,854
Legal fees	158,801	83,857
Conference and meeting expenses	-	4,795
Audit fees	53,337	46,800
Actuary fees	19,950	13,366
Postage, printing, and supplies	15,763	31,998
Bonding and insurance	35,020	62,436
Telephone	1,751	1,351
Consulting fees	64,000	64,000
Miscellaneous	9,321	6,394
Total administrative expenses	690,934	699,184
Total deductions	17,011,215	20,274,188
Net change in net assets available for benefits	(5,251,035)	598,248
Net assets available for benefits		
Beginning of year	13,560,063	12,961,815
End of year	$ 8,309,028	$ 13,560,063

The Notes to Financial Statements are an integral part of these statements.

1. PLAN DESCRIPTION

General

The United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (the "Plan") is a multiemployer health benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective September 1, 2012, the Board of Trustees of the Plan approved separation of the health and welfare plan for active participants and the health and welfare plan for retirees by establishment of two separate programs under the Trust. The active program is called the UFCW Unions and Participating Employers Active Health and Welfare Plan and the retiree program is called the UFCW Unions and Participating Employers Retiree Health and Welfare Plan. The assets, liabilities, income and expenses of these two programs are separately accounted for and all activity of these two programs have been combined in the Plan's financial statements.

Benefits

The Plan covers employees working in jobs covered by the collective bargaining agreements between certain employers and United Food and Commercial Workers Local Unions 400 and 27, and employees of participating employers for which contributions are required to be made to the Plan. The Plan provides benefits such as medical, hospitalization, surgical, mental health/substance abuse, life and accidental death and dismemberment insurance, accident and sickness, prescription drug, dental and optical benefits. Benefit levels vary, and are determined by the amount of the contributions as agreed to in the collective bargaining agreements and participation agreements. Under the provisions of the Consolidated Omnibus Budget Reconciliation Act ("COBRA"), participants and their dependents may continue their eligibility for benefits under the Plan for a certain period after the occurrence of a qualifying event.

Both full time and part time employees are eligible to participate in this Plan if they are employed by a participating employer and covered by a collective bargaining agreement which provides for contributions for coverage under this Plan. The level of benefits is determined by the amount of contribution.

Eligible retirees may elect health and welfare coverage, including prescription drug coverage, subject to Plan rules and co-payments, if applicable.

Participants should refer to the Summary Plan Description for more complete information.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents
Cash equivalents include money market funds valued at the daily closing price as reported by the funds. The money market funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.

Valuation of Investments and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 on fair value measurements for valuation methodologies in detail. Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held during the year.

Claims Payable and Claims Incurred But Not Reported
Claims payable represent amounts reported at year-end, which have not yet been paid from the net assets of the Plan. The Plan's obligation for claims incurred by participants but not reported at year end are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan.

Postretirement Benefit Obligations
The postretirement benefit obligation as of December 31, 2020 and 2019 represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2020 and 2019, reduced by the actuarial present value of contributions expected to be received in the future from or on behalf of current Plan participants. Postretirement benefits include future benefits for (1) currently eligible retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit is the portion of the expected postretirement benefit that is attributed to that employee's service in the industry rendered to the valuation date. However, as stated under the terms of the Plan, the Trustees and/or collective bargaining parties reserve the right to amend, modify, or terminate the Plan and the benefits provided thereunder, in whole or in part, at any time.

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

Benefits
Benefits are recognized when paid.

Employers' Contributions Receivable
The Plan reports as employers' contributions receivable contributions due which relate to work periods on or before December 31, but not received by year end. Estimates may be used if remittance reports are not received timely. No allowance for uncollectible accounts has been established, as it is believed that all receivables are collectible.

Contributions from Participants

Participant contributions represent COBRA premiums as well as premium copayments received from current retirees. All retirees are required to pay for Medicare Part B when they become eligible for that benefit.

Newly Adopted Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") 2018-13, Fair Value Measurement (Topic 820): *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement,* which includes amendments intended to improve the effectiveness of disclosure requirements for recurring and nonrecurring fair value measurements. The standard removes, modifies, and adds certain disclosure requirements and affects entities that are required to include fair value measurement disclosures. The amendments in this update are effective for fiscal years beginning after December 15, 2019, and interim periods within those fiscal years. For the year ended December 31, 2020, Plan management, in consultation with the Plan's auditor, adopted the amendments for permitting removed or modified disclosures in accounting principles reflected in ASU No. 2018-13, Fair Value Measurement (Topic 820): *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. There were no material effects of the adoption on the Plan's financial statements.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2020 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through October 12, 2021, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. BENEFIT OBLIGATIONS

The Plan reports its benefit obligations in conformity with accounting principles generally accepted in the United States of America. Information regarding amounts currently payable to or for participants, beneficiaries, and dependents for service providers and insurance premiums as of December 31, 2020 and 2019 are determined by the Plan's management. Information regarding amounts incurred but not reported and the present value of the Plan's benefit obligations as of December 31, 2020 and 2019, is determined by the Plan's actuaries. Information regarding the present value of the Plan's benefit obligations as of December 31, is shown below:

	2020	2019
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims payable and claims incurred but not reported	$ 1,246,404	$ 1,674,309
Group insurance and service providers payable	133,428	204,220
Total amounts currently payable to or for participants, beneficiaries, and dependents	1,379,832	1,878,529
Benefit obligations		
Current retirees	54,400,000	50,300,000
Other participants fully eligible for benefits	18,500,000	21,000,000
Participants not fully eligible for benefits	13,100,000	17,000,000
Total benefit obligations	86,000,000	88,300,000
Total plan benefit obligations	$ 87,379,832	$ 90,178,529

Information regarding the changes in benefit obligations for the years ended December 31, 2020 and 2019 is shown below:

	2020	2019
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims payable and claims incurred but not reported	$ 1,246,404	$ 1,674,309
Group insurance and service providers payable	133,428	204,220
Total amounts currently payable to or for participants, beneficiaries, and dependents	1,379,832	1,878,529
Benefit obligations		
Current retirees	54,400,000	50,300,000
Other participants fully eligible for benefits	18,500,000	21,000,000
Participants not fully eligible for benefits	13,100,000	17,000,000
Total benefit obligations	86,000,000	88,300,000
Total plan benefit obligations	$ 87,379,832	$ 90,178,529

	2020	2019
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	$ 1,878,529	$ 2,223,555
Increase (decrease) during year attributable to		
Changes in claims payable and claims incurred but not reported	(427,905)	(444,137)
Changes in group insurance and service providers payable	(70,792)	99,111
Balance at end of year	1,379,832	1,878,529
Postretirement benefit obligations		
Balance at beginning of year	88,300,000	102,100,000
Increase (decrease) during year attributable to		
Estimated net benefits paid	(2,700,000)	(2,800,000)
Changes in actuarial assumptions	7,300,000	(13,100,000)
Passage of time	2,900,000	3,600,000
Benefits earned	800,000	1,000,000
Other changes	(10,600,000)	(2,500,000)
Balance at end of year	86,000,000	88,300,000
Total Plan benefit obligations	$ 87,379,832	$ 90,178,529

Some of the more significant actuarial assumptions used to calculate the benefit obligations at December 31, 2020 and 2019 are as follows:

- Discount Rate – 2.5% for 2020 and 3.25% for 2019.
- Health cost trend for Medical - For 2020, an initial trend rate of 6.0% for 2022 followed by 5.80% for 2023 grading to 3.50% for 2041 and later. For 2019, an initial trend rate of 11.80% for 2021 followed by 5.60% for 2022 grading to 3.30% for 2041 and later.
- Health cost trend for Drug - For 2020, an initial trend rate of 6.00% for 2022 followed by 5.80% for 2023 grading to 3.50% for 2041 and later. For 2019, an initial trend rate of 4.00% for 2021 followed by 5.60% for 2022 grading to 3.30% for 2041 and later.
- Rates of mortality for active and healthy inactive participants - For 2020 and 2019 based on the RP-2000 healthy annuitant mortality table (2014 base year – fully generational with Scale AA).
- Rates of mortality for disabled participants - For 2020 and 2019, based on the RP-2000 disabled annuitant mortality table for ages prior to 65 and the same mortality as healthy inactives for ages 65 and older.
- Rates of retirement: For 2020 and 2019, 5% for ages 55-59, 10% for ages 60-64, 50% for ages 65-66, and 100% for ages 67 and older.

The benefit obligations are reported net of the present value of estimated contributions expected to be paid by retirees of $3,000,000 and $3,100,000 as of December 31, 2020 and 2019, respectively.

The medical trend rate has a significant effect on the amounts reported. If the assumed rates increased by one-percentage point in each year, that would increase the benefit obligations as of December 31, 2020 and 2019 by $13,800,000 and $14,400,000, respectively.

The Plan made prescription drug benefit payments of $4,745,130 and $5,094,343 during the years ended December 31, 2020 and 2019, respectively. The Plan received $56,311 and $98,994 of Medicare subsidies during the years ended December 31, 2020 and 2019, respectively. Medicare subsidies are netted with benefits that are shown on the statements of changes in net assets available for benefits.

4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include 1) quoted prices for similar assets or liability in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability; 4) 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 the liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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 valuation methodology used at December 31, 2020 and 2019.

- Certain U.S. government and agency securities are valued based on quoted market prices.
- Certain U.S. government and agency securities, and corporate bonds are valued using quoted prices of similar assets, corroborated market data, indices and/or yield curves.

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 end of the reporting period.

Management evaluates 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, 2020 and 2019, there were no transfers in or out of level 3.

As of December 31, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2020			
	Level 1	Level 2	Level 3	Total Fair Value
US government and agency securities	$ 413,333	$ 311,271	$ -	$ 724,604
Corporate bonds	-	1,359,914	-	1,359,914
Total assets in fair value hierarchy	$ 147,618	$ 6,485,941	$ -	$ 2,084,518

	2019			
	Level 1	Level 2	Level 3	Total Fair Value
US government and agency securities	$ 147,618	$ 584,408	$ -	$ 732,026
Corporate bonds	-	1,219,922	-	1,219,922
Total assets in fair value hierarchy	$ 147,618	$ 1,804,330	$ -	$ 1,951,948

5. RISKS AND UNCERTAINTIES

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

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

Management continues to evaluate the impact of the COVID-19 Virus (the "Virus") on the Plan and has concluded that while it is reasonably possible that the Virus could have a negative effect on the Plan's financial position and changes therein, the specific impact is not readily determinable as of the date of these financial statements.

6. TAX STATUS

The Internal Revenue Service ("IRS") has recognized the trust that holds the assets of the Plan as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (the "Code"), as described at Section 501(c)(9), and as stated in its latest determination letter received in 1994. The IRS stated the Plan, as then designed, was in compliance with the applicable requirements of the Code. The Plan has been amended since receiving the determination letter. However, the Plan's Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

7. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved by the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will, in the opinion of the Trustees, bring about the purpose of the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants.

8. CONTRIBUTIONS FROM MAJOR EMPLOYERS

Two employers with common ownership accounted for approximately 98% and 99% of total contributions for the years ended December 31, 2020 and 2019, respectively. The parent company of Shoppers has announced plans to divest retail operations in the near future.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's net assets available for benefits per the 2020 and 2019 financial statements to Form 5500:

	2020	2019
Net assets available for benefits per the financial statements	$ 8,309,028	$ 13,560,063
Amounts currently payable to or for participants, beneficiaries, and dependents at end of year	(1,379,832)	(1,878,529)
Net assets per Form 5500	$ 6,929,196	$ 11,681,534

The following is a reconciliation of benefits paid per the financial statements to Form 5500 for the year ended December 31, 2020:

Benefits paid per the financial statements	$ 15,767,725
Amounts currently payable to or for participants, beneficiaries, and dependents at end of year	1,379,832
Amounts currently payable to or for participants, beneficiaries, and dependents at beginning of year	(1,878,529)
Benefits paid per Form 5500	$ 15,269,028

Benefits paid recorded on the Form 5500 include benefit claims that have been processed and approved for payment prior to December 31, 2020 but not yet paid as of that date, and claims incurred but not reported at the end of the Plan year.

10. BENEFIT REIMBURSEMENT ARRANGEMENT

The Plan had one employer that negotiated a collective bargaining agreement establishing a 100% benefit reimbursement arrangement, whereby the employer pays all the health benefit costs of its employees, plus an administrative fee. The benefits paid and reimbursements received for 2019 are as follows:

Benefits paid	$ 1,178,775
Reimbursements received	1,311,917
Net amounts due to employer	$ (133,142)

Benefits paid and reimbursements received or accrued are recorded as benefits and employer contributions, respectively, on the statements of changes in net assets available for benefits. The net amounts advanced by, or due from, the employer are recorded as employer deposits on the statements of net assets available for benefits for 2020 and 2019.

11. PARTY-IN-INTEREST TRANSACTIONS

The Plan invests certain assets in investment funds operated by PNC Financial Services Group, the Plan’s custodian, which is considered a party-in-interest under ERISA. These transactions qualify for an exemption from the prohibited transaction rules under ERISA and, therefore, are not prohibited transactions under ERISA.

SUPPLEMENTARY INFORMATION

withum
ADVISORY TAX AUDIT

REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees,
United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund:

We have audited the financial statements of the United Food and Commercial Workers Unions and Participating Employers Health and Welfare Fund (the "Plan") as of and for the years ended December 31, 2020 and 2019, and our report thereon dated October 12, 2021, which expressed an unmodified opinion on those financial statements, appears on page 1. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2020 and schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2020 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 the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

WithumSmith+Brown, PC

October 12, 2021

UFCW Unions and Participating Employers Health and Welfare Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 52-6044428, Plan Number: 502
December 31, 2020

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
U.S. Government Securities								
	FEDERAL HOME LOAN MTG CORP GOLD POOL G15144	Bonds	N/A	2.50%	7/1/2029	12,743	12,743	13,128
	FEDERAL HOME LOAN MTG CORP GOLD POOL G18561	Bonds	N/A	3.00%	7/1/2030	17,157	17,157	17,658
	FEDERAL HOME LOAN MTG CORP GOLD POOL G18578	Bonds	N/A	3.00%	12/1/2030	15,640	15,640	15,803
	FEDERAL HOME LOAN MTG CORP POOL SB8057	Bonds	N/A	2.00%	7/1/2035	19,644	19,644	19,789
	FEDERAL NATL MTG ASSN NTS	Bonds	N/A	0.88%	8/5/2030	19,850	19,850	19,628
	FEDERAL NATL MTG ASSN NTS	Bonds	N/A	0.38%	8/25/2025	19,940	19,940	19,996
	FEDERAL NATL MTG ASSN NTS	Bonds	N/A	2.13%	4/24/2026	30,877	30,877	32,685
	FEDERAL NATL MTG ASSN UNSC	Bonds	N/A	1.88%	9/24/2026	28,187	28,187	32,438
	FEDERAL NATL MTG ASSN NTS	Bonds	N/A	2.00%	1/5/2022	5,041	5,041	5,095
	FEDERAL NATL MTG ASSN BNDS	Bonds	N/A	2.63%	9/6/2024	26,250	26,250	27,191
	FEDERAL NATL MTG ASSN POOL #888564	Bonds	N/A	5.00%	10/1/2021	23	23	23
	FEDERAL NATL MTG ASSN POOL 890790	Bonds	N/A	3.00%	8/1/2032	8,850	8,850	9,163
	FEDERAL NATL MTG ASSN POOL MA3283	Bonds	N/A	3.00%	2/1/2033	17,714	17,714	18,155
	FEDERAL NATL MTG ASSN POOL MA4095	Bonds	N/A	2.00%	8/1/2035	19,637	19,637	19,785
	FEDERAL NATL MTG ASSN POOL MA4123	Bonds	N/A	2.00%	9/1/2035	10,017	10,017	10,078
	FEDERAL NATL MTG ASSN POOL MA4155	Bonds	N/A	2.00%	10/1/2035	20,252	20,252	20,360
	FEDERAL NATL MTG ASSN POOL MA4206	Bonds	N/A	2.00%	12/1/2035	20,651	20,651	20,806
	FEDERAL NATL MTG ASSN POOL MA4229	Bonds	N/A	2.00%	12/1/2035	15,621	15,621	15,690
	TENN VALLEY AUTHORITY UNSC	Bonds	N/A	0.75%	5/15/2025	19,241	19,241	19,243
	USA TREASURY NOTES	Bonds	N/A	2.38%	8/15/2024	25,825	25,825	26,944
	USA TREASURY NOTES	Bonds	N/A	2.00%	2/15/2025	45,260	45,260	48,180
	USA TREASURY NOTES	Bonds	N/A	2.25%	11/15/2025	25,473	25,473	27,301
	USA TREASURY NOTES	Bonds	N/A	2.13%	8/15/2021	5,135	5,135	5,062
	USA TREASURY NOTES	Bonds	N/A	2.00%	11/15/2026	39,844	39,844	43,536
	USA TREASURY NOTES	Bonds	N/A	0.50%	8/15/2030	34,498	34,498	34,125
	USA TREASURY NOTES	Bonds	N/A	1.50%	8/15/2026	43,717	43,717	47,649
	USA TREASURY NOTES	Bonds	N/A	1.88%	7/31/2022	15,011	15,011	15,414
	USA TREASURY NOTES	Bonds	N/A	2.25%	11/15/2027	37,824	37,824	38,864
	USA TREASURY NOTES	Bonds	N/A	2.75%	2/15/2028	31,711	31,711	34,403
	USA TREASURY NOTES	Bonds	N/A	2.38%	5/15/2029	37,614	37,614	39,556
	USA TREASURY NOTES	Bonds	N/A	2.75%	11/15/2023	25,927	25,927	26,856
Corporate Debt Instruments								
	AT&T INC	Bonds	N/A	2.30%	6/1/2027	10,119	10,119	10,669
	AT&T BROADBAND CORP	Bonds	N/A	9.46%	11/15/2022	20,567	20,567	17,555
	ABBOTT LABORATORIES	Bonds	N/A	3.75%	11/30/2026	17,061	17,061	17,572
	AIR PRODUCTS & CHEMICALS	Bonds	N/A	1.85%	5/15/2027	10,016	10,016	10,585
	ALLSTATE CORP	Bonds	N/A	0.75%	12/15/2025	9,994	9,994	10,051
	AMEREN ILLINOIS CO	Bonds	N/A	2.70%	9/1/2022	9,905	9,905	10,334
	AMERICAN WATER CAPITAL	Bonds	N/A	3.40%	3/1/2025	16,192	16,192	16,593
	AMPHENOL CORP SR UNSEC	Bonds	N/A	4.00%	2/1/2022	15,412	15,412	15,424
	ANALOG DEVICES INC	Bonds	N/A	2.95%	4/1/2025	10,898	10,898	10,915
	ANHEUSER BUSCH INBEV WORLDWIDE	Bonds	N/A	4.75%	1/23/2029	10,756	10,756	12,349
	APPLE INC	Bonds	N/A	1.80%	9/11/2024	9,934	9,934	10,495
	ARIZONA PUBLIC SERVICE	Bonds	N/A	3.35%	6/15/2024	20,784	20,784	21,661
	AVERY DENNISON CORP	Bonds	N/A	4.88%	12/6/2028	11,362	11,362	12,378
	BANK OF AMERICA CREDIT CARD	Bonds	N/A	1.74%	1/15/2025	10,281	10,281	10,246
	BANK OF AMERICA CORP	Bonds	N/A	00 VAR%	1/20/2028	17,180	17,180	17,229
	BAXTER INTERNATIONAL INC	Bonds	N/A	2.40%	8/15/2022	13,843	13,843	15,440
	BP CAP MARKETS AMERICA	Bonds	N/A	3.80%	9/21/2025	5,327	5,327	5,670
	CBOE GLOBAL MARKETS	Bonds	N/A	1.63%	12/15/2030	9,940	9,940	10,113
	CME GROUP INC	Bonds	N/A	3.00%	9/15/2022	20,281	20,281	20,917
	CNH EQUIPMENT TRUST	Bonds	N/A	3.12%	7/17/2023	10,801	10,801	10,866
	CANADIAN NATL RY CO	Bonds	N/A	6.90%	7/15/2028	13,695	13,695	13,819
	CANADIAN NATL RAILWAY	Bonds	N/A	2.85%	12/15/2021	5,085	5,085	5,089
	CANADIAN PACIFIC	Bonds	N/A	4.45%	3/15/2023	16,210	16,210	16,135
	CATERPILLAR INC	Bonds	N/A	3.40%	5/15/2024	15,908	15,908	16,353
	CHURCH & DWIGHT CO INC	Bonds	N/A	2.45%	8/1/2022	20,047	20,047	20,615
	DUKE ENERGY OHIO INC	Bonds	N/A	6.90%	6/1/2025	12,565	12,565	12,503
	CINTAS CORPORATION	Bonds	N/A	3.70%	4/1/2027	16,068	16,068	17,283
	COCA-COLA CO	Bonds	N/A	2.88%	10/27/2025	15,399	15,399	16,632
	COMMONWEALTH EDISON CO	Bonds	N/A	3.40%	9/1/2021	10,403	10,403	10,126
	CONNECTICUT LIGHT & PWR	Bonds	N/A	2.50%	1/15/2023	10,163	10,163	10,384
	CONNECTICUT LIGHT & PWR	Bonds	N/A	0.75%	12/1/2025	9,996	9,996	10,114
	CONTL ARILINES	Bonds	N/A	4.00%	4/29/2026	6,839	6,839	6,579
	CONTL AIRLINES	Bonds	N/A	4.75%	1/12/2021	4,084	4,084	3,913
	CUMMINS INC	Bonds	N/A	0.75%	9/1/2025	4,997	4,997	5,036
	JOHN DEERE CAPITAL CORP	Bonds	N/A	2.05%	1/9/2025	15,001	15,001	15,906
	DELMARVA PWR & LIGHT CO	Bonds	N/A	3.50%	11/15/2023	10,549	10,549	10,808
	DELTA AIR LINES	Bonds	N/A	3.20%	10/25/2025	10,218	10,218	10,274
	DTE ELECTRIC CO	Bonds	N/A	2.65%	6/15/2022	20,230	20,230	20,545
	WALT DISNEY COMPANY	Bonds	N/A	2.30%	2/12/2021	5,015	5,015	5,009
	WALT DISNEY COMPANY	Bonds	N/A	3.00%	2/13/2026	16,618	16,618	16,657
	DR PEPPER SNAPPLE GROUP	Bonds	N/A	3.40%	11/15/2025	16,626	16,626	16,811
	DUKE ENERGY CORP	Bonds	N/A	0.90%	9/15/2025	4,998	4,998	5,012
	EATON CORP COGT	Bonds	N/A	2.75%	11/2/2022	15,400	15,400	15,652
	EMERSON ELECTRIC CO	Bonds	N/A	1.80%	10/15/2027	10,014	10,014	10,568
	ENTERPRISE PRODUCTS OPER	Bonds	N/A	2.80%	2/15/2021	5,000	5,000	5,014
	ESTEE LAUDER CO INC	Bonds	N/A	1.70%	5/10/2021	14,930	14,930	15,056
	EVERGY INC CALL	Bonds	N/A	2.45%	9/15/2024	20,553	20,553	21,207
	FEDERAL HOME LOAN MTG CORP	Bonds	N/A	3.00%	10/15/2039	11,118	11,118	11,045
	FEDERAL HOME LOAN MTG CORP	Bonds	N/A	1.63%	2/15/2022	2,611	2,611	2,598
	FHLMC MULTIFAMILY	Bonds	N/A	2.68%	10/25/2022	19,932	19,932	20,681
	FHLMC MULTIFAMILY	Bonds	N/A	3.32%	2/25/2023	15,954	15,954	15,863
	FHLMC MULTIFAMILY	Bonds	N/A	A2 VAR%	8/25/2024	20,180	20,180	21,642
	FHLMC MULTIFAMILY	Bonds	N/A	3.75%	8/25/2025	10,798	10,798	11,218
	GLAXOSMITHKLINE CAP	Bonds	N/A	3.38%	5/15/2023	15,350	15,350	16,070
	WW GRAINGER INC	Bonds	N/A	1.85%	2/15/2025	15,118	15,118	15,798
	HERSHEY COMPANY	Bonds	N/A	3.20%	8/21/2025	16,349	16,349	16,685
	ILLINOIS TOOL WORKS INC	Bonds	N/A	2.65%	11/15/2026	20,096	20,096	22,100
	INDIANA MICHIGAN POWER	Bonds	N/A	3.85%	5/15/2028	4,993	4,993	5,871
	KIMBERLY-CLARK CORP	Bonds	N/A	3.95%	11/1/2028	10,069	10,069	11,986
	LENNOX INTERNATIONAL INC	Bonds	N/A	1.35%	8/1/2025	5,039	5,039	5,115

See Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

UFCW Unions and Participating Employers Health and Welfare Fund
Form 5500 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 52-6044428, Plan Number: 502
December 31, 2020

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	MERCK & CO INC	Bonds	N/A	0.75%	2/24/2026	9,949	9,949	10,113
	MICROSOFT CORP	Bonds	N/A	2.65%	11/3/2022	10,181	10,181	10,416
	MONDELEZ INTERNATIONAL	Bonds	N/A	2.13%	4/13/2023	10,101	10,101	10,387
	MOODY&;S CORPORATION	Bonds	N/A	4.88%	2/15/2024	16,856	16,856	16,890
	NATIONAL RURAL UTIL COOP	Bonds	N/A	2.40%	3/15/2030	9,956	9,956	10,846
	NORFOLK SOUTHERN CORP	Bonds	N/A	3.25%	12/1/2021	15,367	15,367	15,277
	O'REILLY AUTOMOTIVE INC	Bonds	N/A	3.55%	3/15/2026	10,183	10,183	11,282
	ONCOR ELECTRIC DELIVERY	Bonds	N/A	7.00%	9/1/2022	17,031	17,031	16,636
	ORACLE CORP	Bonds	N/A	2.50%	4/1/2025	10,169	10,169	10,748
	PNC FINANCIAL SERVICES	Bonds	N/A	2.60%	7/23/2026	10,147	10,147	10,978
	PACCAR FINANCIAL CORP	Bonds	N/A	3.15%	8/9/2021	15,353	15,353	15,257
	PAYPAL HOLDINGS INC	Bonds	N/A	1.35%	6/1/2023	20,308	20,308	20,478
	PEPSICO INC	Bonds	N/A	2.75%	3/19/2030	4,973	4,973	5,598
	PFIZER INC	Bonds	N/A	2.63%	4/1/2030	5,423	5,423	5,581
	PHILLIPS 66	Bonds	N/A	3.90%	3/15/2028	5,399	5,399	5,757
	PROCTER & GAMBLE CO	Bonds	N/A	2.80%	3/25/2027	16,503	16,503	16,712
	PROGRESSIVE CORP	Bonds	N/A	4.00%	3/1/2029	5,532	5,532	5,979
	PUBLIC SERVICE COLORADO	Bonds	N/A	2.90%	5/15/2025	15,371	15,371	16,204
	PUBLIC SERVICE ELECTRIC	Bonds	N/A	3.05%	11/15/2024	20,857	20,857	21,640
	PUBLIC STORAGE	Bonds	N/A	2.37%	9/15/2022	5,050	5,050	5,168
	REPUBLIC SERVICES	Bonds	N/A	4.75%	5/15/2023	8,620	8,620	8,734
	ROPER TECHNOLOGIES INC	Bonds	N/A	3.65%	9/15/2023	15,759	15,759	16,276
	S & P GLOBAL INC	Bonds	N/A	4.00%	6/15/2025	17,113	17,113	17,079
	SHELL INTERNATIONAL FIN	Bonds	N/A	0.38%	9/15/2023	9,976	9,976	10,022
	STANFORD UNIVERSITY	Bonds	N/A	1.29%	6/1/2027	5,000	5,000	5,147
	TARGET CORP	Bonds	N/A	2.25%	4/15/2025	10,239	10,239	10,705
	TRANSCONT GAS PIPE LINE	Bonds	N/A	4.00%	3/15/2028	5,376	5,376	5,770
	UNION PACIFIC RR CO	Bonds	N/A	3.23%	5/14/2026	16,015	16,015	17,517
	UNITED PARCEL SERVICE	Bonds	N/A	3.40%	3/15/2029	9,988	9,988	11,651
	VENTAS REALTY LP	Bonds	N/A	3.50%	4/15/2024	5,236	5,236	5,439
	VERIZON COMMUNICATIONS	Bonds	N/A	4.13%	3/16/2027	16,859	16,859	17,680
	VIRGINIA ELEC & POWER	Bonds	N/A	3.80%	4/1/2028	10,727	10,727	11,703
	VISA INC	Bonds	N/A	3.15%	12/14/2025	16,182	16,182	16,828
	WASTE MANAGEMENT INC	Bonds	N/A	3.50%	5/15/2024	10,530	10,530	10,925
	WISCONSIN ELECTRIC POWER	Bonds	N/A	3.10%	6/1/2025	15,506	15,506	16,391
	YALE UNIVERSITY SER 2020	Bonds	N/A	0.87%	4/15/2025	10,000	10,000	10,158
Other Investments								
	DALLAS-FORT WORTH TX INTERN	Bonds	N/A	2.26%	11/1/2026	10,000	10,000	10,419
	GREAT LAKES MI WTR AUTH SEWAGE	Bonds	N/A	3.50%	7/1/2023	15,000	15,000	15,903
	HONOLULU CITY & CNTY HI WS	Bonds	N/A	2.32%	7/1/2025	10,000	10,000	10,677
	MASSACHUSETTS ST WTR RESOURCES	Bonds	N/A	2.16%	8/1/2026	20,000	20,000	21,503
	METRO WSTWTR RECLAMATION DISTC	Bonds	N/A	2.36%	4/1/2027	10,000	10,000	10,930
	NARRAGANSETT BAY RI COMMISSION	Bonds	N/A	1.86%	9/1/2027	5,000	5,000	5,182
	NEBRASKA ST PUBLIC PWR DIST	Bonds	N/A	2.42%	1/1/2026	10,000	10,000	10,664
	NEW JERSEY ST ECON DEV AUTH WT	Bonds	N/A	0.85%	12/1/2025	5,000	5,000	5,013
	NEW YORK ST URBAN DEV CORP REV	Bonds	N/A	3.27%	3/15/2028	9,790	9,790	11,299
	OHIO ST TURNPIKE COMMISSION JUNIOR	Bonds	N/A	2.25%	2/15/2028	10,000	10,000	10,305
	PRINCE GEORGES CNTY MD	Bonds	N/A	0.84%	9/15/2024	5,000	5,000	5,067
	RALEIGH NC COMB ENTERPRISE SYS	Bonds	N/A	2.28%	3/1/2026	10,000	10,000	10,816
	UNIV OF CALIFORNIA CA REVENUES	Bonds	N/A	2.75%	5/15/2023	5,295	5,295	5,281
	UNIV OF CALIFORNIA CA REVENUES	Bonds	N/A	0.83%	5/15/2024	5,000	5,000	5,063
	VIRGINIA ST RESOURCES AUTH	Bonds	N/A	2.45%	11/1/2027	10,000	10,000	10,986
							$ 2,007,965	$ 2,084,518

See Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Form 5500 Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 52-6044428, Plan Number: 502
Year Ended December 31, 2020

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expense Incurred with Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (l)
Single Transaction:								
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #07	$ 1,810,027	N/A	N/A	N/A	$ 1,810,027	$ 1,810,027	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #08	1,103,456	N/A	N/A	N/A	1,103,456	1,103,456	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #09	1,048,848	N/A	N/A	N/A	1,048,848	1,048,848	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #10	1,672,960	N/A	N/A	N/A	1,672,960	1,672,960	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #11	836,131	N/A	N/A	N/A	836,131	836,131	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #12	874,917	N/A	N/A	N/A	874,917	874,917	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #13	967,659	N/A	N/A	N/A	967,659	967,659	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #14	955,760	N/A	N/A	N/A	955,760	955,760	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #15	947,867	N/A	N/A	N/A	947,867	947,867	N/A
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #16	648,307	N/A	N/A	N/A	648,307	648,307	N/A
Series of Transactions:								
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #07	N/A	16,854,507	N/A	N/A	16,854,507	16,854,507	-
PNC Institutional Investments	Federated Gov Obl-Sel ERISA & Disc IRA FD #07	12,494,007	N/A	N/A	N/A	12,494,007	12,494,007	N/A

See Report on Supplementary Information Required by the Department Of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

Form **5558**
(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
► **Go to *www.irs.gov/Form5558* for the latest information.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

Board of Trustees, UFCW Unions and Participating Employers Health and

Number, street, and room or suite no. (If a P.O. box, see instructions)

8400 Corporate Drive, Ste. 430

City or town, state, and ZIP code

Landover MD 20785-2361

B **Filer's identifying number (see instructions)**

Employer identification number (EIN) (9 digits XX-XXXXXXX)

52-6044428

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
UFCW Unions and Participating Employers Health and Welfare Fund	502	12	31	2020

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10 / 15 / 2021 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►