

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LOCAL 888 HEALTH FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>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) <u>BOARD OF TRUSTEES LOCAL 888 HEALTH FUND</u></p> <p><u>475 MARKET STREET, SUITE 307</u> <u>ELMWOOD PARK, NJ 07407</u></p>	<p>1c Effective date of plan <u>04/10/1958</u></p> <p>2b Employer Identification Number (EIN) <u>13-1564856</u></p> <p>2c Plan Sponsor's telephone number <u>914-668-8881</u></p> <p>2d Business code (see instructions) <u>311800</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	JEAN-JOSEPH MAX BRUNY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	FELIX BURGOS
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1352
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1352
	6a(2)	1318
	6b	
	6c	
	6d	1318
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	54

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 4L

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

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LOCAL 888 HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 888 HEALTH FUND	D Employer Identification Number (EIN) 13-1564856

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
ANTHEM LIFE & DISABILITY 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
20-5876774	13573	G0458	1992	01/01/2024	03/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	70147
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LOCAL 888 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 888 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 13-1564856</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HCC 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
35-1817054	92711	HCL41299	1320	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 26274</p>	<p>(b) Total amount of fees paid 0</p>
---	--

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
THE SEGAL COMPANY **PO BOX 4058**
NEW YORK, NY 10261

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
26274			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	1050940
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan LOCAL 888 HEALTH FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 888 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 13-1564856</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SOLSTICE BENEFITS, 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
14-1917982	12341	15258	2435	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	369088
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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LOCAL 888 HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 888 HEALTH FUND	D Employer Identification Number (EIN) 13-1564856	

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

SEGAL SELECT INSURANCE SERVICES	333 WEST 34TH STREET, 2ND FLOOR NEW YORK, NY 10001
46-0619194	

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

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

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

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

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

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

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

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

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

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

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

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

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

CIGNA HEALTH AND LIFE INSURANCE CO.

900 COTTAGE GROVE RD
BLOOMFIELD, CT 06002

59-1031071

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	528511	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SLEVIN & HART P.C.

1300 CONNECTICUT AVENUE NW STE 700
WASHINGTON, DC 20036

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	ATTORNEY	175775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROSALBA PEREZ

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	PLAN ADMINISTRATOR	169880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JEAN EDY JOSEPH

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	88975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAMONA AYBAR

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	87131	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FLORMARIA TOULSON

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	79293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JOU ZOQUIER

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VEDWATIE PRASAD

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71158	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOURDES LANZOT

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	71060	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PIERRE J. BOUTIN

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	68901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CVS PHARMACY, INC

180 PASSAIC AVE
FAIRFIELD, NJ 07004

05-0340626

(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	CLAIMS PROCESSING	60165	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOUVINIA GREENAWAY

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	55375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NELSY RODRIGUEZ

475 MARKET STREET, SUITE 307
ELMWOOD PARK, NJ 07407

13-1564856

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITRIN COOPERMAN ADVISORS LLC

7900 WESTPARK DR. SUITE A220
MCLEAN, VA 22102

87-2525370

(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	ACCOUNTANT	45391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY, INC.

66 HUDSON BLVD EAST, 20TH FLOOR
NEW YORK, NY 10001

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?
11 16 50	ACTUARIAL	33830	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BARNES, IACCARINO & SHEPHERD LLP

3 SURREY LANE
HEMPSTEAD, NY 11550

26-3858697

(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	ATTORNEY	30950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITRIN COOPERMAN & COMPANY, LLP

100 JERICHO QUADRANGLE, SUITE 342
JERICHO, NY 11753

22-2428965

(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	ACCOUNTANT	28200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

225 FRANKLIN ST, 29TH FLOOR
BOSTON, MA 02110

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISORY	22925	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HILB GROUP

30 BRAINTREE HILL OFFICE PARK
BRAINTREE, MA 02184

47-4324398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CLAIMS PROCESSING	22034	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOSTON TRUST & INVESMENT MANAGEMENT

ONE BEACON STREET
BOSTON, MA 02108

04-2273811

(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?
21 25 28	INVESTMENT MANAGER	21874	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

VISION SCREENING

1919 MIDDLE COUNTRY ROAD, SUITE 304
CENTEREACH, NY 11720

11-2358021

(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	CLAIMS PROCESSING	20245	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DARIO HEALTH CORP

322 W 57 STREET, 33B
NEW YORK, NY 10019

45-2973162

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMINISTRATOR	19389	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

275 7TH AVENUE
NEW YORK, NY 10001

13-4920330

(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	PLAN CUSTODIAN	5752	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOCAL 888 HEALTH FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL 888 HEALTH FUND	D Employer Identification Number (EIN) 13-1564856

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	-9393	106500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1954631	1416019
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	499379	871935
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	356491	775261
(2) U.S. Government securities	1c(2)	2467582	462680
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1338992	1664511
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2914653	990853
(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)	11089632	7062193
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	20611967	13349952
Liabilities			
g Benefit claims payable.....	1g	2540193	1686279
h Operating payables.....	1h	89974	197426
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	448956	331798
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3079123	2215503
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17532844	11134449

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)	18247594	
(B) Participants.....	2a(1)(B)	29676	
(C) Others (including rollovers).....	2a(1)(C)	48150	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18325420
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	30102	
(B) U.S. Government securities.....	2b(1)(B)	47494	
(C) Corporate debt instruments.....	2b(1)(C)	47662	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		125258
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	36507	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	237677	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		274184
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12611296	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11876160	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		735136
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-883623	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-883623

		(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)		514534
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19090909

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	21972857	
(2) To insurance carriers for the provision of benefits	2e(2)	1098545	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		23071402
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1005030	
(2) Contract administrator fees	2i(2)	550545	
(3) Recordkeeping fees	2i(3)	17191	
(4) IQPA audit fees	2i(4)	56400	
(5) Investment advisory and investment management fees	2i(5)	39848	
(6) Bank or trust company trustee/custodial fees	2i(6)	10703	
(7) Actuarial fees	2i(7)	33830	
(8) Legal fees	2i(8)	206673	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	15243	
(11) Other expenses.....	2i(11)	482439	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2417902
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		25489304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6398395
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP

(2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

**UNITED FOOD AND COMMERCIAL WORKERS
LOCAL 888 HEALTH FUND**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024 AND 2023

**United Food and Commercial Workers
Local 888 Health Fund**

Table of Contents

December 31, 2024 and 2023

	<u>Page</u>
Independent Auditor's Report	1-3
Financial Statements:	
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023.....	4
Statements of Changes in Net Assets Available for Benefits For the Years Ended December 31, 2024 and 2023	5
Statements of Plan Benefit Obligations As of December 31, 2024 and 2023.....	6
Statements of Changes in Plan Benefit Obligations For the Years Ended December 31, 2024 and 2023	7
Notes to Financial Statements	8-17
Supplemental Information:	
Schedule 1: Schedules of Benefits Paid and Administrative Expenses	18
Schedule 2: Schedule H, Line 4i – Schedule of Assets (Held at Year End).....	19-26



Citrin Cooperman & Company, LLP
Certified Public Accountants

100 Jericho Quadrangle, Suite 342
Jericho, NY 11753
T 516.931.3100 F 516.931.0034
citrincooperman.com

Independent Auditor's Report

To the Trustees
United Food and Commercial Workers
Local 888 Health Fund
Elmwood Park, New Jersey

We have audited the financial statements of United Food and Commercial Workers Local 888 Health Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of United Food and Commercial Workers Local 888 Health Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its plan benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of United Food and Commercial Workers Local 888 Health Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about United Food and Commercial Workers Local 888 Health Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about United Food and Commercial Workers Local 888 Health Fund's ability to continue as a going concern for a reasonable period of time.

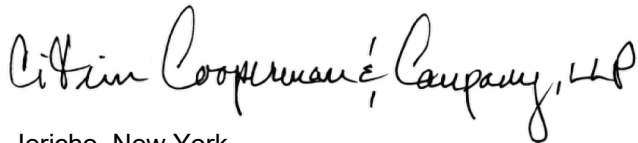
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Information Required by ERISA

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) is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The information contained in the supplemental schedules of benefits paid and administrative expenses is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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



Jericho, New York
October 15, 2025

**United Food and Commercial Workers
Local 888 Health Fund
Statements of Net Assets Available For Benefits
As of December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments measured at fair value:		
U.S. government and agency securities	\$ 462,680	\$ 2,467,582
Money market funds	546,271	243,023
Common stocks	990,853	2,914,653
Mutual funds	6,961,341	10,723,637
Exchange-traded funds	100,852	365,995
Corporate bonds	<u>1,664,511</u>	<u>1,338,992</u>
Total investments at fair value	<u>10,726,508</u>	<u>18,053,882</u>
Receivables		
Employer contributions	1,416,019	1,954,631
Investment income	17,470	28,629
Stop loss and other receivables	<u>691,937</u>	<u>417,436</u>
Total receivables	<u>2,125,426</u>	<u>2,400,696</u>
Operating lease right-of-use assets	<u>3,244</u>	<u>34,615</u>
Cash and cash equivalents	<u>335,490</u>	<u>104,075</u>
Other assets		
Due from Local 888 Pension Fund	108,085	67,996
Due from Local 888 Union	38,221	-
Prepaid expenses	<u>19,204</u>	<u>18,699</u>
Total other assets	<u>165,510</u>	<u>86,695</u>
Total assets	<u>13,356,178</u>	<u>20,679,963</u>
Liabilities		
Accounts payable and accrued expenses	197,426	89,974
Due to benefits administrator	328,554	358,263
Due to Local 888 Union	-	117,821
Due to UFCW Local 888 and Employers 401(k) Plan	6,226	6,253
Operating lease obligations payable	<u>3,244</u>	<u>34,615</u>
Total liabilities	<u>535,450</u>	<u>606,926</u>
Net assets available for benefits	<u>\$ 12,820,728</u>	<u>\$ 20,073,037</u>

See accompanying notes to financial statements.

**United Food and Commercial Workers
Local 888 Health Fund
Statements of Changes In Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023**

	2024	2023
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 366,047	\$ 1,134,877
Interest and dividend income	399,442	417,980
Total investment income	765,489	1,552,857
Less: investment expenses	50,551	49,590
Net investment income	714,938	1,503,267
Employer contributions	18,247,594	18,763,068
Participant contributions	29,676	22,343
Other income	48,150	75,200
Total additions	19,040,358	20,363,878
Deductions from net assets attributed to:		
Benefits paid	22,826,771	20,092,266
Claims administrative fees	528,511	551,011
Stop loss insurance	1,098,545	885,272
Administrative expenses	1,838,840	2,035,294
Total deductions	26,292,667	23,563,843
Net decrease	(7,252,309)	(3,199,965)
Net assets available for benefits - beginning of year	20,073,037	23,273,002
Net assets available for benefits - end of year	\$ 12,820,728	\$ 20,073,037

**United Food and Commercial Workers
Local 888 Health Fund
Statements of Plan Benefit Obligations
As of December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Health benefits payable and claims incurred but not reported	<u>\$ 1,686,279</u>	<u>\$ 2,540,193</u>
Total plan benefit obligations	<u><u>\$ 1,686,279</u></u>	<u><u>\$ 2,540,193</u></u>

**United Food and Commercial Workers
Local 888 Health Fund
Statements of Changes In Plan Benefit Obligations
For the Years Ended December 31, 2024 and 2023**

	2024	2023
Amounts currently payable to or for participants, beneficiaries, and dependents		
Balance at beginning of year	\$ 2,540,193	\$ 2,051,016
Claims reported and approved for payment	21,972,857	20,581,443
Claims paid	(22,826,771)	(20,092,266)
Balance at end of year	\$ 1,686,279	\$ 2,540,193

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 1 - Description of Plan

The following brief description of the United Food and Commercial Workers (“UFCW”) Local 888 Health Fund (the “Plan”) provides only general information. Participants should refer to the Plan document for more complete description of the Plan’s provisions.

General

The Plan provides health and other benefits to employees whose employers have a collective bargaining agreement (“CBA”) with the UFCW Union Local 888 (the “Union”). The Plan and related trust were established on April 10, 1958, pursuant to collective bargaining agreements between employers and the Union. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the “Trustees”) and is governed by a joint board consisting of equal representation from the participating employers and the Union.

The Plan’s Board of Trustees, as Sponsor, have the right under the Plan to modify the benefits provided to all participants and beneficiaries. The Plan may be terminated by the Board of Trustees subject to the trust, the collective bargaining agreements, and applicable law.

Eligibility

Eligibility is dependent upon the terms of the CBA between the participant’s employer and the Union or the terms of a participation agreement between the employer and the Plan. A participant will become covered on the first day of the month following completion of the waiting period under the applicable CBA, and if required by the CBA, upon submitting an enrollment form to the fund office, which is when the employer becomes obligated to contribute to the Plan on behalf of the employee. A participant may be subject to an additional waiting period of 90 days after completion of the waiting period under the applicable CBA under the terms of the Plan before coverage commences. However, under no circumstances will the participant’s coverage commence later than the first of the month following completion of 1,200 hours of service with the employer, plus a 60-day administrative period.

Employer Contributions

Benefits are funded through employer and participant contributions, pursuant to rates established by the collective bargaining agreements between the Union and the various participating employers or participation agreements between a participating employer and the Plan. The Union’s and Plan’s employees are covered by the Plan via participation agreements with the Plan. As a result, included in employer contributions in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023 was \$433,772 and \$444,741, which represents the amount of employee benefits funded by the Plan and the Union. The employer contribution receivable from the Plan and the Union was \$107,416 and \$37,041 at December 31, 2024 and 2023, respectively.

Benefits

The Plan provides medical, hospital, prescription, dental, vision, death, life and disability insurance benefits to eligible participants, as defined in the collective bargaining agreements, and covered dependents. The Plan also provides a continuation of health benefits coverage under the Consolidated Omnibus Budget and Reconciliation Act (“COBRA”) to participants and dependents upon loss of eligibility under the Plan.

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the carrying amounts of assets and liabilities, the reported amounts of income and expenses arising during the periods, disclosures of contingent assets and liabilities, and actuarial present value of plan benefit obligations at the date of the financial statements, and changes therein. Actual results may differ from those estimates.

Property and Equipment

Property and equipment are recorded at cost and are depreciated using the straight-line method over the estimated useful life of the assets, which are as follows:

Description	Useful Life
Furniture, Fixtures & Equipment	3-7 years
Leasehold Improvements	Shorter of lease term and estimated useful life

Major additions are capitalized, while replacements, maintenance, and repairs, which do not improve or extend the life of the respective assets, are expensed. When property and equipment are sold or otherwise disposed, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is included in the statements of changes in net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's 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. The Plan's Board of Trustees determine the Plan's valuation policies by using information provided by its investment advisers and custodians. See Note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date-basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash and Cash Equivalents

The Plan considers all highly liquid investments available for current use with an initial maturity of three months or less when purchased to be cash equivalents.

Employer Contributions Receivable

Employer contributions receivable are amounts due as of the dates of the financial statements to the Plan from employers. The Plan maintains allowances for credit losses, and changes in the allowance are included in administrative expenses in the statement of net assets available for benefits. The Plan assesses collectability by reviewing employer contributions receivable on a collective basis where similar risk characteristics exist. In determining the amount of the allowance for credit losses, the Plan considers historical collectability and makes judgments about the creditworthiness of the pool of contributing employers based on collectability evaluations. Current market conditions and reasonable supportable forecasts of future economic

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 2 - Summary of Significant Accounting Policies (continued)

conditions adjust the historical losses to determine the appropriate allowance for credit losses. The Plan has not provided an allowance for credit losses at December 31, 2024 and 2023.

The employer contributions receivable reflected on these financial statements include amounts owed from delinquent employers. Delinquent employers are defined as any employer who has failed to remit contributions when due either in total or in incorrect amounts when such amounts were due pursuant to the CBAs. Delinquent employer contributions, if any, are determined based upon examination of employer payroll records, which the Plan causes to have done routinely. Typically, employers will negotiate delinquencies and, many times, the amounts determined to be delinquent are settled or collected at different amounts than determined by such examinations. As a result of uncertainties in timing and amount of receipts from delinquent employers, the Plan records an allowance against any delinquent employer contributions receivable unless they have been collected subsequent to year-end through the date of management's review.

Plan Benefit Obligations

Plan obligations at December 31, 2024 and 2023 for health claims incurred by active participants but not reported at that date are estimated by the Plan's third-party claims administrator. Such estimated amounts are reported in the accompanying statements of plan benefit obligations at present value.

Benefits

Benefits are recorded when paid.

Administrative Expenses Allocation

The Plan and various related organizations (Note 6) share office space, personnel, and other certain administrative expenses. Expenses not specifically applicable to a particular entity are allocated based on studies done every year in accordance with a cost sharing agreement between this Plan, the 401(k) Plan, the Pension Fund and the Union. Amounts reported as receivable from related organizations or liabilities to related organizations generally include balances for shared expenses. All shared administrative expenses are presented on a net basis on the statements of changes in net assets available for benefits.

Tax Status

The trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501 (c)(9) of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income tax. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated May 3, 2010, and the Trustees believe that the trust, as amended, continues to qualify and operate in accordance with applicable provisions of the Internal Revenue Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 2 - Summary of Significant Accounting Policies (continued)

recognition of a liability (or asset) or disclosure 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 process. Additionally, plan management believes that the Plan's filings for the years prior to the year ended December 31, 2021, are no longer open to examination, based on the statutory period for years subject to audit.

Stop-Loss Insurance

Stop-loss insurance refunds are netted with benefits paid in the accompanying statements of changes in net assets available for benefits.

Reclassifications of a General Nature

Certain amounts in the prior year presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported change in net assets available for benefits.

Operating Leases

The Plan follows Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") Topic 842, Leases ("ASC 842"), for long-term leases. ASC 842 determines whether an arrangement is or contains a lease at contract inception. For leases with a lease term greater than one year, the Plan recognizes a lease asset for its right to use the underlying leased asset ("ROU") and a lease liability for the corresponding lease obligation, calculated at present value. In determining the present value of lease payments, the Plan uses a risk-free rate for a period comparable with that of the lease terms. Operating lease ROU assets and liabilities are adjusted to result in a single straight-line lease expense over the life of the lease. The Plan considers the lease term to be the noncancelable period that it has the right to use the underlying asset, including all periods covered by an option to (1) extend the lease if the Plan is reasonably certain to exercise the option, (2) terminate the lease if the Plan is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor. Variable lease expenses are recorded when incurred. Under ASC 842, deferred lease obligations are no longer presented, and such balances were incorporated into the underlying calculations at adoption.

Credit Losses

In June 2016, the FASB issued Accounting Standards Update ("ASU") No. 2016-13, Financial Instruments—Credit Losses (Topic 326) ("ASC 326"), along with subsequently issued related ASUs, which requires Plans to measure all current expected financial losses ("CECL") for financial assets (or groups of financial assets) measured at amortized cost basis to be presented at the net amount expected to be collected, among other provisions. ASC 326 eliminates the probable initial threshold for recognition of credit losses for financial assets recorded at amortized cost, which could result in earlier recognition of credit losses. It utilizes a lifetime expected credit loss measurement model for the recognition of credit losses at the time the financial asset is originated or acquired. The Plan reviewed its statements of net assets available for benefits to determine which assets fall under the scope of CECL and concluded that investment income receivable, stop loss and other receivable and employer contributions receivable are in-scope. There are no expected credit losses to be adjusted for each period. The Plan adopted ASC 326 using the modified retrospective method on January 1, 2023, and it did not have a material impact on the financial statements.

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 2 - Summary of Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated events and transactions that occurred through October 15, 2025, which is the date the financial statements were issued, for possible disclosure and recognition in the financial statements.

As of October 15, 2025, the Plan's total investment fair value declined to \$5,073,909 because of withdrawals of \$5,950,000. The withdrawals were used for benefit payments. Plan management has performed an analysis and has determined that the Plan will be able to pay the Plan's obligations for more than 12 months from the date of audit report.

Note 3 - Insurance Claim Receivable - Stop Loss

The Plan has a stop-loss insurance policy, which limits the Plan's exposure on hospital or other major medical claims under one of its benefit programs. The total amount of recoveries earned during the years ended December 31, 2024 and 2023, was \$1,065,651 and \$762,678, respectively. The amount due to the Plan for medical claims in excess of the maximum amounted to \$242,408 and \$0 as of December 31, 2024 and 2023, respectively, and is included in stop loss and other receivables on the statements of net assets available for benefits.

Note 4 - Prescription Rebates

The Plan has entered into an agreement with a third-party administrator to manage prescription benefits and receive prescription rebates as part of the agreement. Prescription rebates are netted with benefits paid in the accompanying statements of changes in net assets available for benefits. The total amount of prescription rebates earned was \$1,722,284 and \$1,663,430, respectively, for the years ended December 31, 2024 and 2023. The receivable amount due to the Plan under the rebate agreement at December 31, 2024 and 2023, was \$449,529 and \$417,436, respectively, and is reflected in stop loss and other receivables on the statements of net assets available for benefits.

Note 5 - 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB Accounting Standards Codification are described as follows:

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

Level 2	Inputs to the valuation methodology include:
---------	--

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 5 - Fair Value Measurements (continued)

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

- *Common Stock and Exchange-Traded Funds:* Valued at the closing price reported in the active market in which the individual securities are traded.
- *Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *U.S. Government & Agency Securities and Corporate Bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

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

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 5 - Fair Value Measurements (continued)

The following tables set forth the level, within the fair value hierarchy, of the Plan's assets measured at fair value:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
U.S. government and agency securities	\$ 229,438	\$ 233,242	\$ -	\$ 462,680
Money market funds	546,271	-	-	546,271
Common stocks	990,853	-	-	990,853
Mutual funds	-	6,961,341	-	6,961,341
Exchange-traded funds	100,852	-	-	100,852
Corporate bonds	-	1,664,511	-	1,664,511
Total assets at fair value	<u>\$ 1,867,414</u>	<u>\$ 8,859,094</u>	<u>\$ -</u>	<u>\$ 10,726,508</u>

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
U.S. government and agency securities	\$ 2,209,293	\$ 258,289	\$ -	\$ 2,467,582
Money market funds	243,023	-	-	243,023
Common stocks	2,914,653	-	-	2,914,653
Mutual funds	-	10,723,637	-	10,723,637
Exchange-traded funds	365,995	-	-	365,995
Corporate bonds	-	1,338,992	-	1,338,992
Total assets at fair value	<u>\$ 5,732,964</u>	<u>\$ 12,320,918</u>	<u>\$ -</u>	<u>\$ 18,053,882</u>

Note 6 - Related-Party Transactions

The Plan shares office facilities, personnel, equipment and certain other expenses with the Local 888 and Employers 401(k) Plan (the "401(k) Plan"), Local 888 Pension Fund (the "Pension Fund") and the Union. Shared expenses are initially paid by the Union and then billed to the Plans pursuant to a joint cost sharing agreement between this Plan, the Pension Fund, the 401(k) Plan and the Union. The percentages are determined by a utilization study that is approved by the Trustees. The Plan's share of these expenses was \$462,404 and \$677,337 for the years ended December 31, 2024 and 2023, respectively.

In 2022, the Union entered into a new lease for office space located in Elmwood Park, New Jersey. The lease commencement date was May 1, 2022, and has an original term of ten years, expiring on April 30, 2032. The Plan reimburses a portion of the lease cost pursuant to a joint cost sharing agreement between the Union, the Plan, the 401(k) Plan and the Pension Fund.

The allocation percentage for the Plan's portion of the lease cost for the years ended December 31, 2024 and 2023, was 53.19% and 55.10%, respectively, which amounted to \$71,781 and \$82,930 for 2024 and 2023, respectively, and is included in the allocated expenses discussed in the paragraph above.

Additional personnel, auto and other administrative expenses are shared exclusively among the Union, the 401(k) Plan, the Pension Fund and this Plan pursuant to a joint cost sharing agreement between this Plan, the Pension Fund, the 401(k) Plan and the Union. These expenses are initially paid by the Plan and reimbursed by the 401(k) Plan, Pension Fund and the Union for

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 6 - Related-Party Transactions (continued)

their share based on percentages approved by the Trustees. The amount reimbursed by the Union for the years ended December 31, 2024 and 2023, was \$23,522 and \$50,977, respectively. The amount reimbursed by the 401(k) Plan for the years ended December 31, 2024 and 2023, was \$6,961 and \$6,464, respectively. The amount reimbursed by the Pension Fund for the years ended December 31, 2024 and 2023, was \$532,556 and \$536,684, respectively.

Note 7 - Retirement Plans

The Plan makes contributions to the 401(k) Plan on behalf of eligible employees of the Plan, which provides that eligible employees with 1,000 or more hours of service may defer payment of taxes on a portion of their salary by making contributions to the 401(k) Plan through payroll deductions. The Plan makes matching contributions of up to 4% of the employee's compensation. Total expense related to the Plan's contributions to the 401(k) Plan for the years ended December 31, 2024 and 2023 was \$34,312 and \$36,792, respectively, and such amounts are cost shared as discussed in Note 6.

Note 8 – Lease Commitments

The Plan also entered into various operating leases for vehicles expiring between January 2025 and March 2025. These lease expense costs are shared consistent with the allocation in the joint cost sharing agreement.

The vehicle leases are included in the right-of-use asset and operating lease liability. The vehicle leases are recorded under operating leases and a contra-asset balance of \$99,915, respectively. Amortization of this asset was \$31,371 and \$34,432, respectively, for the years ended December 31, 2024 and 2023.

The following is a summary of the lease-related assets and liabilities for the vehicle lease recorded as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Operating lease right-of-use assets	<u>\$ 3,244</u>	<u>\$ 34,615</u>
Operating lease obligation	<u>\$ 3,244</u>	<u>\$ 34,615</u>

The following is a summary of certain information related to the lease costs for the vehicle lease for the years ended December 31, 2024 and 2023:

Lease cost		
Operating lease cost	<u>\$ 31,662</u>	<u>\$ 32,256</u>
Total lease cost	<u>\$ 31,662</u>	<u>\$ 32,256</u>

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 8 - Lease Commitments (continued)

Other information

Cash paid for amounts included in the measurement of lease liabilities		
Operating lease - cash outflows	\$ 31,662	\$ 32,256
Total operating cash flows	<u>\$ 31,662</u>	<u>\$ 32,256</u>
Weighted-average remaining lease term (years)	0	1
Weighted-average discount rate (%)	1.62	1.62

Pursuant to the joint cost sharing agreement between this Plan, the Pension Fund, the 401(k) Plan and the Union (Note 6), for the years ended December 31, 2024 and 2023, the Plan was reimbursed lease costs of \$13,262 and \$11,949, respectively, by the Pension Fund; \$81 and \$66, respectively, by the 401(k) Plan; and \$943 and \$1,730, respectively, by the Union.

The future undiscounted minimum lease payments, as reconciled to the discounted minimum lease obligations indicated on the Union's statements of net assets available for benefits, under operating lease obligations as of December 31, 2024 for the vehicle lease are as follows:

Years Ending December 31,

2025	\$ 3,250
Total future minimum lease payments	3,250
Less: amount representing interest	6
Present value of future lease payments	<u>\$ 3,244</u>

Note 9 - Plan Termination

Although the Trustees have not expressed an intent to discontinue the Plan, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of termination of the Plan, the assets of the Plan would continue to be used to pay reasonable administrative expenses and to distribute and apply remaining surplus as the Trustees so determine, until no assets remain.

Note 10 - Risks and Uncertainties

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

The Plan's cash is held in bank accounts which are subject to the Federal Deposit Insurance Corporation limit of \$250,000. As of December 31, 2024 and 2023, the amounts in excess of insured limits were \$0 and \$106,822, respectively.

**United Food and Commercial Workers
Local 888 Health Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Note 11 - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 12,820,728	\$ 20,073,037
Less: benefit obligations payable	<u>1,686,279</u>	<u>2,540,193</u>
Net assets available for benefits per the Form 5500	<u>\$ 11,134,449</u>	<u>\$ 17,532,844</u>

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

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 22,826,771	\$ 20,092,266
Add: stop loss insurance	1,098,545	885,272
Add: amounts currently payable and claims incurred but not reported at end of year	1,686,279	2,540,193
Less: amounts currently payable at beginning of year	<u>2,540,193</u>	<u>2,051,016</u>
Benefits paid per the Form 5500	<u>\$ 23,071,402</u>	<u>\$ 21,466,715</u>

Note 12 - Party-in-Interest Transactions

The Plan has a number of service providers. Such providers are parties in interest under ERISA. However, all transactions with such providers are exempt party-in-interest transactions under ERISA.

Supplemental Information

**United Food and Commercial Workers
Local 888 Health Fund
Supplemental Information
Schedules of Benefits Paid and Administrative Expenses
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Benefits paid:		
Medical, hospital and surgical	\$ 18,838,532	\$ 16,109,603
Group insurance premiums	124,008	124,051
Prescriptions	3,378,687	3,344,467
Dental	396,370	406,796
Disability and family leave payments	68,929	82,689
Optical	20,245	24,660
Total benefits paid	<u>\$ 22,826,771</u>	<u>\$ 20,092,266</u>
Administrative expenses:		
Salaries and payroll taxes	\$ 749,072	\$ 731,441
Employee benefits	221,646	195,271
401(k) expense	34,312	36,792
Legal fees	206,673	194,834
Audit fees	56,400	61,100
Payroll compliance fees	17,191	11,815
Consultant fees	33,830	18,478
Stop loss claims administrator fees	22,034	-
Trustee fees	15,243	-
Conference expenses	12,034	9,963
Office expense	5,215	7,145
Auto expense	7,070	12,064
Lease cost	20,998	19,098
Insurance expense	55,777	51,225
Federal excise tax (PCORI fees)	6,578	6,741
Allocation of shared expenses	374,150	677,337
Postage and printing	-	621
Telephone	617	1,369
Total administrative expenses	<u>\$ 1,838,840</u>	<u>\$ 2,035,294</u>

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
185,000	FNMA 2.125% 04/24/2026	U.S. Government and Agency Securities	\$ 171,265	\$ 162,818
225,000	U.S. TREASURY NOTES 1.625% 08/15/2029	U.S. Government and Agency Securities	235,071	233,242
70,000	US TREASURY NOTES 1.125% 02/15/2031	U.S. Government and Agency Securities	66,881	66,620
	Total U.S. Government and Agency Securities		473,217	462,680

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
28,522	JPMORGAN 100% US TREASURY MONEY MARKET	Money Market Funds	\$ 28,522	\$ 28,522
517,749	JPMORGAN 100% US TREASURY MONEY MARKET	Money Market Funds	517,749	517,749
	Money Markey Funds		546,271	546,271

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
95	ACCENTURE PLC CLASS A	Common Stocks	\$ 18,388	\$ 33,420
30	ADOBE INC	Common Stocks	13,729	13,340
80	AGILENT TECHNOLOGIES INC	Common Stocks	10,049	10,747
30	AIR PRODUCTS & CHEMICALS INC	Common Stocks	6,782	8,701
375	ALPHABET INC CLASS A	Common Stocks	47,059	70,988
90	AMAZON COM INC	Common Stocks	20,249	19,745
50	ANALOG DEVICES INC COM	Common Stocks	7,392	10,623
240	APPLE INC	Common Stocks	20,768	60,101
155	APPLIED MATERIALS INC	Common Stocks	22,424	25,208
50	APTARGROUP INC	Common Stocks	4,716	7,855
65	AUTOMATIC DATA PROCESSING INC.	Common Stocks	10,708	19,027
10	AUTOZONE INC	Common Stocks	13,100	32,020
50	BECTON DICKINSON & CO COM	Common Stocks	10,397	11,344
10	BLACKROCK INC COM	Common Stocks	9,577	10,251
5	BOOKING HOLDINGS INC	Common Stocks	14,162	24,842
90	CHUBB LIMITED	Common Stocks	15,216	24,867
325	CISCO SYSTEMS INC	Common Stocks	14,275	19,240

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
255	COMCAST CORPORATION CLASS A	Common Stocks	\$ 9,830	\$ 9,570
90	COOPER COS INC COM	Common Stocks	7,925	8,274
55	D R HORTON INC	Common Stocks	9,582	7,690
40	DEERE & COMPANY	Common Stocks	13,352	16,948
125	DONALDSON CO	Common Stocks	6,507	8,419
245	ESSENTIAL UTILITIES INC	Common Stocks	9,575	8,898
145	EVERSOURCE ENERGY COM	Common Stocks	10,723	8,327
315	EXXON MOBIL CORP	Common Stocks	25,507	33,885
20	FACTSET RESEARCH SYSTEMS INC.	Common Stocks	6,864	9,606
20	HUBBELL INCORPORATED	Common Stocks	3,964	8,378
200	JOHNSON & JOHNSON	Common Stocks	31,909	28,924
155	JPMORGAN CHASE & CO.	Common Stocks	17,552	37,155
15	KLA CORP	Common Stocks	10,098	9,452
20	LOCKHEED MARTIN CORP	Common Stocks	9,234	9,719
35	LOWE'S COS INC	Common Stocks	7,151	8,638
30	LULULEMON ATHLETICA INC	Common Stocks	7,906	11,472
55	MARSH & MC LENNAN CO	Common Stocks	6,426	11,683

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
105	MERCK & CO INC	Common Stocks	\$ 7,771	\$ 10,445
50	META PLATFORMS INC CL A	Common Stocks	26,006	29,276
200	MICROSOFT CORP	Common Stocks	35,612	84,300
180	NVIDIA CORPORATION	Common Stocks	23,611	24,172
60	ORACLE CORPORATION COM	Common Stocks	11,080	9,998
165	PEPSICO INC.	Common Stocks	23,124	25,090
75	QUALCOMM INC	Common Stocks	14,242	11,521
65	ROSS STORES INC	Common Stocks	5,987	9,833
40	STRYKER CORPORATION	Common Stocks	7,224	14,402
125	SYSCO CORPORATION	Common Stocks	10,125	9,558
65	TE CONNECTIVITY PLC ORD SHS COM	Common Stocks	8,864	9,293
55	THE HERSHEY COMPANY	Common Stocks	10,911	9,314
80	UNION PACIFIC CORP.	Common Stocks	14,741	18,243
95	UNITED PARCEL SERVICE-CL B	Common Stocks	14,379	11,979
50	UNITEDHEALTH GROUP INC	Common Stocks	17,035	25,293
125	VISA INC. CLASS A	Common Stocks	22,338	39,505
25	WATERS CORPORATION	Common Stocks	6,268	9,274
Total Common Stock			712,414	990,853

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)	
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value	
**	10,061	BOSTON TRUST SMID CAP FUND	Mutual Funds	\$ 157,888	\$ 250,515
**	613,861	VANGUARD SHORT-TERM BOND INDEX ADM	Mutual Funds	6,278,710	6,218,410
**	35,375	WALDEN INTERNATIONAL EQUITY	Mutual Funds	369,194	492,416
		Total Mutual Funds		6,805,792	6,961,341

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
2,290	VANGUARD FTSE EMERGING MARKETS ETF	Exchange-traded funds	\$ 99,111	\$ 100,852
	Exchange-traded funds		99,111	100,852

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
115,000	APPLE INC 3.25%	Corporate Bonds	\$ 130,916	\$ 113,613
	02/23/2026			
170,000	COMCAST CORP 3.3%	Corporate Bonds	167,187	165,147
	4/1/2027			
140,000	EVERSOURCE ENERGY 4.25% 4/1/2029	Corporate Bonds	145,419	135,230
125,000	HOME DEPOT INC 3.9%	Corporate Bonds	150,111	121,771
	12/06/2028			
100,000	HUBBELL INC 3.35%	Corporate Bonds	97,880	98,366
	03/01/2026			
230,000	JPMORGAN CHASE & CO 2.95% 10/01/2026	Corporate Bonds	234,972	224,089
125,000	KIMBERLY-CLARK CORP 3.1% 3/26/2030	Corporate Bonds	143,796	115,550
75,000	MASTERCARD INC 3.3%	Corporate Bonds	81,971	73,143
	3/26/2027			
140,000	NIKE INC 2.75% 3/27/2027	Corporate Bonds	138,944	134,961
110,000	ORACLE CORP 2.65%	Corporate Bonds	121,941	106,644
	07/15/2026			
215,000	STARBUCKS CORP 2.25%	Corporate Bonds	205,648	188,465
	03/12/2030			
140,000	STRYKER CORP 1.15%	Corporate Bonds	140,350	137,760
	06/15/25			
50,000	UNION PACIFIC CORP 3.75% 7/15/2025	Corporate Bonds	53,835	49,772
	Total Corporate Bonds		1,812,970	1,664,511
	Total Assets Held for Investment Purposes		\$ 10,449,775	\$ 10,726,508

** A party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
185,000	FNMA 2.125% 04/24/2026	U.S. Government and Agency Securities	\$ 171,265	\$ 162,818
225,000	U.S. TREASURY NOTES 1.625% 08/15/2029	U.S. Government and Agency Securities	235,071	233,242
70,000	US TREASURY NOTES 1.125% 02/15/2031	U.S. Government and Agency Securities	66,881	66,620
	Total U.S. Government and Agency Securities		473,217	462,680

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
28,522	JPMORGAN 100% US TREASURY MONEY MARKET	Money Market Funds	\$ 28,522	\$ 28,522
517,749	JPMORGAN 100% US TREASURY MONEY MARKET	Money Market Funds	517,749	517,749
	Money Markey Funds		546,271	546,271

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
95	ACCENTURE PLC CLASS A	Common Stocks	\$ 18,388	\$ 33,420
30	ADOBE INC	Common Stocks	13,729	13,340
80	AGILENT TECHNOLOGIES INC	Common Stocks	10,049	10,747
30	AIR PRODUCTS & CHEMICALS INC	Common Stocks	6,782	8,701
375	ALPHABET INC CLASS A	Common Stocks	47,059	70,988
90	AMAZON COM INC	Common Stocks	20,249	19,745
50	ANALOG DEVICES INC COM	Common Stocks	7,392	10,623
240	APPLE INC	Common Stocks	20,768	60,101
155	APPLIED MATERIALS INC	Common Stocks	22,424	25,208
50	APTARGROUP INC	Common Stocks	4,716	7,855
65	AUTOMATIC DATA PROCESSING INC.	Common Stocks	10,708	19,027
10	AUTOZONE INC	Common Stocks	13,100	32,020
50	BECTON DICKINSON & CO COM	Common Stocks	10,397	11,344
10	BLACKROCK INC COM	Common Stocks	9,577	10,251
5	BOOKING HOLDINGS INC	Common Stocks	14,162	24,842
90	CHUBB LIMITED	Common Stocks	15,216	24,867
325	CISCO SYSTEMS INC	Common Stocks	14,275	19,240

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
255	COMCAST CORPORATION CLASS A	Common Stocks	\$ 9,830	\$ 9,570
90	COOPER COS INC COM	Common Stocks	7,925	8,274
55	D R HORTON INC	Common Stocks	9,582	7,690
40	DEERE & COMPANY	Common Stocks	13,352	16,948
125	DONALDSON CO	Common Stocks	6,507	8,419
245	ESSENTIAL UTILITIES INC	Common Stocks	9,575	8,898
145	EVERSOURCE ENERGY COM	Common Stocks	10,723	8,327
315	EXXON MOBIL CORP	Common Stocks	25,507	33,885
20	FACTSET RESEARCH SYSTEMS INC.	Common Stocks	6,864	9,606
20	HUBBELL INCORPORATED	Common Stocks	3,964	8,378
200	JOHNSON & JOHNSON	Common Stocks	31,909	28,924
155	JPMORGAN CHASE & CO.	Common Stocks	17,552	37,155
15	KLA CORP	Common Stocks	10,098	9,452
20	LOCKHEED MARTIN CORP	Common Stocks	9,234	9,719
35	LOWE'S COS INC	Common Stocks	7,151	8,638
30	LULULEMON ATHLETICA INC	Common Stocks	7,906	11,472
55	MARSH & MC LENNAN CO	Common Stocks	6,426	11,683

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
105	MERCK & CO INC	Common Stocks	\$ 7,771	\$ 10,445
50	META PLATFORMS INC CL A	Common Stocks	26,006	29,276
200	MICROSOFT CORP	Common Stocks	35,612	84,300
180	NVIDIA CORPORATION	Common Stocks	23,611	24,172
60	ORACLE CORPORATION COM	Common Stocks	11,080	9,998
165	PEPSICO INC.	Common Stocks	23,124	25,090
75	QUALCOMM INC	Common Stocks	14,242	11,521
65	ROSS STORES INC	Common Stocks	5,987	9,833
40	STRYKER CORPORATION	Common Stocks	7,224	14,402
125	SYSCO CORPORATION	Common Stocks	10,125	9,558
65	TE CONNECTIVITY PLC ORD SHS COM	Common Stocks	8,864	9,293
55	THE HERSHEY COMPANY	Common Stocks	10,911	9,314
80	UNION PACIFIC CORP.	Common Stocks	14,741	18,243
95	UNITED PARCEL SERVICE-CL B	Common Stocks	14,379	11,979
50	UNITEDHEALTH GROUP INC	Common Stocks	17,035	25,293
125	VISA INC. CLASS A	Common Stocks	22,338	39,505
25	WATERS CORPORATION	Common Stocks	6,268	9,274
Total Common Stock			712,414	990,853

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
**	10,061	BOSTON TRUST SMID CAP FUND	Mutual Funds \$ 157,888	\$ 250,515
**	613,861	VANGUARD SHORT- TERM BOND INDEXADM	Mutual Funds 6,278,710	6,218,410
**	35,375	WALDEN INTERNATIONAL EQUITY	Mutual Funds 369,194	492,416
		Total Mutual Funds	6,805,792	6,961,341

United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
2,290	VANGUARD FTSE EMERGING MARKETS ETF	Exchange-traded funds	\$ 99,111	\$ 100,852
	Exchange-traded funds		99,111	100,852

**United Food and Commercial Workers
Local 888 Health Fund
EIN: 13-1564856
Plan Number: 501
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets Held (At Year End)**

(a)	(c)	(b) (c)	(d)	(e)
Shares / Par	(b) Identity of issue, borrower, lessor or similar party and (c) description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value
115,000	APPLE INC 3.25%	Corporate Bonds	\$ 130,916	\$ 113,613
	02/23/2026			
170,000	COMCAST CORP 3.3%	Corporate Bonds	167,187	165,147
	4/1/2027			
140,000	EVERSOURCE ENERGY 4.25% 4/1/2029	Corporate Bonds	145,419	135,230
125,000	HOME DEPOT INC 3.9%	Corporate Bonds	150,111	121,771
	12/06/2028			
100,000	HUBBELL INC 3.35%	Corporate Bonds	97,880	98,366
	03/01/2026			
230,000	JPMORGAN CHASE & CO 2.95% 10/01/2026	Corporate Bonds	234,972	224,089
125,000	KIMBERLY-CLARK CORP 3.1% 3/26/2030	Corporate Bonds	143,796	115,550
75,000	MASTERCARD INC 3.3%	Corporate Bonds	81,971	73,143
	3/26/2027			
140,000	NIKE INC 2.75% 3/27/2027	Corporate Bonds	138,944	134,961
110,000	ORACLE CORP 2.65%	Corporate Bonds	121,941	106,644
	07/15/2026			
215,000	STARBUCKS CORP 2.25% 03/12/2030	Corporate Bonds	205,648	188,465
140,000	STRYKER CORP 1.15%	Corporate Bonds	140,350	137,760
	06/15/25			
50,000	UNION PACIFIC CORP 3.75% 7/15/2025	Corporate Bonds	53,835	49,772
	Total Corporate Bonds		1,812,970	1,664,511
	Total Assets Held for Investment Purposes		\$10,449,775	\$10,726,508

** A party-in-interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.