

<p>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>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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>UFCW LOCAL 888 AND EMPLOYERS 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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 UFCW LOCAL 888 AND EMPLOYERS 401(K) PLAN</u></p> <p><u>475 MARKET STREET, SUITE 307</u> <u>ELMWOOD PARK, NJ 07407-3100</u></p>	<p>1c Effective date of plan <u>01/01/2008</u></p> <p>2b Employer Identification Number (EIN) <u>38-6994031</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	650
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)	464
	6a(2)	443
	6b	0
	6c	165
	6d	608
	6e	0
	6f	608
	6g(1)	650
6g(2)	608	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	27

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan UFCW LOCAL 888 AND EMPLOYERS 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES UFCW LOCAL 888 AND	D Employer Identification Number (EIN) 38-6994031	

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

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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)

BPA SERVICES LLC

3401 MASONS MILL ROAD, STE 601
HUNTINGDON VALLEY, PA 19006

16-1503696

(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?
18 50	CUSTODIAL	120732	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)

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	38213	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	11400	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)

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	11400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UFCW LOCAL 888 AND EMPLOYERS 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES UFCW LOCAL 888 AND	D Employer Identification Number (EIN) 38-6994031

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	4950	198494
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions		
(2) Participant contributions		
(3) Other	927050	732367
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	671979	689846
(2) U.S. Government securities		
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred		
(B) All other		
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)	17939243	18974325
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other		

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	19543222	20595032
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12370	17913
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12370	17913
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19530852	20577119

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)	981823	
(B) Participants.....	2a(1)(B)	474349	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1456172
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	30	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	43113	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43143
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	762299	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		762299
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1411089
c Other income	2c		86052
d Total income. Add all income amounts in column (b) and enter total.....	2d		3758755

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2420598	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2420598
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		61652
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	120732	
(3) Recordkeeping fees	2i(3)	4271	
(4) IQPA audit fees	2i(4)	22800	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	41213	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	41222	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		230238
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2712488

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1046267
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 _____.

UFCW LOCAL 888 AND EMPLOYERS 401(k) PLAN

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024 AND 2023

UFCW Local 888 and Employers 401(k) Plan

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December 31, 2024 and 2023

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Independent Auditor's Report

To the Board of Trustees of the
UFCW Local 888
and Employers 401(k) Plan
Elmwood Park, New Jersey

Opinion

We have audited the accompanying financial statements of UFCW Local 888 and Employers 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits (modified cash basis) as of as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of UFCW Local 888 and Employers 401(k) Plan as of as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2.

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 the Plan 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to the matter.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about UFCW Local 888 and Employers 401(k) Plan'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 UFCW Local 888 and Employers 401(k) 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 UFCW Local 888 and Employers 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

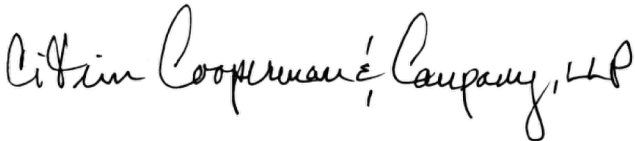
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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. 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 schedule, we evaluated whether the supplemental schedule, including their form and content, is 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 schedule 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

**UFCW Local 888 and Employers 401(k) Plan
Statements of Net Assets Available for Benefits
Modified Cash Basis
As of December 31, 2024 and 2023**

	2024	2023
Assets		
Investments at fair value:		
Mutual funds	\$ 18,974,325	\$ 17,939,243
Money market funds	689,846	671,979
Total investments at fair value	19,664,171	18,611,222
Cash and cash equivalents	198,494	4,950
Due from Local 888 Union	-	241,459
Due from Local 888 Health Fund	6,226	6,253
Notes receivable from participants	732,367	679,338
Total assets	20,601,258	19,543,222
Liabilities		
Due to Local 888 Union	19,707	-
Accounts payable and accrued expenses	4,432	12,370
Total liabilities	24,139	12,370
Net assets available for benefits	\$ 20,577,119	\$ 19,530,852

UFCW Local 888 and Employers 401(k) Plan
Statements of Changes in Net Assets Available for Benefits
Modified Cash Basis
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Interest and dividend income - net	\$ 762,329	\$ 570,673
Net appreciation in the fair value of investments	<u>1,411,089</u>	<u>2,171,140</u>
Total investment income	<u>2,173,418</u>	<u>2,741,813</u>
Contributions:		
Participants	474,349	505,096
Employers	<u>981,823</u>	<u>1,144,305</u>
Total contributions	<u>1,456,172</u>	<u>1,649,401</u>
Interest income on notes receivable from participants	<u>43,113</u>	<u>35,517</u>
Reimbursement of administrative expenses:		
Fees paid by employers and participants	<u>86,052</u>	<u>97,651</u>
Total reimbursement of administrative expenses	<u>86,052</u>	<u>97,651</u>
Total additions	<u>3,758,755</u>	<u>4,524,382</u>
Deductions from net assets attributed to:		
Benefits paid to participants	<u>2,482,250</u>	<u>1,872,931</u>
Administrative expenses:		
Third party administrative fees - paid directly by participants	118,232	106,555
Third party administrative fees - paid directly by the Plan	2,500	2,500
Legal fees	41,213	39,964
Audit fees	22,800	22,400
Payroll compliance fees	4,271	5,759
Office expense	1,555	75
Insurance	11,106	11,160
Allocated administrative expenses	<u>28,561</u>	<u>28,064</u>
Total administrative expenses	<u>230,238</u>	<u>216,477</u>
Total deductions	<u>2,712,488</u>	<u>2,089,408</u>
Net increase	1,046,267	2,434,974
Net assets available for benefits - beginning of year	<u>19,530,852</u>	<u>17,095,878</u>
Net assets available for benefits - end of year	<u>\$ 20,577,119</u>	<u>\$ 19,530,852</u>

UFCW Local 888 and Employers 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 1 – Description of Plan

The following description of the UFCW Local 888 and Employers 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General

The Plan is a multi-employer plan, covering certain members of the United Food and Commercial Workers (“UFCW”) Local Union No. 888 (“the Union”) pursuant to a collective bargaining agreement (“CBA”) between members’ employers (the “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.

Eligibility

An employee of an employer covered in the collective bargaining agreement or a participation agreement is eligible to make salary deferrals to the Plan on the January 1 or July 1 following the completion of 1,000 hours of service (as defined by the Plan document) in a 12 month consecutive period. Generally, an employee is eligible to receive employer contributions on the first day of the month following ninety consecutive days of employment with the employer, though this is subject to variation in each CBA or participation agreement.

Contributions

Participants may contribute through salary deferrals an amount equal to any whole percentage of compensation from 1% through 100%, in 1% increments, or a flat dollar amount. Participant contributions are based on a pre-tax basis subject to the annual Internal Revenue Service limitation of \$23,000 for 2024 and \$22,500 for 2023. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch up contributions of \$7,500 for 2024 and 2023. Participants may roll over balances from other qualified plans. If provided under the collective bargaining agreement, the Employer may make matching contributions or non-discretionary employer contributions to the Plan. Participants direct the investment of their contributions, as well as any Employer contributions, into various investment options offered by the Plan. Contributions are subject to certain limitations.

Participant Accounts

The value of each participant’s account can change depending on several factors, which include: (a) contributions that are made to the account, (b) increases or decreases in the market value of investments and earnings, (c) cost of investment management expenses, transactional costs and service charges, and (d) loans and loan repayments. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately vested in their contributions and Employer contributions, plus actual earnings thereon.

Participant Loans (Notes Receivable from Participants)

Participants may borrow from their vested accounts a minimum of \$1,000 (or higher pursuant to certain CBAs) up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the remaining balance in the participant’s vested account. Principal and interest are paid through payroll deductions. If at times participants do not meet the repayment criteria, their loan balances become deemed distributions.

UFCW Local 888 and Employers 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Hardship Withdrawals

In the event of a financial hardship, as defined by the Plan document, a participant may withdraw part or all of their vested account balance.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, have the payment paid as a "direct rollover" to an individual retirement plan, or maintain the vested interest in his or her account.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the modified cash basis of accounting which is a basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). This basis differs from U.S. GAAP in that participant and employer contributions are recognized when received, while all other items of income and expense, except for benefit payments, are recorded when earned or incurred. Accordingly, receivables arising from participant and employer contributions not remitted and their related effects on earnings are not recognized in the financial statements.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting 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 changes therein. Actual results may differ from these estimates.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued interest. Notes receivable in default are recorded as deemed distributions to participants.

Cash and Cash Equivalents

Cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash and have original maturities of three months or less when purchased.

Investments Valuation and Income Recognition

The Plan's investments are stated 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 Trustees determine the Plan's valuation policies by using information provided by its investment advisors and custodians. See Note 3 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.

UFCW Local 888 and Employers 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 2 – Summary of Significant Accounting Policies (continued)

Administrative Expenses Allocation

The Plan and various related organizations (Note 4) share office space, personnel, and other certain administrative expenses. Expenses not specifically applicable to a particular entity are allocated based on annual studies in accordance with a cost-sharing agreement between the Plan, the Local 888 Health Fund, the Local 888 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 Internal Revenue Service had determined and informed the Plan by a letter dated September 4, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (“IRC”). The Trustees believe that the Plan and related trust, as amended, continue to qualify and operate in accordance with applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

The modified cash basis of accounting 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 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.

Benefits

Benefit payments are recorded when paid.

Administrative Costs

All costs incurred in administering the Plan not paid by the Employers are allocated to, and paid from, the participants’ accounts. Management fees and certain expenses (together “Investment Expenses”) of operating the Plan’s mutual funds are deducted from income earned and are not separately reflected. Consequently, Investment Expenses are reflected as a reduction of investment income.

Subsequent Events

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

**UFCW Local 888 and Employers 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023**

Note 3 – 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 the Financial Accounting Standards Board (“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.
<hr/>	
Level 2	Inputs to the valuation methodology include: <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p style="text-align: center;">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.</p>
<hr/>	
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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.

- *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.

- *Money Market Funds*: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily NAV and to transact at that price. The money market fund is deemed to be actively traded.

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.

UFCW Local 888 and Employers 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 3 – Fair Value Measurements (continued)

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,974,325	\$ -	\$ -	\$ 18,974,325
Money market funds	689,846	-	-	689,846
Total assets at fair value	\$ 19,664,171	\$ -	\$ -	\$ 19,664,171

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 17,939,243	\$ -	\$ -	\$ 17,939,243
Money market funds	671,979	-	-	671,979
Total assets at fair value	\$ 18,611,222	\$ -	\$ -	\$ 18,611,222

Note 4 – Related-Party Transactions

The Plan shares office facilities, personnel, equipment and certain other expenses with the Local 888 Pension Fund (the “Pension Fund”), the Local 888 Health Fund (the “Health 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 entered into between the Union, the Plan, the Health Fund and the Pension Fund. The percentages are determined by a utilization study that is approved by the Trustees. The Plan’s share of expenses paid by the Union was \$21,600 and \$25,715 for both the years ended December 31, 2024 and 2023.

In 2022, the Union entered into a 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 rent pursuant to a joint cost sharing agreement between the Union, the Plan, the Health Fund and the Pension Fund.

The allocation percentage for the Plan’s portion of the lease cost for the years ending December 31, 2024 and 2023, was 0.84% and 0.83%, respectively, which amounted to \$1,134 and \$1,249 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 Plan, the Pension Fund and the Health Fund pursuant to the same joint cost sharing agreement. These expenses are initially paid by the Health Fund and reimbursed by the Plan for its share based on percentages approved by the Trustees. The Plan’s share of these expenses was \$6,961 and \$6,464 for the years ended December 31, 2024 and 2023, respectively.

In December 2023, Plan management decided to change to a different financial institution for a Plan checking account. The process to open this new bank account could not be completed by December 31, 2023, due to the holidays, and on December 20, 2023, the Plan transferred \$250,123 to the Union’s checking account at the same financial institution until this new bank account could be opened. On January 5, 2024, the Union transferred the \$250,123 to this new bank account. There was no interest earned on the Plan’s assets in the Union’s account during that period. As a result, the balance was recorded as due from the Union at December 31, 2023.

UFCW Local 888 and Employers 401(k) Plan
Notes to the Financial Statements
December 31, 2024 and 2023

Note 5 – Plan Termination

Although it has not expressed any intent to do so, the Board of Trustees, as Plan sponsor, has the right under the Plan to terminate the Plan at any time. In the event of Plan termination, participants would remain 100% vested in their total account balances.

Note 6 – Risks and Uncertainties

The Plan's investments are concentrated in mutual funds that invest in marketable securities. Such securities are subject to various risks that determine the value of the funds. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of the securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' account balances and the value of investments reported in the financial statements.

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation ("FDIC"), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of December 31, 2024 and 2023, there were no amounts in excess of the FDIC limit.

For both the years ended December 31, 2024 and 2023, approximately 47% and 41%, respectively, of the Plan's contributions were from two employers. A change in financial condition of these employers could impact the future funding to the Plan.

Note 7 – Party-in-Interest Transactions

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

Supplemental Information

UFCW Local 888 and Employers 401(k) Plan
EIN: 38-6994031
Plan Number: 002
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(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		Description	Cost	Current value
29,622		DODGE & COX INCOME X	DOXX MUTUAL FUND	\$	367,022
29,385		FEDERATED HERMES INSTL HIYD BD	FIHBX MUTUAL FUND		260,349
1,302.00		VANGUARD 500 INDEX ADMIRAL	VFIAX MUTUAL FUND		706,493
3,118		VANGUARD EQUITY INCOME ADMIRAL	VEIRX MUTUAL FUND		274,946
689,846		VANGUARD FEDERAL MONEY MARKET	MONEY MARKET VMFXX FUNDS		689,846
4,393		VANGUARD GROWTH INDEX ADMIRAL	VIGAX MUTUAL FUND		927,986
778		VANGUARD INFLATN-PROT SEC ADM	VAIPX MUTUAL FUND		17,520
1,260		VANGUARD MID-CAP INDEX ADMIRAL	VIMAX MUTUAL FUND		411,933
3,087		VANGUARD SMALL-CAP INDEX ADM	VSMAX MUTUAL FUND		355,518
72,399		VANGUARD TARGET RETIREM'T 2020	VTWNX MUTUAL FUND		1,917,124
108,329		VANGUARD TARGET RETIREM'T 2025	VTTVX MUTUAL FUND		2,024,668
34,763		VANGUARD TARGET RETIREM'T 2030	VTHRX MUTUAL FUND		1,316,817
147,623		VANGUARD TARGET RETIREM'T 2035	VTTHX MUTUAL FUND		3,539,992

UFCW Local 888 and Employers 401(k) Plan
EIN: 38-6994031
Plan Number: 002
Supplemental Information
December 31, 2024
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(a)	(c)	(b) (c)	(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		Description	Cost	Current value
28,875		VANGUARD TARGET RETIREM'T 2040	VFORX MUTUAL FUND		\$ 1,247,987
68,536		VANGUARD TARGET RETIREM'T 2045	VTIVX MUTUAL FUND		2,033,473
16,231		VANGUARD TARGET RETIREM'T 2050	VFIFX MUTUAL FUND		808,952
18,316		VANGUARD TARGET RETIREM'T 2055	VFFVX MUTUAL FUND		1,018,572
8,168		VANGUARD TARGET RETIREM'T 2060	VTTSX MUTUAL FUND		418,625
4,873		VANGUARD TARGET RETIREM'T 2065	VLXVX MUTUAL FUND		163,839
61,436		VANGUARD TGT RETIREM'T INCOME	VTINX MUTUAL FUND		804,812
11,287		VANGUARD TTL INT'L STK IND ADM	VTIAX MUTUAL FUND		<u>357,697</u>
		Total Investments			<u>\$ 19,664,171</u>
			Notes receivable from participants, with interest rates ranging from 4.25% to 9.5%, and various maturity dates through February 2047.		<u>\$ 732,367</u>
**		Notes receivable from participants			

Note: Column (d) cost information is not required when reporting investments directed by participants.

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

(a)	(c) Shares	(b) (c) Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	29,622	DODGE & COX INCOME X	DOXIX MUTUAL FUND	\$	367,022
	29,385	FEDERATED HERMES INSTL HIYD BD	FIHBX MUTUAL FUND		260,349
	1,302.00	VANGUARD 500 INDEX ADMIRAL	VFIAX MUTUAL FUND		706,493
	3,118	VANGUARD EQUITY INCOME ADMIRAL	VEIRX MUTUAL FUND		274,946
	689,846	VANGUARD FEDERAL MONEY MARKET	VMFXX MONEY MARKET FUNDS		689,846
	4,393	VANGUARD GROWTH INDEX ADMIRAL	VIGAX MUTUAL FUND		927,986
	778	VANGUARD INFLATN-PROT SEC ADM	VAIPX MUTUAL FUND		17,520
	1,260	VANGUARD MID-CAP INDEX ADMIRAL	VIMAX MUTUAL FUND		411,933
	3,087	VANGUARD SMALL-CAP INDEX ADM	VSMAX MUTUAL FUND		355,518
	72,399	VANGUARD TARGET RETIREM'T 2020	VTWNX MUTUAL FUND		1,917,124
	108,329	VANGUARD TARGET RETIREM'T 2025	VTTVX MUTUAL FUND		2,024,668
	34,763	VANGUARD TARGET RETIREM'T 2030	VTHRX MUTUAL FUND		1,316,817
	147,623	VANGUARD TARGET RETIREM'T 2035	VTTHX MUTUAL FUND		3,539,992

(a)	(c) Shares	(b) (c) Identity of issue, borrower, lessor or similar party	(c) Description	(d) Cost	(e) Current value
	28,875	VANGUARD TARGET RETIREM'T 2040	VFORX MUTUAL FUND	\$	1,247,987
	68,536	VANGUARD TARGET RETIREM'T 2045	VTIVX MUTUAL FUND		2,033,473
	16,231	VANGUARD TARGET RETIREM'T 2050	VFIFX MUTUAL FUND		808,952
	18,316	VANGUARD TARGET RETIREM'T 2055	VFFVX MUTUAL FUND		1,018,572
	8,168	VANGUARD TARGET RETIREM'T 2060	VTTSX MUTUAL FUND		418,625
	4,873	VANGUARD TARGET RETIREM'T 2065	VLXVX MUTUAL FUND		163,839
	61,436	VANGUARD TGT RETIREM'T INCOME	VTINX MUTUAL FUND		804,812
	11,287	VANGUARD TTL INT'L STK IND ADM	VTIAX MUTUAL FUND		357,697
		Total Investments		\$	<u>19,664,171</u>

**	Notes receivable from participants	Notes receivable from participants, with interest rates ranging from 4.25% to 9.5%, and various maturity dates through February 2047.	<u>\$ 732,367</u>
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Note: Column (d) cost information is not required when reporting investments directed by participants.

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