

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>LOCAL 1102 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1968</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>11-6149563</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>516-683-1102</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>722300</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1968</u>		2b Employer Identification Number (EIN) <u>11-6149563</u>		2c Plan Sponsor's telephone number <u>516-683-1102</u>		2d Business code (see instructions) <u>722300</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1968</u>											
2b Employer Identification Number (EIN) <u>11-6149563</u>											
2c Plan Sponsor's telephone number <u>516-683-1102</u>											
2d Business code (see instructions) <u>722300</u>											
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>LOCAL 1102 401(K) RETIREMENT PLAN</u> <u>311 CROSSWAYS PARK DRIVE</u> <u>WOODBURY, NY 11797</u>											

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.	07/25/2022	ALVIN RAMNARAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1633
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1131
a(2) Total number of active participants at the end of the plan year		6a(2)	1437
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	689
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2128
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	6
f Total. Add lines 6d and 6e		6f	2134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1576
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	33
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 2F 2G 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan LOCAL 1102 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1102 401(K) RETIREMENT PLAN	D Employer Identification Number (EIN) 11-6149563

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL 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
42-0127290	61271	613953	2459	01/01/2021	12/31/2021

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4																								
5	Current value of plan's interest under this contract in separate accounts at year end.....	5																								
6	Contracts With Allocated Funds:																									
a	State the basis of premium rates ▶																									
b	Premiums paid to carrier	6b																								
c	Premiums due but unpaid at the end of the year	6c																								
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d																								
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 ▶ CUSTODIAL GUARANTEED INTEREST																									
b	Balance at the end of the previous year	7b	79120																							
c	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">(1) Contributions deposited during the year</td> <td style="width: 15%;">7c(1)</td> <td style="width: 15%; text-align: right;">10549</td> <td rowspan="5" style="width: 10%;"></td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td>7c(2)</td> <td></td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td>7c(3)</td> <td style="text-align: right;">1295</td> </tr> <tr> <td>(4) Transferred from separate account</td> <td>7c(4)</td> <td></td> </tr> <tr> <td>(5) Other (specify below)</td> <td>7c(5)</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(6) Total additions</td> <td>7c(6)</td> <td style="text-align: right;">11844</td> <td></td> </tr> </table>	(1) Contributions deposited during the year	7c(1)	10549		(2) Dividends and credits.....	7c(2)		(3) Interest credited during the year.....	7c(3)	1295	(4) Transferred from separate account	7c(4)		(5) Other (specify below)	7c(5)						(6) Total additions	7c(6)	11844		
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(4) Transferred from separate account	7c(4)																									
(5) Other (specify below)	7c(5)																									
(6) Total additions	7c(6)	11844																								
d	Total of balance and additions (add lines 7b and 7c(6))	7d	90964																							
e	Deductions: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width: 15%;">7e(1)</td> <td style="width: 15%; text-align: right;">3123</td> <td rowspan="4" style="width: 10%;"></td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td>7e(2)</td> <td style="text-align: right;">2093</td> </tr> <tr> <td>(3) Transferred to separate account</td> <td>7e(3)</td> <td></td> </tr> <tr> <td>(4) Other (specify below)</td> <td>7e(4)</td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(5) Total deductions</td> <td>7e(5)</td> <td style="text-align: right;">5216</td> <td></td> </tr> </table>	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3123		(2) Administration charge made by carrier.....	7e(2)	2093	(3) Transferred to separate account	7e(3)		(4) Other (specify below)	7e(4)						(5) Total deductions	7e(5)	5216					
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3123																								
(2) Administration charge made by carrier.....	7e(2)	2093																								
(3) Transferred to separate account	7e(3)																									
(4) Other (specify below)	7e(4)																									
(5) Total deductions	7e(5)	5216																								
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	85748																							

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCAL 1102 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1102 401(K) RETIREMENT PLAN	D Employer Identification Number (EIN) 11-6149563	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 64	NONE	136216	Yes ☒ No ☐	Yes ☒ No ☐	58836	Yes ☐ No ☒

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

LOCAL 1102 RWDSU

13-1215130

(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?
49 50	AFFILIATED LOCAL UNION	138833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCAL 1102 RETIREMENT TRUST

13-1847329

(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?
49 50	AFFILIATED BENEFIT FUND	81844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROTHMAN, ROCCO, LARUFFA, LLP

47-5401457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BERDON LLP

13-0485070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	17369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>LOCAL 1102 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 1102 401(K) RETIREMENT PLAN</u>	D Employer Identification Number (EIN) <u>11-6149563</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID INCOME</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>562534</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID 2010</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1861660</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID 2020</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6478860</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID 2030</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5254926</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID 2040</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2005115</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID 2050</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>939940</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL LIFETIME HYBRID 2060</u>			
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>			
c EIN-PN <u>26-6447574-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4934</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LOCAL 1102 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1102 401(K) RETIREMENT PLAN	D Employer Identification Number (EIN) 11-6149563	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	88667	89714
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	89297	116848
(2) Participant contributions.....	1b(2)	14931	12842
(3) Other	1b(3)	10229	10298
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	15448892	17107969
(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)	971037	1035455
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	79120	85748
(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	16702173	18458874

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	21821	37769
k Total liabilities (add all amounts in lines 1g through 1j)	1k	21821	37769

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16680352	18421105
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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)	989249	
(B) Participants	2a(1)(B)	670561	
(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)		1659810
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)	48494	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		48494
(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)		1765916
(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)		-3481
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3470739
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1310022	
(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)		1310022
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	41928	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	140216	
(4) Other.....	2i(4)	237820	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		419964
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1729986
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1740753
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: BERDON LLP

(2) EIN: 13-0485070

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		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.			
4n		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 _____.

LOCAL 1102 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2021 AND 2020**



LOCAL 1102 401(k) RETIREMENT PLAN
INDEX
YEARS ENDED DECEMBER 31, 2021 AND 2020

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STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020	EXHIBIT B 5
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Schedule of Assets Held for Investment - Schedule H, Line 4(i) - December 31, 2021	Schedule 1 16
Schedules of Administrative Expenses for the Years Ended December 31, 2021 and 2020	Schedule 2 17

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 1102 401(k) Retirement Plan

Opinion

We have audited the financial statements of Local 1102 401(k) Retirement Plan, 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 as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits 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 of Local 1102 401(k) Retirement Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits 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 Local 1102 401(k) Retirement 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.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 1102 401(k) Retirement 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 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 Local 1102 401(k) Retirement 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 Local 1102 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

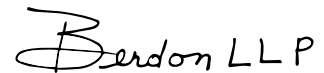
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment for December 31, 2021 and the schedules of administrative expenses for December 31, 2021 and 2020 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under 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 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.



Certified Public Accountants

Jericho, New York
May 20, 2022

LOCAL 1102 401(k) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, at fair value:		
Collective investment trusts	\$ 17,107,969	\$ 15,448,892
Mutual funds	<u>1,035,455</u>	<u>971,037</u>
Total investments, at fair value	<u>18,143,424</u>	<u>16,419,929</u>
Investment, at contract value:		
Guaranteed investment contract	<u>85,748</u>	<u>79,120</u>
Receivables:		
Employer contributions	116,848	89,297
Participant contributions	<u>12,842</u>	<u>14,931</u>
Total receivables	<u>129,690</u>	<u>104,228</u>
Cash	<u>89,714</u>	<u>88,667</u>
Other assets:		
Prepaid expenses and deposits	<u>10,298</u>	<u>10,229</u>
TOTAL ASSETS	<u>18,458,874</u>	<u>16,702,173</u>
LIABILITIES:		
Accrued expenses	-	1,000
Due to affiliated entities	<u>37,769</u>	<u>20,821</u>
TOTAL LIABILITIES	<u>37,769</u>	<u>21,821</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 18,421,105</u>	<u>\$ 16,680,352</u>

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

LOCAL 1102 401(k) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,762,435	\$ 1,933,360
Interest and dividends	<u>48,494</u>	<u>42,406</u>
Total investment income	1,810,929	1,975,766
Less, investment and custodial fees	<u>140,216</u>	<u>117,212</u>
Net investment income	1,670,713	1,858,554
Employer contributions	989,249	865,218
Participant contributions	670,561	557,989
Rollover contributions	<u>-</u>	<u>9,583</u>
TOTAL ADDITIONS	<u>3,330,523</u>	<u>3,291,344</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments	1,310,022	620,375
Administrative expenses	<u>279,748</u>	<u>273,911</u>
TOTAL DEDUCTIONS	<u>1,589,770</u>	<u>894,286</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	1,740,753	2,397,058
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	<u>16,680,352</u>	<u>14,283,294</u>
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	<u>\$ 18,421,105</u>	<u>\$ 16,680,352</u>

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

LOCAL 1102 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Local 1102 401(k) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

Local 1102 401(k) Retirement Plan is a multiemployer Taft-Hartley defined contribution retirement plan established under the provisions of an Agreement and Declaration of Trust between Local 1102 Retail Wholesale Department Store Union - UFCW (the "Union") and the various employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During 2007, the Plan was amended to convert to a 401(k) retirement plan from a money purchase plan, effective January 1, 2008. The amended plan continues to be for the exclusive benefit of eligible employees. All persons covered under the Plan as of December 31, 2007 continued to be covered under the amended plan with no loss of benefits.

(b) Contributions

Employers make contributions to the Plan at rates determined by collective bargaining agreements. The amount of employer contributions is determined from time worked, as reported by participating employers, and the contractual employer contribution rates pursuant to the collective bargaining agreement in effect. In addition, participants may contribute up to 25% of their annual compensation to the Plan, up to the maximum allowed under the provisions of the Internal Revenue Code (IRC). For the years ended December 31, 2021 and 2020, participant contributions were \$670,561 and \$557,989, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

(c) Retirement Benefits and Vesting

Each participant receives one-year service credit if they have worked 1,000 hours or more within the year. Retirement benefits are paid upon normal retirement, termination of employment, becoming totally and permanently disabled and qualifying for Social Security disability pension, or death. Benefit payments to participants are recorded upon distribution.

Participants are immediately vested in their voluntary contributions and rollover contributions, plus actual earnings thereon. The vesting schedule for employer contributions shall be:

<u>Accrued Years of Credited Service</u>	<u>Vested Percentage</u>
Less than 3 years	0%
3 or more years	100%

In the event a participant dies prior to receiving their retirement payment from the Plan, their named beneficiary will be entitled to receive 100% of the remaining vested balance of the participant's individual account.

(continued)

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN (Continued)

(d) Participant Accounts

Each participant's account is credited with (i) employer and participant contributions and (ii) net investment income or loss earned on plan assets during the plan year, less administrative expenses on a per capita basis. The benefit to which a participant is entitled is that benefit that can be provided from the participant's vested account. Rollover contributions were \$9,583 for the year ended December 31, 2020. There were no rollover contributions for the year ended December 31, 2021.

(e) Forfeiture Credits

Forfeitures of terminated participants' nonvested accounts are applied to the Plan's administrative expenses. For the years ended December 31, 2021 and 2020, forfeitures of \$6,215 and \$3,039, respectively, were applied to the Plan's administrative expenses. There were no unapplied forfeiture credits at December 31, 2021. There were unapplied forfeiture credits of \$940 at December 31, 2020.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES

(a) Basis of Accounting

The accompanying financial statements are presented on the accrual basis of accounting.

(b) Investments

Investments are stated at fair value, except for fully benefit-responsive investment contract, which is reported at contract value (Note 8). 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. Collective investment trusts' fair value is estimated by using net asset value as a practical expedient. This is based on information reported by Principal Trust Company (the "Custodian"), using the audited financial statements of the collective investment trusts at year-end. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

(c) Tax Status

The Plan obtained its latest determination letter on August 21, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

(continued)

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES (Continued)

Accounting principles generally accepted in the United States of America ("GAAP") require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, 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 progress.

(d) Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(e) Subsequent Events

The Plan has evaluated subsequent events after December 31, 2021 through May 20, 2022, the date that the financial statements were available to be issued.

(f) Recently Adopted Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, "Fair Value Measurement - Disclosure Framework (Topic 820)." The updated guidance improves the disclosure requirements on fair value measurements. The updated guidance is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The Plan has adopted the updated guidance as of January 1, 2020 for the year ended December 31, 2020. The adoption had no significant impact on the financial statements.

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide the following information according to the fair value hierarchy. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1 - Valuation is based upon quoted prices for identical instruments traded in active markets.
- Level 2 - Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market.
- Level 3 - Valuation is generated from model-based techniques that use significant assumptions not observable in the market.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

- Mutual funds - Valued at the closing price reported in the active market in which the individual security is traded.
- Collective investment trusts - Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the collective investment trust, less its liability. This practical expedient is not used when it is determined to be probable that the collective investment trust will sell the investment for an amount different than the reported NAV.

(continued)

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following tables summarize the Plan's investments as of December 31, 2021 and 2020, based on the inputs used to value them:

Fair Value as of December 31, 2021				
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds	\$ <u>1,035,455</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>1,035,455</u>
Total assets in the fair value hierarchy	<u>1,035,455</u>	<u>-</u>	<u>-</u>	<u>1,035,455</u>
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>17,107,969</u>
	<u>\$ 1,035,455</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 18,143,424</u>
Fair Value as of December 31, 2020				
Type of Security	Level 1	Level 2	Level 3	Total
Mutual funds	\$ <u>971,037</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>971,037</u>
Total assets in the fair value hierarchy	<u>971,037</u>	<u>-</u>	<u>-</u>	<u>971,037</u>
Investments measured at net asset value	<u>-</u>	<u>-</u>	<u>-</u>	<u>15,448,892</u>
	<u>\$ 971,037</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,419,929</u>

The preceding methods 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.

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

(continued)

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize the investment for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for this investment. The redemption period is applicable only to the Plan.

	December 31, 2021			
	Investment	Fair Value	Unfunded Commitments	Redemption Frequency
Collective investment trusts	\$ 17,107,969	N/A	Daily	1 day
	December 31, 2020			
	Investment	Fair Value	Unfunded Commitments	Redemption Frequency
Collective investment trusts	\$ 15,448,892	N/A	Daily	1 day

The primary investment objective of the above fund is to seek total return consisting of long-term growth of capital and current income, consistent with the investment strategy of an investment which expects to retire at a specific date.

NOTE 4 - PLAN TERMINATION

Under federal law, termination of this multiemployer defined contribution plan can occur as a result of: (i) cessation of the contractual obligation of all participating employers to contribute to the Plan; or (ii) the withdrawal of every participating employer from the Plan; or (iii) a plan amendment which provides that participants will receive no credit for any purpose under the Plan for service with any participating employer.

Were the Plan to terminate, the assets held would be used on behalf of the participants. In no event will any of the assets revert to any employer. In the event of termination, the participant accounts accrued under the Plan for each affected participant as of the date of such termination will be nonforfeitable.

LOCAL 1102 401(k) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 - INVESTMENTS

The Plan's investments are held by Principal Trust Company as custodian. The following table represents the Plan's investments by type:

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Collective investment trusts	\$ 17,107,969	\$ 15,448,892
Mutual funds	<u>1,035,455</u>	<u>971,037</u>
Total investments, at fair value	<u>\$ 18,143,424</u>	<u>\$ 16,419,929</u>
Investments, at contract value:		
Guaranteed investment contract	\$ <u>85,748</u>	\$ <u>79,120</u>

During the years ended December 31, 2021 and 2020, the Plan's investments (including investments bought, sold, and held during the year) appreciated in fair value by \$1,762,435 and \$1,933,360, respectively.

NOTE 6 - RISKS AND UNCERTAINTIES

At various times throughout the year, the Plan had on deposit in banks amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the trustees believe it is not exposed to any significant credit risk.

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

The extent of the impact of the coronavirus ("COVID-19") outbreak on the financial performance of the Plan and the Plan's investments will depend on future developments, including the duration and spread of the outbreak and related advisories and restrictions and the impact of COVID-19 on the financial markets and the overall economy, in addition to the underlying industries of the Plan's investments, all of which are highly uncertain and cannot be predicted. If the financial markets and/or the overall economy are impacted for an extended period, the Plan's investment results may be materially adversely affected.

Approximately 72% and 78% of the contribution income were received from three and four employers for the years ended December 31, 2021 and 2020, respectively.

Approximately 85% and 84% of the employer contribution receivables were received from three employers for the years ended December 31, 2021 and 2020, respectively. Additionally, approximately 100% and 70% of the employee contribution receivables were received from one employer for the years ended December 31, 2021 and 2020, respectively.

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 7 - RELATED PARTY TRANSACTIONS

The Plan occupies premises and participates on an allocated basis with the Union and other affiliated entities in the administrative costs, rental expenses, and certain other costs. The trustees have adopted a method of allocating these expenses as provided by an independent study prepared for them. Due to affiliated entities represents the balance of these reimbursements as of December 31, 2021 and 2020.

(a) Administrative Costs

The Plan reimburses the Union and the Local 1102 Retirement Trust for administrative costs, which include salaries and payroll taxes. The reimbursed amounts for the years ended December 31, 2021 and 2020 were \$201,422 and \$204,568, respectively.

(b) Rental Expenses

On January 1, 2015, the Plan entered into a lease agreement with the Union which expires on April 30, 2027 for its administrative headquarters. The Union has the option of extending the lease an additional five years prior to the expiration of the lease. The lease requires the Plan to pay its allocable share of electric charges and real estate taxes, and provides for periodic adjustments for increases in cost of living. The total rental expenses (rent and real estate taxes) allocated from the Union for the years ended December 31, 2021 and 2020 were \$19,255 and \$17,358, respectively.

The future minimum rental payments are as follows:

<u>Year Ending December 31,</u>	<u>Amount</u>
2022	\$ 19,112
2023	19,626
2024	20,157
2025	20,703
2026	21,265
Thereafter	<u>-</u>
	<u>\$ 100,863</u>

(c) Investment and Custodial Fees

Certain plan investments are shares of mutual funds and collective investment trusts managed by The Principal Financial Group ("Principal"). Principal Trust Company, a wholly-owned subsidiary of The Principal Financial Group, is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Investment expenses paid to Principal and charged to the participants' accounts were \$195,052 and \$176,540 for the years ended December 31, 2021 and 2020, respectively. Included in investment fees charged to participants' accounts was an investment administrative fee in the amount of \$136,216 and \$113,212 that the Plan paid Principal for the years ended December 31, 2021 and 2020, respectively.

LOCAL 1102 401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a traditional investment contract, which meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount that would be received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract's issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer, but may not be less than 1.55% as of December 31, 2021. The crediting rate in effect as of December 31, 2020 was 1.60%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

- (i) The Plan's failure to qualify under Section 401(a) of the IRC
- (ii) Premature termination of contracts
- (iii) Plan termination or merger
- (iv) Changes to the Plan's prohibition on competing investment options
- (v) Bankruptcy of the plan sponsor or other plan sponsor events that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- (i) An uncured violation of the Plan's investment guidelines
- (ii) A breach of material obligation under the contract
- (iii) A material misrepresentation
- (iv) A material amendment to the agreement without the consent of the issuer

SUPPLEMENTAL FINANCIAL INFORMATION

LOCAL 1102 401(k) RETIREMENT PLAN
 EIN: 11-6149563, PLAN NO.: 001
 SCHEDULE OF ASSETS HELD FOR INVESTMENT
 SCHEDULE H, LINE 4(i)
 DECEMBER 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value	
COLLECTIVE INVESTMENT TRUSTS:					
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID FUND	26,544 Shares	\$ 436,697	\$ 562,534
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2010 FUND	69,244 Shares	1,423,102	1,861,660
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2020 FUND	195,087 Shares	4,611,467	6,478,860
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2030 FUND	134,060 Shares	3,424,707	5,254,926
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2040 FUND	45,398 Shares	1,258,787	2,005,115
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2050 FUND	20,068 Shares	587,791	939,940
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2060 FUND	206 Shares	3,738	4,934
				11,746,289	17,107,969
MUTUAL FUNDS					
	DFA	DFA INTERMEDIATE GOV FIXED INC I FUND	25,107 Shares	326,667	318,437
	PIMCO	PIMCO TOTAL RETURN INSTL FUND	27,813 Shares	287,543	286,935
	AMERICAN FUNDS	AMERICAN FUNDS FUNDMTL INV R6 FUND	747 Shares	44,121	56,827
	AMERICAN FUNDS	AMERICAN FUNDS GROWTH FUND OF AM R6 FUND	1,955 Shares	101,182	145,548
	JP MORGAN	JP MORGAN EQUITY INCOME R6 FUND	3,211 Shares	60,635	76,976
	MFS	MFS VALUE R6 FUND	317 Shares	12,952	17,276
	DFA	DFA U.S. TARGETED VALUE I FUND	217 Shares	5,178	6,597
	JANUS	JANUS TRITON N FUND	1,282 Shares	39,949	44,647
	AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC GROWTH R6 FUND	1,001 Shares	57,707	65,485
	INVESCO	INVESCO DEVELOPING MARKETS FUND	354 Shares	14,295	16,727
				950,229	1,035,455
GUARENTEED INSURANCE CONTRACT					
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL FIXED INCOME GUARENTEED OPTION	5,924 Shares	82,482	85,748
				\$ 12,779,000	\$ 18,229,172

*Indicates party-in-interest

LOCAL 1102 401(k) RETIREMENT PLAN

**SCHEDULES OF ADMINISTRATIVE EXPENSES
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Payroll and related costs	\$ 180,874	\$ 180,790
Legal fees	24,559	24,420
Rent	19,255	17,358
Audit fees	17,369	17,369
Insurance	14,514	13,605
Office, printing and postage	9,108	6,989
Computer supplies and expense	6,409	5,332
Equipment rental	4,295	4,648
Maintenance	2,226	1,632
Telephone	1,069	705
Meetings and conferences	<u>70</u>	<u>1,063</u>
	\$ <u>279,748</u>	\$ <u>273,911</u>

The accompanying notes to the financial statements and independent auditor's report should be read in conjunction with these supplemental schedules.

LOCAL 1102 401(k) RETIREMENT PLAN
 EIN: 11-6149563, PLAN NO.: 001
 SCHEDULE OF ASSETS HELD FOR INVESTMENT
 SCHEDULE H, LINE 4(i)
 DECEMBER 31, 2021

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value		(d) Cost	(e) Current value
COLLECTIVE INVESTMENT TRUSTS:					
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID FUND	26,544 Shares	\$ 436,697	\$ 562,534
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL LIFETIME HYBRID 2010 FUND	69,244 Shares	1,423,102	1,861,660
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				950,229	1,035,455
GUARENTEED INSURANCE CONTRACT					
*	PRINCIPAL FINANCIAL GROUP	PRINCIPAL FIXED INCOME GUARENTEED OPTION	5,924 Shares	82,482	85,748
				\$ 12,779,000	\$ 18,229,172

*Indicates party-in-interest