

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

**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><b>1a</b> Name of plan <u>LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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 OF LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</u></p> <p><u>2137 UTICA AVE.</u> <u>BROOKLYN, NY 11234</u></p>	<p><b>1c</b> Effective date of plan <u>03/04/1963</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>11-2409162</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>718-859-2326</u></p> <p><b>2d</b> Business code (see instructions) <u>423300</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/22/2025	JAMES KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/22/2025	DENNIS MCGUIRE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1974
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1964
	<b>6a(2)</b>	1954
	<b>6b</b>	3
	<b>6c</b>	
	<b>6d</b>	1957
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	71

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A 4D 4E 4I 4L

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

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

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **08/01/2023** and ending **07/31/2024**

<b>A</b> Name of plan <b>LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</b>	<b>D</b> Employer Identification Number (EIN) <b>11-2409162</b>	

**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

**THE VANGUARD GROUP**

**23-1945930**

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

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

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

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

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**(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)

AETNA LIFE INSURANCE CO.

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1138223	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)

UNITED TEAMSTER FUND

13-5549593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	545091	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)

DJ O'GRADY CONSULTANT

3219 E. TREMONT AVENUE  
BRONX, NY 10461

(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	NONE	208796	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(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	AUDITOR	80884	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)

CARY KANE, PLLC

88-1989795

(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	LEGAL COUNSEL	45050	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)

HEALTHPLEX, INC.

11-2714365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	38243	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)

UNITED HEALTHCARE INSURANCE CO.

41-2014834

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	35934	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)

FIRST ACTUARIAL CONSULTING, INC.

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	24000	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)

OPTUM, RX INC.

33-0441200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62 99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20465	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

BRIDGEWAY BENEFIT TECHNOLOGIES

23-2180279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	17659	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)

EAGLE CAPITAL MANAGEMENT

22-3361201

(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?
28 68	NONE	10726	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY LLC

11-3658445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50 72	NONE	10000	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)

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	3079	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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.

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2023 or fiscal plan year beginning <b>08/01/2023</b> and ending <b>07/31/2024</b>			
<b>A</b> Name of plan <b>LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>501</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</b>	<b>D</b> Employer Identification Number (EIN) <b>11-2409162</b>		

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	-441739	88793
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1199769	2070808
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	573601	611207
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1923330	940665
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1273849	1043862
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	8328469	6294456
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>	67000	146993
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	12924279	11196784
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	4800000	4930000
<b>h</b> Operating payables .....	<b>1h</b>	136494	71000
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	4936494	5001000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	7987785	6195784

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	28022900	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	58205	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		28081105
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	67826	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		67826
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	13076	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	203662	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		216738
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	8848506	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	8715809	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		132697
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	155380	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		387646
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		29041392

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	46612	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	30000821	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		30047433
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	545091	
(3) Recordkeeping fees.....	<b>2i(3)</b>	48336	
(4) IQPA audit fees.....	<b>2i(4)</b>	32547	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	25965	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	24000	
(8) Legal fees .....	<b>2i(8)</b>	45050	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	64971	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		785960
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		30833393

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-1792001
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 522 WELFARE FUND OF  
NEW YORK AND NEW JERSEY**

FINANCIAL STATEMENTS

JULY 31, 2024





**LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY**

FINANCIAL STATEMENTS

YEARS ENDED JULY 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Local 522 Welfare Fund of New York and New Jersey

### Opinion

We have audited the accompanying financial statements of Local 522 Welfare Fund of New York and New Jersey (the 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 and benefit obligations as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations 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 and benefit obligations of the Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion


We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

### 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 the 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of July 31, 2024 and reportable transactions for the year ended July 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental 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 July 31, 2024 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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.

*Calibre CPA Group, PLLC*

New York, NY  
April 22, 2025



## LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

JULY 31, 2024 AND 2023

	2024	2023
<b>Assets</b>		
Investments - at fair value		
Cash equivalents	\$ 940,665	\$ 1,923,330
Common stock	1,043,862	1,273,849
Mutual funds	<u>6,294,456</u>	<u>8,328,469</u>
Total investments - at fair value	<u>8,278,983</u>	<u>11,525,648</u>
Receivables		
Employer contributions	2,070,808	1,199,769
Interest and dividends	9,820	9,878
Prescription drug rebates	600,804	563,723
Due from broker for securities sold	<u>583</u>	<u>-</u>
Total receivables	<u>2,682,015</u>	<u>1,773,370</u>
Cash - non interest bearing	<u>88,793</u>	<u>-</u>
Prepaid expenses	<u>146,993</u>	<u>67,000</u>
Total assets	<u>11,196,784</u>	<u>13,366,018</u>
<b>Liabilities</b>		
Checks written in excess of cash balance	-	441,739
Accounts payable and accrued expenses	37,770	52,312
Due to broker for securities purchased	-	1,598
Prepaid contributions	<u>33,230</u>	<u>82,584</u>
Total liabilities	<u>71,000</u>	<u>578,233</u>
<b>Net assets available for benefits</b>	11,125,784	12,787,785
<b>Benefit obligations</b>		
Claims incurred but not reported	<u>4,930,000</u>	<u>4,800,000</u>
<b>Excess of net assets available for benefits over benefit obligations</b>	<u>\$ 6,195,784</u>	<u>\$ 7,987,785</u>

See accompanying notes to financial statements.

## LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AND BENEFIT OBLIGATIONS

YEARS ENDED JULY 31, 2024 AND 2023

	2024	2023
<b>Additions</b>		
Contributions		
Employer	\$ 28,022,900	\$ 27,924,055
Participants (COBRA)	<u>58,205</u>	<u>90,532</u>
Total contributions	<u>28,081,105</u>	<u>28,014,587</u>
Investment income		
Net appreciation (depreciation) in fair value of investments	675,724	(140,406)
Interest and dividends	<u>284,563</u>	<u>455,674</u>
	960,287	315,268
Less: investment expenses	<u>25,965</u>	<u>27,159</u>
Net Investment income	<u>934,322</u>	<u>288,109</u>
Total additions	<u>29,015,427</u>	<u>28,302,696</u>
<b>Deductions</b>		
Benefits paid	29,917,433	32,099,210
Administrative expenses	<u>759,995</u>	<u>755,273</u>
Total deductions	<u>30,677,428</u>	<u>32,854,483</u>
<b>Net change</b>	(1,662,001)	(4,551,787)
<b>Change in benefit obligations</b>		
Change during year attributed to change in claims incurred but not reported	<u>130,000</u>	<u>100,000</u>
<b>Change in net assets available for benefits over benefit obligations</b>	(1,792,001)	(4,651,787)
<b>Excess of net assets available for benefits over benefit obligations</b>		
Beginning of year	<u>7,987,785</u>	<u>12,639,572</u>
End of year	<u>\$ 6,195,784</u>	<u>\$ 7,987,785</u>

See accompanying notes to financial statements.



## LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JULY 31, 2024 AND 2023

#### NOTE 1. DESCRIPTION OF PLAN

The following brief description of Local 522 Welfare Fund of New York and New Jersey (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**General** - The Plan is a multiemployer defined benefit welfare plan established under the provisions of an Agreement and Declaration of Trust dated July 29, 1954 and amended thereafter, between Local Union 522 (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America, and participating employers, primarily in the lumber and building supplies industry in the Greater New York and New Jersey area who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a trust fund for the purpose of providing health and welfare benefits to eligible employees of employers who are members of the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Funding Policy** - Funding to provide the benefits is made through monthly contributions by participating employers on behalf of each eligible employee as provided for in the applicable prevailing collective bargaining agreements with the Union. Contributions are also made by the Plan's sponsoring Union in its capacity as employer and by participants who have left covered employment and who elect to continue coverage with the Plan through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

**Benefits** - The Plan provides health benefits including medical, hospitalization, prescription drugs, dental, optical, death, and severance benefits to eligible participants and covered dependents who are covered by collective bargaining agreements with the Union and who have met specific eligibility requirements. The Plan provides benefits for the counseling and treatment of alcohol dependency, substance abuse, and mental health programs for its participants. All benefits are self-insured and paid from the general assets of the Plan. The claims for self-insured benefits (other than death and severance benefits) are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized as incurred, regardless of when cash is exchanged.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, including estimated amounts for claims incurred but not reported, and disclosure of contingent assets and liabilities, if any, at the date of financial statements. Actual results could differ from those estimates.

**Employer Contributions Receivable** - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

**Investment Valuation and Income Recognition** - Investments are recognized 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 determines its valuation policies utilizing information provided by the investment managers and custodian.

Purchases and sales of securities are reported on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized 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.

**Payment of Benefits** - Claim payments are recorded when paid to the third-party claim processors. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as claims payable in the accompanying statements of net assets available for benefits and benefit obligations.

**Claims Incurred but not Reported** - Plan obligations at July 31, 2024 and 2023, for health claims incurred by active participants but not reported at those dates, are estimated by the Plan's actuary in accordance with accepted actuarial principles that take into consideration prior claims experience and also include analyzing claim lag studies based on data provided by the Plan's third-party claims administrator. Such amounts are reported undiscounted as these obligations typically are payable within one year. Any differences in the estimated and actual incurred but not reported obligations will be reported in future years.

**Prescription Drug Rebates** - The Plan retains a pharmacy benefit manager (PBM) which periodically provides rebates to the Plan based on the Plan's actual utilization pattern of specific drugs. Rebates due from the Plan's PBM are recorded when earned.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Refunds due to the Plan as of the financial statement dates have been reported as a receivable, with the offset being netted against benefits paid. Pharmacy rebates totaling \$2,854,563 and \$2,105,658 for the years ended July 31, 2024 and 2023, respectively, have been netted with benefits paid in the accompanying statements of changes in net assets available for benefits and benefit obligations.

**Administrative Expenses** - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits and benefit obligations.

**New Accounting Pronouncement Adopted** - During the year ended July 31, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contribution receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective August 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

## NOTE 3. TAX STATUS

The Plan has received an exemption letter from the Internal Revenue Service (IRS) stating that the trust established under the Plan was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code (IRC). The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Trustees believe that the Plan, as amended, is operating in compliance with the applicable requirements of the IRC and, therefore, believe that the related trust was tax-exempt as of the financial statement date.

GAAP requires the Plan to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it 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 July 31, 2024 and 2023, there were 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.



## NOTE 4. PRIORITIES UPON TERMINATION OF THE PLAN

Although the Trustees have not expressed intent to terminate the Plan, they may do so at any time subject to the provisions of ERISA. In the event of termination of the Plan, the assets of the Plan will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan will be used for purposes other than for the exclusive benefit of the Plan's participants and reasonable administrative expenses.

## NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2        Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

## NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 31, 2024 and 2023.

*Cash equivalents* - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

*Common stock* - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded. American Depositary Receipts (ADRs) are valued based on the stock's "home-country" exchange price converted to U.S. dollars and sold on American security exchanges.

*Mutual funds* - Valued at the daily closing price reported in the active market in which the funds are traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price and therefore are deemed to be actively traded.

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, although 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 addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2024 and 2023:

Description	Assets at Fair Value as of July 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 940,665	\$ 940,665	\$ -	\$ -
Common stock	1,043,862	868,016	175,846	-
Mutual funds	<u>6,294,456</u>	<u>6,294,456</u>	-	-
Total assets at fair value	<u>\$ 8,278,983</u>	<u>\$ 8,103,137</u>	<u>\$ 175,846</u>	<u>\$ -</u>

Description	Assets at Fair Value as of July 31, 2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 1,923,330	\$ 1,923,330	\$ -	\$ -
Common stock	1,273,849	1,107,536	166,313	-
Mutual funds	<u>8,328,469</u>	<u>8,328,469</u>	-	-
Total assets at fair value	<u>\$ 11,525,648</u>	<u>\$ 11,359,335</u>	<u>\$ 166,313</u>	<u>\$ -</u>



## NOTE 6. RISKS AND UNCERTAINTIES

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

## NOTE 7. UNINSURED CASH BALANCES

The Federal Deposit Insurance Corporation (FDIC) insurance limit is \$250,000 per institution. Financial instruments that potentially subject the Plan to concentration of credit risk consist principally of cash held in a high-quality financial institution. The balance at times may exceed FDIC insured amounts. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk.

## NOTE 8. RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 for the years ended July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Benefits paid per the financial statements	\$ 29,917,433	\$ 32,099,210
Add: benefit obligations at July 31, 2024 and 2023	4,930,000	4,800,000
Less: benefit obligations at July 31, 2023 and 2022	<u>(4,800,000)</u>	<u>(4,700,000)</u>
Benefits paid per the Form 5500	<u>\$ 30,047,433</u>	<u>\$ 32,199,210</u>

Claims that have been processed and approved for payment at year end and claims incurred but not reported are not considered liabilities under GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements but are recorded on the Form 5500 under liabilities. Claims that have been processed and approved for payment at year end and claims incurred but not reported are presented under benefit obligations in the accompanying financial statements.

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total additions per the financial statements	\$ 29,015,427	\$ 28,302,696
Add: investment expenses	<u>25,965</u>	<u>27,159</u>
Total income per the Form 5500	<u>\$ 29,041,392</u>	<u>\$ 28,329,855</u>



**NOTE 8. RECONCILIATIONS OF FINANCIAL STATEMENTS TO FORM 5500  
(CONTINUED)**

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended July 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Total deductions per the financial statements	\$ 30,677,428	\$ 32,854,483
Add: investment expenses	<u>25,965</u>	<u>27,159</u>
Total expenses per the Form 5500	<u>\$ 30,703,393</u>	<u>\$ 32,881,642</u>

**NOTE 9. PARTY-IN-INTEREST TRANSACTIONS**

The Plan is administered through an arrangement with a party-in-interest, the United Teamster Fund. The Plan incurred third party administration fees of \$545,091 and \$536,670 for the years ended July 31, 2024 and 2023, respectively. No amounts were due from the Plan at July 31, 2024 and 2023. In addition, the Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

**NOTE 10. SUBSEQUENT EVENTS**

Subsequent events have been evaluated through April 22, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## SUPPLEMENTAL INFORMATION



STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
<b><u>CASH EQUIVALENTS</u></b>						
<b>OTHER CASH EQUIVALENTS</b>						
OTHER MONEY MARKET FUNDS						
ALLSPRING GOVERNMENT MONEY MARKET FUND INSTL CLASS - #1751 VP4560000						
0.080	18704601	0.08	0.08		0.00	0.00
70,204.970	18704602	70,204.97	70,204.97		0.00	265.45
388.280	18704604	388.28	388.28		0.00	1.71
0.010	18704605	0.01	0.01		0.00	0.00
61.270	18704606	61.27	61.27		0.00	0.27
16,118.100	18704607	16,118.10	16,118.10		0.00	70.88
483.580	18704608	483.58	483.58		0.00	2.13
73.380	18704609	73.38	73.38		0.00	0.32
484.020	18704610	484.02	484.02		0.00	2.13
475.580	18704611	475.58	475.58		0.00	2.09
90.790	18704612	90.79	90.79		0.00	0.40
181.830	18704613	181.83	181.83		0.00	0.79
851,954.360	18704650	851,954.36	851,954.36		0.00	3,746.32
148.720	18704651	148.72	148.72		0.00	0.65
940,664.970	TOTAL ALLSPRING GOVERNMENT	940,664.97	940,664.97		0.00	4,093.14
		100.0000	100.0000	7/31/24		
	TOTAL OTHER MONEY MARKET FUNDS	940,664.97	940,664.97		0.00	4,093.14
	<b>TOTAL OTHER CASH EQUIVALENTS</b>	<b>940,664.97</b>	<b>940,664.97</b>		<b>0.00</b>	<b>4,093.14</b>
	<b>TOTAL CASH EQUIVALENTS</b>	<b>940,664.97</b>	<b>940,664.97</b>		<b>0.00</b>	<b>4,093.14</b>

**EQUITIES**

**COMMON STOCKS**

AMERICAN DEPOSITORY RECEIPTS

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
4,479.000	BAYER AG - ADR SPONSORED ADR 072730302 18704602	47,709.55	33,413.34		14,296.21-	0.19
4,479.000	TOTAL BAYER AG - ADR	47,709.55 10.6518	33,413.34 7.4600	7/31/24	14,296.21-	0.19
5,302.000	PROSUS NV 74365P108 18704602	36,683.89	37,007.96		324.07	0.00
5,302.000	TOTAL PROSUS NV	36,683.89 6.9189	37,007.96 6.9800	7/31/24	324.07	0.00
400.000	ROYAL DUTCH SHELL PLC ADR 780259305 18704602	23,402.89	29,288.00		5,885.11	0.00
400.000	TOTAL ROYAL DUTCH SHELL PLC ADR	23,402.89 58.5072	29,288.00 73.2200	7/31/24	5,885.11	0.00
189.000	SAP SE 803054204 18704602	26,295.50	39,992.40		13,696.90	0.00
189.000	TOTAL SAP SE	26,295.50 139.1296	39,992.40 211.6000	7/31/24	13,696.90	0.00
218.000	TAIWAN SEMICONDUCTOR MANUFACTU - ADR SPONSORED ADR 874039100 18704602	20,280.21	36,144.40		15,864.19	0.89
218.000	TOTAL TAIWAN SEMICONDUCTOR MANUFACTU -	20,280.21 93.0285	36,144.40 165.8000	7/31/24	15,864.19	0.89
	TOTAL AMERICAN DEPOSITORY RECEIPTS	154,372.04	175,846.10		21,474.06	1.08
	MATERIALS					

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUBBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	ALCOA CORPORATION 013872106					
631.000	18704602	23,516.36	20,848.24		2,668.12-	0.00
631.000	TOTAL ALCOA CORPORATION	23,516.36 37.2684	20,848.24 33.0400	7/31/24	2,668.12-	0.00
	TOTAL MATERIALS	23,516.36	20,848.24		2,668.12-	0.00
	INDUSTRIALS					
	GE VERNOVA LLC 36828A101					
214.000	18704602	24,255.56	38,143.36		13,887.80	0.00
214.000	TOTAL GE VERNOVA LLC	24,255.56 113.3437	38,143.36 178.2400	7/31/24	13,887.80	0.00
	WOODWARD INC. 980745103					
265.000	18704602	38,574.71	41,337.35		2,762.64	0.00
265.000	TOTAL WOODWARD INC.	38,574.71 145.5649	41,337.35 155.9900	7/31/24	2,762.64	0.00
	TOTAL INDUSTRIALS	62,830.27	79,480.71		16,650.44	0.00
	CONSUMER DISCRETIONARY					
	AMAZON COM INC COM 023135106					
519.000	18704602	47,180.66	97,042.62		49,861.96	0.00
519.000	TOTAL AMAZON COM INC COM	47,180.66 90.9069	97,042.62 186.9800	7/31/24	49,861.96	0.00
	CHARTER COMMUNICATIONS INC 16119P108					
58.000	18704602	17,191.75	22,023.76		4,832.01	0.00
58.000	TOTAL CHARTER COMMUNICATIONS INC	17,191.75 296.4095	22,023.76 379.7200	7/31/24	4,832.01	0.00

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	COMCAST CORP CLASS A 20030N101					
742.000	18704602	25,847.89	30,622.34		4,774.45	0.00
742.000	TOTAL COMCAST CORP CLASS A	25,847.89	30,622.34		4,774.45	0.00
		34.8354	41.2700	7/31/24		
	HILTON WORLDWIDE HOLDINGS INC 43300A203					
103.000	18704602	8,119.63	22,111.01		13,991.38	0.00
103.000	TOTAL HILTON WORLDWIDE HOLDINGS INC	8,119.63	22,111.01		13,991.38	0.00
		78.8314	214.6700	7/31/24		
	LIBERTY BROADBAND CORP 530307305					
294.000	18704602	25,699.19	19,812.66		5,886.53-	0.00
294.000	TOTAL LIBERTY BROADBAND CORP	25,699.19	19,812.66		5,886.53-	0.00
		87.4122	67.3900	7/31/24		
	NETFLIX INC 64110L106					
29.000	18704602	8,867.08	18,222.15		9,355.07	0.00
29.000	TOTAL NETFLIX INC	8,867.08	18,222.15		9,355.07	0.00
		305.7614	628.3500	7/31/24		
	TOTAL CONSUMER DISCRETIONARY	132,906.20	209,834.54		76,928.34	0.00
	ENERGY					
	CONOCOPHILLIPS 20825C104					
593.000	18704602	63,549.57	65,941.60		2,392.03	0.00
593.000	TOTAL CONOCOPHILLIPS	63,549.57	65,941.60		2,392.03	0.00
		107.1662	111.2000	7/31/24		
	OCCIDENTAL PETE CORP 674599105					
813.000	18704602	49,272.86	49,446.66		173.80	0.00
813.000	TOTAL OCCIDENTAL PETE CORP	49,272.86	49,446.66		173.80	0.00
		60.6062	60.8200	7/31/24		

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	TOTAL ENERGY	112,822.43	115,388.26		2,565.83	0.00
	FINANCIALS					
	CAPITAL ONE FINANCIAL CORP 14040H105 18704602	16,961.33	31,188.40		14,227.07	0.00
206.000	TOTAL CAPITAL ONE FINANCIAL CORP	16,961.33	31,188.40		14,227.07	0.00
	DISCOVER FINANCIAL SERVICES 254709108 18704602	8,606.02	10,223.29		1,617.27	0.00
71.000	TOTAL DISCOVER FINANCIAL SERVICES	8,606.02	10,223.29		1,617.27	0.00
	WELLS FARGO & CO 949746101 18704602	19,200.22	28,423.86		9,223.64	0.00
479.000	TOTAL WELLS FARGO & CO	19,200.22	28,423.86		9,223.64	0.00
	TOTAL FINANCIALS	44,767.57	69,835.55		25,067.98	0.00
	INFORMATION TECHNOLOGY					
	ALPHABET INC CL C 02079K107 18704602	13,055.51	66,143.30		53,087.79	0.00
382.000	TOTAL ALPHABET INC CL C	13,055.51	66,143.30		53,087.79	0.00
	META PLATFORMS INC CL A 30303M102 18704602	23,109.35	59,828.58		36,719.23	0.00
126.000	TOTAL META PLATFORMS INC CL A	23,109.35	59,828.58		36,719.23	0.00
		183.4075	474.8300	7/31/24		

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
132.000	MICROSOFT CORP 594918104 18704602	11,495.81	55,222.20		43,726.39	0.00
132.000	TOTAL MICROSOFT CORP	11,495.81 87.0895	55,222.20 418.3500	7/31/24	43,726.39	0.00
97.000	VISA INC-CLASS A SHRS 92826C839 18704602	22,431.05	25,769.99		3,338.94	0.00
97.000	TOTAL VISA INC-CLASS A SHRS	22,431.05 231.2479	25,769.99 265.6700	7/31/24	3,338.94	0.00
120.000	WORKDAY INC 98138H101 18704602	27,638.88	27,254.40		384.48-	0.00
120.000	TOTAL WORKDAY INC	27,638.88 230.3240	27,254.40 227.1200	7/31/24	384.48-	0.00
	TOTAL INFORMATION TECHNOLOGY	97,730.60	234,218.47		136,487.87	0.00
	HEALTH CARE					
70.000	ELEVANCE HEALTH INC 036752103 18704602	27,278.20	37,242.10		9,963.90	0.00
70.000	TOTAL ELEVANCE HEALTH INC	27,278.20 389.6886	37,242.10 532.0300	7/31/24	9,963.90	0.00
130.000	HUMANA INC 444859102 18704602	42,800.65	47,009.30		4,208.65	0.00
130.000	TOTAL HUMANA INC	42,800.65 329.2358	47,009.30 361.6100	7/31/24	4,208.65	0.00
94.000	UNITEDHEALTH GROUP INC 91324P102 18704602	22,046.89	54,159.04		32,112.15	0.00
94.000	TOTAL UNITEDHEALTH GROUP INC	22,046.89 234.5414	54,159.04 576.1600	7/31/24	32,112.15	0.00

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	TOTAL HEALTH CARE	92,125.74	138,410.44		46,284.70	0.00
	TELECOMMUNICATION SERVICES					
	GCI LIBERTY INC CL A ESCROW CUSIP 361ESC049					
875.000	18704602	0.00	0.00		0.00	0.00
875.000	TOTAL GCI LIBERTY INC CL A	0.00	0.00		0.00	0.00
		0.0000	0.0000	6/28/24		
	TOTAL TELECOMMUNICATION SERVICES	0.00	0.00		0.00	0.00
	<b>TOTAL COMMON STOCKS</b>	<b>721,071.21</b>	<b>1,043,862.31</b>		<b>322,791.10</b>	<b>1.08</b>
	<b>TOTAL EQUITIES</b>	<b>721,071.21</b>	<b>1,043,862.31</b>		<b>322,791.10</b>	<b>1.08</b>
	<b><u>MUTUAL FUNDS</u></b>					
	MUTUAL FUNDS - EQUITY					
	VANGUARD DEVELOPED MARKETS INDEX FUND ADMIRAL CLASS #127 921943809					
30,228.465	18704610	452,388.10	495,142.26		42,754.16	0.00
30,228.465	TOTAL VANGUARD DEVELOPED MARKETS INDEX	452,388.10	495,142.26		42,754.16	0.00
		14.9656	16.3800	7/31/24		
	VANGUARD GROWTH INDEX FUND CLASS ADM 922908660					
2,715.947	18704608	117,577.25	513,368.30		395,791.05	0.00
2,715.947	TOTAL VANGUARD GROWTH INDEX FUND CLASS	117,577.25	513,368.30		395,791.05	0.00
		43.2914	189.0200	7/31/24		
	VANGUARD MID CAP INDEX FUND CLASS ADM 922908645					
1,661.036	18704609	210,034.42	518,126.96		308,092.54	0.00

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
1,661.036	TOTAL VANGUARD MID CAP INDEX FUND CLASS	210,034.42 126.4478	518,126.96 311.9300	7/31/24	308,092.54	0.00
	VANGUARD REAL ESTATE INDEX FUND CLASS ADM #5123 921908877					
3,551.219	18704612	440,076.08	454,698.08		14,622.00	0.00
3,551.219	TOTAL VANGUARD REAL ESTATE INDEX FUND	440,076.08 123.9225	454,698.08 128.0400	7/31/24	14,622.00	0.00
	VANGUARD 500 INDEX FUND ADMIRAL SHARES 922908710					
2,452.398	18704604	428,189.98	1,250,428.69		822,238.71	0.00
2,452.398	TOTAL VANGUARD 500 INDEX FUND	428,189.98 174.6005	1,250,428.69 509.8800	7/31/24	822,238.71	0.00
	TOTAL MUTUAL FUNDS - EQUITY	1,648,265.83	3,231,764.29		1,583,498.46	0.00
	MUTUAL FUNDS - CORPORATE BONDS					
	DIAMOND HILL SHORT DURATION SECURITIZED BOND FUND 25264S544					
42,010.264	18704614	412,131.50	414,641.31		2,509.81	0.00
42,010.264	TOTAL DIAMOND HILL SHORT DURATION	412,131.50 9.8103	414,641.31 9.8700	7/31/24	2,509.81	0.00
	FIDELITY ADVISOR INVESTMENT GRADE BOND FUND CLASS I #1126 316146869					
125,014.657	18704651	970,984.50	905,106.12		65,878.38-	2,980.13
125,014.657	TOTAL FIDELITY ADVISOR INVESTMENT GRADE	970,984.50 7.7670	905,106.12 7.2400	7/31/24	65,878.38-	2,980.13

STATEMENT OF ASSETS AND LIABILITIES  
 AS OF JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

<u>PAR VALUE/SHARES</u>	<u>DESCRIPTION</u>	<u>COST VALUE / UNIT COST</u>	<u>MARKET VALUE / UNIT PRICE</u>	<u>PRICING DATE</u>	<u>UNREALIZED GAIN/LOSS</u>	<u>ACCRUED INCOME</u>
	FIDELITY INFLATION PROTECTED BOND INDEX FUND CLASS FAI #2418 31635T104 18704606	750,940.32	659,990.26		90,950.06-	0.00
71,972.766						
71,972.766	TOTAL FIDELITY INFLATION PROTECTED BOND	750,940.32 10.4337	659,990.26 9.1700	7/31/24	90,950.06-	0.00
	MAINSTAY MACKAY CONVERTIBLE FUND CLASS I #2584 56063N600 18704611	432,527.58	450,005.82		17,478.24	0.00
23,822.436						
23,822.436	TOTAL MAINSTAY MACKAY CONVERTIBLE FUND	432,527.58 18.1563	450,005.82 18.8900	7/31/24	17,478.24	0.00
	NEUBERGER BERMAN STRATEGIC INCOME FUND CLASS I #1187 64128K751 18704613	622,691.50	632,948.39		10,256.89	2,745.19
63,934.181						
63,934.181	TOTAL NEUBERGER BERMAN STRATEGIC INCOME	622,691.50 9.7396	632,948.39 9.9000	7/31/24	10,256.89	2,745.19
	TOTAL MUTUAL FUNDS - CORPORATE BONDS	3,189,275.40	3,062,691.90		126,583.50-	5,725.32
	<b>TOTAL MUTUAL FUNDS</b>	<b>4,837,541.23</b>	<b>6,294,456.19</b>		<b>1,456,914.96</b>	<b>5,725.32</b>
	TOTAL ASSETS AND LIABILITIES	6,499,277.41	8,278,983.47		1,779,706.06	9,819.54
	PENDING TRADES	583.40	583.40			
	ACCRUED INCOME	9,819.54	9,819.54			
	<b>TOTAL ACCOUNT</b>	<b>6,509,680.35</b>	<b>8,289,386.41</b>		<b>1,779,706.06</b>	

**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

**2023**

This Form is Open to  
Public Inspection

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024

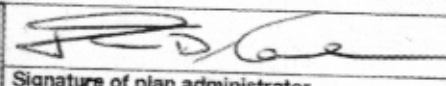
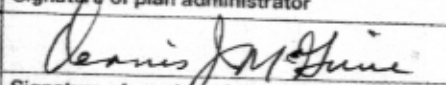
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan the first return/report  a DFE (specify) \_\_\_\_\_  
 an amended return/report  the final return/report
- C** If the plan is a collectively-bargained plan, check here  a short plan year return/report (less than 12 months)
- 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

<b>1a</b> Name of plan <b>LOCAL 522 WELFARE FUND OF NEW YORK AND NEW JERSEY</b>		<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> 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) <b>BOARD OF TRUSTEES OF LOCAL 522 WELFARE FUND OF NEW</b>  <b>2137 UTICA AVE.</b>  <b>BROOKLYN NY 11234</b>		<b>1c</b> Effective date of plan <b>03/04/1963</b>
		<b>2b</b> Employer Identification Number (EIN) <b>11-2409162</b>
		<b>2c</b> Plan Sponsor's telephone number <b>718-859-2326</b>
		<b>2d</b> Business code (see instructions) <b>423300</b>

**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		04/22/2025	JAMES KANE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		04/22/2025	DENNIS MCGUIRE
	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 (2023)  
v. 230728

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		11,533,927.80			
		COMPARATIVE VALUE (5%)		576,696.39			
18704607	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 04/03/24 B	1,224,464	1.000	0	1,224,464*	1,224,464	
18704607	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 04/03/24 S	1,223,973	1.000	0	1,223,973 *	1,223,973	0
18704613	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 04/03/24 B	611,986	1.000	0	611,986*	611,986	
18704613	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 04/04/24 S	611,986	1.000	0	611,986 *	611,986	0
18704650	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 01/30/24 S	650,000	1.000	0	650,000 *	650,000	0
18704651	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 04/03/24 B	611,986	1.000	0	611,986*	611,986	
18704651	ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751 04/04/24 S	611,986	1.000	0	611,986 *	611,986	0
18704651	ISSUE: 316146869 - FIDELITY ADV INV GRD BOND-I #1126 04/03/24 B	86,195	7.100	0	611,986*	611,986	
18704613	ISSUE: 64128K751 - NEUBERGER BERMAN STRAT INC-I #1187 04/03/24 B	62,832	9.740	0	611,986*	611,986	
18704607	ISSUE: 693391120 - PIMCO REAL RETURN BOND FD-A #4010 04/02/24 S	122,766	9.970	0	1,223,973 *	1,418,695	-194,723
	GRAND TOTAL			0	7,994,326	8,189,048	-194,723

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		11,533,927.80			
		COMPARATIVE VALUE (5%)		576,696.39			

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS REPORT \*\*\*

FOOTNOTES

- \* = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		11,533,927.80			
		COMPARATIVE VALUE (5%)		576,696.39			
ISSUE: VP4560000 - ALLSPRING GOVT MM FD-INSTL #1751							
18704602	08/01/23 B	429	1.000	0	429-	429	
18704602	08/07/23 B	13,364	1.000	0	13,364-	13,364	
18704602	08/10/23 B	2,618	1.000	0	2,618-	2,618	
18704602	08/14/23 B	1,358	1.000	0	1,358-	1,358	
18704602	08/14/23 B	6	1.000	0	6-	6	
18704602	08/17/23 B	2,855	1.000	0	2,855-	2,855	
18704602	08/18/23 B	2,057	1.000	0	2,057-	2,057	
18704602	08/22/23 B	4,170	1.000	0	4,170-	4,170	
18704602	08/23/23 B	1,469	1.000	0	1,469-	1,469	
18704602	08/24/23 B	1,203	1.000	0	1,203-	1,203	
18704602	08/28/23 B	1,149	1.000	0	1,149-	1,149	
18704602	08/29/23 B	658	1.000	0	658-	658	
18704602	08/30/23 B	1,200	1.000	0	1,200-	1,200	
18704602	08/31/23 B	1,080	1.000	0	1,080-	1,080	
18704602	09/01/23 B	1,303	1.000	0	1,303-	1,303	
18704602	09/12/23 B	2,070	1.000	0	2,070-	2,070	
18704602	09/14/23 B	6,176	1.000	0	6,176-	6,176	
18704602	09/18/23 B	1,812	1.000	0	1,812-	1,812	
18704602	09/18/23 B	695	1.000	0	695-	695	
18704602	09/19/23 B	3,176	1.000	0	3,176-	3,176	
18704602	09/20/23 B	1,619	1.000	0	1,619-	1,619	
18704602	09/22/23 B	58	1.000	0	58-	58	
18704602	09/26/23 B	2,909	1.000	0	2,909-	2,909	
18704602	09/28/23 B	1,010	1.000	0	1,010-	1,010	
18704602	10/02/23 B	3,580	1.000	0	3,580-	3,580	
18704602	10/03/23 B	1,943	1.000	0	1,943-	1,943	
18704602	10/04/23 B	1,578	1.000	0	1,578-	1,578	
18704602	10/05/23 B	1,634	1.000	0	1,634-	1,634	
18704602	10/06/23 B	3	1.000	0	3-	3	
18704602	10/17/23 B	1,663	1.000	0	1,663-	1,663	
18704602	10/18/23 B	3,083	1.000	0	3,083-	3,083	
18704602	10/25/23 B	340	1.000	0	340-	340	
18704602	10/26/23 B	4,691	1.000	0	4,691-	4,691	
18704602	11/01/23 B	436	1.000	0	436-	436	
18704602	11/24/23 B	179	1.000	0	179-	179	
18704602	11/30/23 B	2,395	1.000	0	2,395-	2,395	
18704602	12/01/23 B	5,144	1.000	0	5,144-	5,144	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704602	12/01/23 B	418	1.000	0	418-	418	
18704602	12/04/23 B	515	1.000	0	515-	515	
18704602	12/07/23 B	2,244	1.000	0	2,244-	2,244	
18704602	12/08/23 B	1,975	1.000	0	1,975-	1,975	
18704602	12/12/23 B	180	1.000	0	180-	180	
18704602	12/14/23 B	218	1.000	0	218-	218	
18704602	12/18/23 B	3,040	1.000	0	3,040-	3,040	
18704602	12/19/23 B	6,389	1.000	0	6,389-	6,389	
18704602	12/20/23 B	494	1.000	0	494-	494	
18704602	12/20/23 B	224	1.000	0	224-	224	
18704602	12/28/23 B	435	1.000	0	435-	435	
18704602	12/29/23 B	99	1.000	0	99-	99	
18704602	01/02/24 B	404	1.000	0	404-	404	
18704602	01/03/24 B	388	1.000	0	388-	388	
18704602	01/11/24 B	133	1.000	0	133-	133	
18704602	01/12/24 B	9,553	1.000	0	9,553-	9,553	
18704602	01/16/24 B	160	1.000	0	160-	160	
18704602	01/24/24 B	290	1.000	0	290-	290	
18704602	01/25/24 B	40	1.000	0	40-	40	
18704602	01/31/24 B	5,576	1.000	0	5,576-	5,576	
18704602	02/01/24 B	329,132	1.000	0	329,132-	329,132	
18704602	02/01/24 B	0	1.000	0	0-	0	
18704602	02/02/24 B	1,730	1.000	0	1,730-	1,730	
18704602	02/06/24 B	34	1.000	0	34-	34	
18704602	02/08/24 B	204	1.000	0	204-	204	
18704602	02/14/24 B	3,466	1.000	0	3,466-	3,466	
18704602	02/16/24 B	209	1.000	0	209-	209	
18704602	02/20/24 B	1,406	1.000	0	1,406-	1,406	
18704602	02/23/24 B	147	1.000	0	147-	147	
18704602	03/01/24 B	7,100	1.000	0	7,100-	7,100	
18704602	03/01/24 B	330	1.000	0	330-	330	
18704602	03/04/24 B	3,040	1.000	0	3,040-	3,040	
18704602	03/05/24 B	37	1.000	0	37-	37	
18704602	03/06/24 B	6,835	1.000	0	6,835-	6,835	
18704602	03/07/24 B	2,851	1.000	0	2,851-	2,851	
18704602	03/08/24 B	636	1.000	0	636-	636	
18704602	03/12/24 B	1,190	1.000	0	1,190-	1,190	
18704602	03/13/24 B	2,269	1.000	0	2,269-	2,269	
18704602	03/19/24 B	6,357	1.000	0	6,357-	6,357	
18704602	03/22/24 B	3,804	1.000	0	3,804-	3,804	
18704602	03/25/24 B	325	1.000	0	325-	325	
18704602	03/26/24 B	81	1.000	0	81-	81	
18704602	03/28/24 B	355	1.000	0	355-	355	
18704602	04/01/24 B	369	1.000	0	369-	369	
18704602	04/02/24 B	18,447	1.000	0	18,447-	18,447	
18704602	04/05/24 B	173,486	1.000	0	173,486-	173,486	

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LOCAL 522 LUMBERMENS WELFARE- CONS  
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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704602	04/15/24 B	198	1.000	0	198-	198	
18704602	04/19/24 B	3,862	1.000	0	3,862-	3,862	
18704602	04/23/24 B	12,448	1.000	0	12,448-	12,448	
18704602	04/25/24 B	2,383	1.000	0	2,383-	2,383	
18704602	04/29/24 B	2,808	1.000	0	2,808-	2,808	
18704602	04/30/24 B	485	1.000	0	485-	485	
18704602	05/07/24 B	452	1.000	0	452-	452	
18704602	05/08/24 B	886	1.000	0	886-	886	
18704602	05/09/24 B	5,041	1.000	0	5,041-	5,041	
18704602	05/10/24 B	3,475	1.000	0	3,475-	3,475	
18704602	05/13/24 B	1,243	1.000	0	1,243-	1,243	
18704602	05/16/24 B	3,081	1.000	0	3,081-	3,081	
18704602	05/20/24 B	1,348	1.000	0	1,348-	1,348	
18704602	05/21/24 B	4,269	1.000	0	4,269-	4,269	
18704602	05/23/24 B	7,337	1.000	0	7,337-	7,337	
18704602	05/30/24 B	96	1.000	0	96-	96	
18704602	05/31/24 B	3,883	1.000	0	3,883-	3,883	
18704602	06/03/24 B	3,312	1.000	0	3,312-	3,312	
18704602	06/03/24 B	668	1.000	0	668-	668	
18704602	06/05/24 B	54	1.000	0	54-	54	
18704602	06/06/24 B	50	1.000	0	50-	50	
18704602	06/07/24 B	48	1.000	0	48-	48	
18704602	06/25/24 B	307	1.000	0	307-	307	
18704602	06/26/24 B	66	1.000	0	66-	66	
18704602	06/27/24 B	165	1.000	0	165-	165	
18704602	06/28/24 B	17	1.000	0	17-	17	
18704602	07/01/24 B	208	1.000	0	208-	208	
18704602	07/11/24 B	2,501	1.000	0	2,501-	2,501	
18704602	07/12/24 B	6,696	1.000	0	6,696-	6,696	
18704602	07/12/24 B	1,060	1.000	0	1,060-	1,060	
18704602	07/15/24 B	3,603	1.000	0	3,603-	3,603	
18704602	07/17/24 B	4,638	1.000	0	4,638-	4,638	
18704602	07/18/24 B	1,454	1.000	0	1,454-	1,454	
18704602	07/19/24 B	5,297	1.000	0	5,297-	5,297	
18704602	07/22/24 B	3,718	1.000	0	3,718-	3,718	
18704602	07/24/24 B	2,292	1.000	0	2,292-	2,292	
18704602	07/26/24 B	105	1.000	0	105-	105	
18704604	08/01/23 B	1	1.000	0	1-	1	
18704604	08/03/23 B	200,000	1.000	0	200,000-	200,000	
18704604	09/01/23 B	30	1.000	0	30-	30	
18704604	10/02/23 B	2	1.000	0	2-	2	
18704604	11/01/23 B	2	1.000	0	2-	2	
18704604	11/02/23 B	150,000	1.000	0	150,000-	150,000	
18704604	12/01/23 B	23	1.000	0	23-	23	
18704604	01/02/24 B	2	1.000	0	2-	2	
18704604	01/30/24 B	100,000	1.000	0	100,000-	100,000	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704604	02/01/24 B	2	1.000	0	2-	2	
18704604	03/01/24 B	2	1.000	0	2-	2	
18704604	04/01/24 B	2	1.000	0	2-	2	
18704604	04/03/24 B	25,000	1.000	0	25,000-	25,000	
18704604	05/01/24 B	2	1.000	0	2-	2	
18704604	06/03/24 B	2	1.000	0	2-	2	
18704604	07/01/24 B	2	1.000	0	2-	2	
18704606	08/01/23 B	0	1.000	0	0-	0	
18704606	08/03/23 B	200,000	1.000	0	200,000-	200,000	
18704606	09/01/23 B	28	1.000	0	28-	28	
18704606	10/02/23 B	0	1.000	0	0-	0	
18704606	11/01/23 B	0	1.000	0	0-	0	
18704606	11/02/23 B	150,000	1.000	0	150,000-	150,000	
18704606	12/01/23 B	22	1.000	0	22-	22	
18704606	01/02/24 B	0	1.000	0	0-	0	
18704606	01/30/24 B	100,000	1.000	0	100,000-	100,000	
18704606	02/01/24 B	0	1.000	0	0-	0	
18704606	03/01/24 B	0	1.000	0	0-	0	
18704606	04/01/24 B	0	1.000	0	0-	0	
18704606	04/03/24 B	350,000	1.000	0	350,000-	350,000	
18704606	05/01/24 B	0	1.000	0	0-	0	
18704606	06/03/24 B	0	1.000	0	0-	0	
18704606	07/01/24 B	0	1.000	0	0-	0	
18704606	07/03/24 B	205,000	1.000	0	205,000-	205,000	
18704607	08/01/23 B	40	1.000	0	40-	40	
18704607	08/02/23 B	1,070	1.000	0	1,070-	1,070	
18704607	09/01/23 B	46	1.000	0	46-	46	
18704607	10/02/23 B	45	1.000	0	45-	45	
18704607	10/03/23 B	642	1.000	0	642-	642	
18704607	11/01/23 B	50	1.000	0	50-	50	
18704607	11/02/23 B	150,883	1.000	0	150,883-	150,883	
18704607	12/01/23 B	74	1.000	0	74-	74	
18704607	01/02/24 B	54	1.000	0	54-	54	
18704607	01/30/24 B	100,000	1.000	0	100,000-	100,000	
18704607	02/01/24 B	54	1.000	0	54-	54	
18704607	02/02/24 B	1,348	1.000	0	1,348-	1,348	
18704607	03/01/24 B	56	1.000	0	56-	56	
18704607	04/01/24 B	60	1.000	0	60-	60	
18704607	04/03/24 B	1,224,464	1.000	0	1,224,464-*	1,224,464	
18704607	05/01/24 B	61	1.000	0	61-	61	
18704607	05/02/24 B	1,170	1.000	0	1,170-	1,170	
18704607	06/03/24 B	68	1.000	0	68-	68	
18704607	06/04/24 B	453	1.000	0	453-	453	
18704607	07/01/24 B	68	1.000	0	68-	68	
18704608	08/01/23 B	2	1.000	0	2-	2	
18704608	09/01/23 B	2	1.000	0	2-	2	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704608	10/02/23 B	2	1.000	0	2-	2	
18704608	11/01/23 B	2	1.000	0	2-	2	
18704608	11/02/23 B	50,000	1.000	0	50,000-	50,000	
18704608	12/01/23 B	9	1.000	0	9-	9	
18704608	01/02/24 B	2	1.000	0	2-	2	
18704608	01/30/24 B	50,000	1.000	0	50,000-	50,000	
18704608	02/01/24 B	2	1.000	0	2-	2	
18704608	03/01/24 B	2	1.000	0	2-	2	
18704608	04/01/24 B	2	1.000	0	2-	2	
18704608	05/01/24 B	2	1.000	0	2-	2	
18704608	06/03/24 B	2	1.000	0	2-	2	
18704608	07/01/24 B	2	1.000	0	2-	2	
18704609	08/01/23 B	0	1.000	0	0-	0	
18704609	08/03/23 B	200,000	1.000	0	200,000-	200,000	
18704609	09/01/23 B	29	1.000	0	29-	29	
18704609	10/02/23 B	0	1.000	0	0-	0	
18704609	11/01/23 B	0	1.000	0	0-	0	
18704609	11/02/23 B	50,000	1.000	0	50,000-	50,000	
18704609	12/01/23 B	7	1.000	0	7-	7	
18704609	01/02/24 B	0	1.000	0	0-	0	
18704609	01/30/24 B	100,000	1.000	0	100,000-	100,000	
18704609	02/01/24 B	0	1.000	0	0-	0	
18704609	03/01/24 B	0	1.000	0	0-	0	
18704609	04/01/24 B	0	1.000	0	0-	0	
18704609	05/01/24 B	0	1.000	0	0-	0	
18704609	06/03/24 B	0	1.000	0	0-	0	
18704609	07/01/24 B	0	1.000	0	0-	0	
18704610	08/01/23 B	0	1.000	0	0-	0	
18704610	09/01/23 B	0	1.000	0	0-	0	
18704610	10/02/23 B	0	1.000	0	0-	0	
18704610	11/01/23 B	0	1.000	0	0-	0	
18704610	11/02/23 B	50,000	1.000	0	50,000-	50,000	
18704610	12/01/23 B	7	1.000	0	7-	7	
18704610	01/02/24 B	0	1.000	0	0-	0	
18704610	01/30/24 B	50,000	1.000	0	50,000-	50,000	
18704610	02/01/24 B	0	1.000	0	0-	0	
18704610	03/01/24 B	0	1.000	0	0-	0	
18704610	04/01/24 B	0	1.000	0	0-	0	
18704610	04/03/24 B	75,000	1.000	0	75,000-	75,000	
18704610	05/01/24 B	297	1.000	0	297-	297	
18704610	06/03/24 B	161	1.000	0	161-	161	
18704610	07/01/24 B	2	1.000	0	2-	2	
18704611	08/01/23 B	2	1.000	0	2-	2	
18704611	09/01/23 B	2	1.000	0	2-	2	
18704611	09/05/23 B	7	1.000	0	7-	7	
18704611	10/02/23 B	2	1.000	0	2-	2	

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TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704611	11/01/23 B	2	1.000	0	2-	2	
18704611	11/02/23 B	100,000	1.000	0	100,000-	100,000	
18704611	12/01/23 B	16	1.000	0	16-	16	
18704611	12/04/23 B	7	1.000	0	7-	7	
18704611	01/02/24 B	2	1.000	0	2-	2	
18704611	01/30/24 B	50,000	1.000	0	50,000-	50,000	
18704611	02/01/24 B	2	1.000	0	2-	2	
18704611	03/01/24 B	2	1.000	0	2-	2	
18704611	03/06/24 B	7	1.000	0	7-	7	
18704611	04/01/24 B	2	1.000	0	2-	2	
18704611	04/03/24 B	75,000	1.000	0	75,000-	75,000	
18704611	05/01/24 B	2	1.000	0	2-	2	
18704611	06/03/24 B	2	1.000	0	2-	2	
18704611	06/04/24 B	7	1.000	0	7-	7	
18704611	07/01/24 B	2	1.000	0	2-	2	
18704612	08/01/23 B	0	1.000	0	0-	0	
18704612	09/01/23 B	0	1.000	0	0-	0	
18704612	10/02/23 B	0	1.000	0	0-	0	
18704612	11/01/23 B	0	1.000	0	0-	0	
18704612	11/02/23 B	75,000	1.000	0	75,000-	75,000	
18704612	12/01/23 B	11	1.000	0	11-	11	
18704612	01/02/24 B	0	1.000	0	0-	0	
18704612	01/30/24 B	100,000	1.000	0	100,000-	100,000	
18704612	02/01/24 B	0	1.000	0	0-	0	
18704612	03/01/24 B	0	1.000	0	0-	0	
18704612	04/01/24 B	0	1.000	0	0-	0	
18704612	04/03/24 B	75,000	1.000	0	75,000-	75,000	
18704612	05/01/24 B	0	1.000	0	0-	0	
18704612	06/03/24 B	0	1.000	0	0-	0	
18704612	07/01/24 B	0	1.000	0	0-	0	
18704613	03/22/24 B	1	1.000	0	1-	1	
18704613	04/03/24 B	611,986	1.000	0	611,986-*	611,986	
18704613	05/01/24 B	87	1.000	0	87-	87	
18704613	06/03/24 B	0	1.000	0	0-	0	
18704613	06/04/24 B	44	1.000	0	44-	44	
18704613	07/01/24 B	1	1.000	0	1-	1	
18704613	07/02/24 B	50	1.000	0	50-	50	
18704614	06/27/24 B	1	1.000	0	1-	1	
18704650	08/01/23 B	7,710	1.000	0	7,710-	7,710	
18704650	09/01/23 B	7,227	1.000	0	7,227-	7,227	
18704650	10/02/23 B	6,949	1.000	0	6,949-	6,949	
18704650	11/01/23 B	7,241	1.000	0	7,241-	7,241	
18704650	12/01/23 B	5,742	1.000	0	5,742-	5,742	
18704650	01/02/24 B	5,858	1.000	0	5,858-	5,858	
18704650	02/01/24 B	5,679	1.000	0	5,679-	5,679	
18704650	02/01/24 B	1	1.000	0	1-	1	

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18704650	02/01/24 B	350,000	1.000	0	350,000-	350,000	
18704650	03/01/24 B	4,252	1.000	0	4,252-	4,252	
18704650	04/01/24 B	4,558	1.000	0	4,558-	4,558	
18704650	04/08/24 B	200,000	1.000	0	200,000-	200,000	
18704650	05/01/24 B	3,485	1.000	0	3,485-	3,485	
18704650	06/03/24 B	3,710	1.000	0	3,710-	3,710	
18704650	07/01/24 B	3,610	1.000	0	3,610-	3,610	
18704651	08/01/23 B	0	1.000	0	0-	0	
18704651	09/01/23 B	0	1.000	0	0-	0	
18704651	10/02/23 B	0	1.000	0	0-	0	
18704651	11/01/23 B	0	1.000	0	0-	0	
18704651	12/01/23 B	0	1.000	0	0-	0	
18704651	01/02/24 B	0	1.000	0	0-	0	
18704651	02/01/24 B	0	1.000	0	0-	0	
18704651	03/01/24 B	0	1.000	0	0-	0	
18704651	04/01/24 B	0	1.000	0	0-	0	
18704651	04/03/24 B	611,986	1.000	0	611,986-*	611,986	
18704651	05/01/24 B	87	1.000	0	87-	87	
18704651	06/03/24 B	1	1.000	0	1-	1	
18704651	07/01/24 B	1	1.000	0	1-	1	
18704651	07/03/24 B	205,000	1.000	0	205,000-	205,000	
SUB-TOTAL OF BUYS # 288				0	6,873,988	6,873,988	
18704602	08/08/23 S	2,092	1.000	0	2,092	2,092	0
18704602	08/09/23 S	1,539	1.000	0	1,539	1,539	0
18704602	08/11/23 S	325	1.000	0	325	325	0
18704602	08/15/23 S	4,526	1.000	0	4,526	4,526	0
18704602	08/21/23 S	5,368	1.000	0	5,368	5,368	0
18704602	08/25/23 S	11,735	1.000	0	11,735	11,735	0
18704602	09/13/23 S	4,949	1.000	0	4,949	4,949	0
18704602	09/15/23 S	2,945	1.000	0	2,945	2,945	0
18704602	09/27/23 S	6,175	1.000	0	6,175	6,175	0
18704602	09/29/23 S	514	1.000	0	514	514	0
18704602	10/05/23 S	86	1.000	0	86	86	0
18704602	10/06/23 S	10,020	1.000	0	10,020	10,020	0
18704602	10/10/23 S	2,344	1.000	0	2,344	2,344	0
18704602	10/11/23 S	11,176	1.000	0	11,176	11,176	0
18704602	10/12/23 S	7,451	1.000	0	7,451	7,451	0
18704602	10/16/23 S	10,987	1.000	0	10,987	10,987	0
18704602	10/27/23 S	3,969	1.000	0	3,969	3,969	0
18704602	10/30/23 S	2,708	1.000	0	2,708	2,708	0
18704602	11/09/23 S	2,404	1.000	0	2,404	2,404	0
18704602	11/10/23 S	1,017	1.000	0	1,017	1,017	0
18704602	11/14/23 S	3,204	1.000	0	3,204	3,204	0
18704602	11/15/23 S	674	1.000	0	674	674	0

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18704602	12/14/23 S	1,466	1.000	0	1,466	1,466	0
18704602	12/15/23 S	2,239	1.000	0	2,239	2,239	0
18704602	12/21/23 S	4,533	1.000	0	4,533	4,533	0
18704602	12/22/23 S	1,278	1.000	0	1,278	1,278	0
18704602	12/27/23 S	1,992	1.000	0	1,992	1,992	0
18704602	01/04/24 S	3,773	1.000	0	3,773	3,773	0
18704602	01/08/24 S	9,451	1.000	0	9,451	9,451	0
18704602	01/16/24 S	1,817	1.000	0	1,817	1,817	0
18704602	01/17/24 S	2,535	1.000	0	2,535	2,535	0
18704602	01/29/24 S	8,312	1.000	0	8,312	8,312	0
18704602	02/01/24 S	350,000	1.000	0	350,000	350,000	0
18704602	02/05/24 S	2,102	1.000	0	2,102	2,102	0
18704602	02/07/24 S	514	1.000	0	514	514	0
18704602	02/12/24 S	3,399	1.000	0	3,399	3,399	0
18704602	02/13/24 S	1,449	1.000	0	1,449	1,449	0
18704602	02/15/24 S	5,274	1.000	0	5,274	5,274	0
18704602	02/21/24 S	2,344	1.000	0	2,344	2,344	0
18704602	03/11/24 S	1,457	1.000	0	1,457	1,457	0
18704602	03/14/24 S	201	1.000	0	201	201	0
18704602	03/20/24 S	5,849	1.000	0	5,849	5,849	0
18704602	03/21/24 S	1,149	1.000	0	1,149	1,149	0
18704602	04/04/24 S	832	1.000	0	832	832	0
18704602	04/08/24 S	334	1.000	0	334	334	0
18704602	04/08/24 S	200,000	1.000	0	200,000	200,000	0
18704602	04/09/24 S	2,181	1.000	0	2,181	2,181	0
18704602	04/10/24 S	411	1.000	0	411	411	0
18704602	04/11/24 S	1,228	1.000	0	1,228	1,228	0
18704602	04/12/24 S	2,435	1.000	0	2,435	2,435	0
18704602	04/15/24 S	2,840	1.000	0	2,840	2,840	0
18704602	04/16/24 S	1,371	1.000	0	1,371	1,371	0
18704602	04/17/24 S	233	1.000	0	233	233	0
18704602	04/18/24 S	5,861	1.000	0	5,861	5,861	0
18704602	04/22/24 S	5,759	1.000	0	5,759	5,759	0
18704602	04/24/24 S	4,832	1.000	0	4,832	4,832	0
18704602	04/26/24 S	5,006	1.000	0	5,006	5,006	0
18704602	05/01/24 S	1,450	1.000	0	1,450	1,450	0
18704602	05/02/24 S	5,508	1.000	0	5,508	5,508	0
18704602	05/03/24 S	7,164	1.000	0	7,164	7,164	0
18704602	05/06/24 S	387	1.000	0	387	387	0
18704602	05/14/24 S	1,344	1.000	0	1,344	1,344	0
18704602	05/15/24 S	297	1.000	0	297	297	0
18704602	05/17/24 S	12,118	1.000	0	12,118	12,118	0
18704602	05/22/24 S	3,885	1.000	0	3,885	3,885	0
18704602	05/24/24 S	2,569	1.000	0	2,569	2,569	0
18704602	05/28/24 S	3,568	1.000	0	3,568	3,568	0
18704602	05/29/24 S	2,024	1.000	0	2,024	2,024	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704602	06/04/24 S	619	1.000	0	619	619	0
18704602	06/07/24 S	214	1.000	0	214	214	0
18704602	06/07/24 S	3,459	1.000	0	3,459	3,459	0
18704602	06/07/24 S	631	1.000	0	631	631	0
18704602	06/10/24 S	2,314	1.000	0	2,314	2,314	0
18704602	06/13/24 S	183	1.000	0	183	183	0
18704602	06/17/24 S	448	1.000	0	448	448	0
18704602	06/18/24 S	735	1.000	0	735	735	0
18704602	06/20/24 S	790	1.000	0	790	790	0
18704602	06/21/24 S	427	1.000	0	427	427	0
18704602	06/24/24 S	204	1.000	0	204	204	0
18704602	07/16/24 S	943	1.000	0	943	943	0
18704602	07/23/24 S	2,143	1.000	0	2,143	2,143	0
18704602	07/25/24 S	2,803	1.000	0	2,803	2,803	0
18704602	07/31/24 S	1,817	1.000	0	1,817	1,817	0
18704604	08/04/23 S	200,000	1.000	0	200,000	200,000	0
18704604	11/03/23 S	150,000	1.000	0	150,000	150,000	0
18704604	01/30/24 S	100,000	1.000	0	100,000	100,000	0
18704604	04/03/24 S	25,000	1.000	0	25,000	25,000	0
18704606	08/04/23 S	200,000	1.000	0	200,000	200,000	0
18704606	11/03/23 S	150,000	1.000	0	150,000	150,000	0
18704606	01/30/24 S	100,000	1.000	0	100,000	100,000	0
18704606	04/03/24 S	350,000	1.000	0	350,000	350,000	0
18704606	07/03/24 S	205,000	1.000	0	205,000	205,000	0
18704607	11/03/23 S	150,000	1.000	0	150,000	150,000	0
18704607	01/30/24 S	100,000	1.000	0	100,000	100,000	0
18704607	04/03/24 S	1,223,973	1.000	0	1,223,973 *	1,223,973	0
18704608	11/03/23 S	50,000	1.000	0	50,000	50,000	0
18704608	01/30/24 S	50,000	1.000	0	50,000	50,000	0
18704609	08/04/23 S	200,000	1.000	0	200,000	200,000	0
18704609	11/03/23 S	50,000	1.000	0	50,000	50,000	0
18704609	01/30/24 S	100,000	1.000	0	100,000	100,000	0
18704610	11/03/23 S	50,000	1.000	0	50,000	50,000	0
18704610	01/30/24 S	50,000	1.000	0	50,000	50,000	0
18704610	05/16/24 S	75,000	1.000	0	75,000	75,000	0
18704611	11/03/23 S	100,000	1.000	0	100,000	100,000	0
18704611	01/30/24 S	50,000	1.000	0	50,000	50,000	0
18704611	04/03/24 S	75,000	1.000	0	75,000	75,000	0
18704612	11/03/23 S	75,000	1.000	0	75,000	75,000	0
18704612	01/30/24 S	100,000	1.000	0	100,000	100,000	0
18704612	04/03/24 S	75,000	1.000	0	75,000	75,000	0
18704613	03/22/24 S	1	1.000	0	1	1	0
18704613	04/04/24 S	611,986	1.000	0	611,986 *	611,986	0
18704614	06/27/24 S	1	1.000	0	1	1	0
18704650	08/04/23 S	200,000	1.000	0	200,000	200,000	0
18704650	11/03/23 S	325,000	1.000	0	325,000	325,000	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704650	01/30/24 S	650,000	1.000	0	650,000 *	650,000	0
18704650	04/03/24 S	400,000	1.000	0	400,000	400,000	0
18704651	04/04/24 S	611,986	1.000	0	611,986 *	611,986	0
18704651	07/03/24 S	205,000	1.000	0	205,000	205,000	0
SUB-TOTAL OF SALES # 118				0	7,856,656	7,856,656	0
SUB-TOTAL				0	14,730,644	14,730,644	0
ISSUE: 316146869 - FIDELITY ADV INV GRD BOND-I #1126							
18704651	08/31/23 R	201	7.060	0	1,417-	1,417	
18704651	09/30/23 R	199	6.860	0	1,367-	1,367	
18704651	10/31/23 R	215	6.720	0	1,443-	1,443	
18704651	11/30/23 R	211	7.010	0	1,482-	1,482	
18704651	12/31/23 R	210	7.260	0	1,523-	1,523	
18704651	01/31/24 R	210	7.240	0	1,518-	1,518	
18704651	02/29/24 R	196	7.120	0	1,395-	1,395	
18704651	03/31/24 R	218	7.150	0	1,562-	1,562	
18704651	04/30/24 R	471	6.960	0	3,280-	3,280	
18704651	05/31/24 R	521	7.050	0	3,674-	3,674	
18704651	06/30/24 R	486	7.100	0	3,454-	3,454	
18704651	07/31/24 R	412	7.240	0	2,980-	2,980	
SUB-TOTAL OF REINVS # 12				0	25,095	25,095	
18704651	04/03/24 B	86,195	7.100	0	611,986-*	611,986	
SUB-TOTAL OF BUYS # 1				0	611,986	611,986	
18704651	07/02/24 S	28,955	7.080	0	205,000	224,941	-19,941
SUB-TOTAL OF SALES # 1				0	205,000	224,941	-19,941
SUB-TOTAL				0	842,081	862,022	-19,941
ISSUE: 31635T104 - FIDELITY INFL PROT BD-FAI #2418							
18704606	08/31/23 R	28	9.130	0	255-	255	
18704606	09/30/23 R	28	8.950	0	248-	248	
18704606	10/31/23 R	36	8.890	0	317-	317	
18704606	11/30/23 R	38	9.120	0	345-	345	
18704606	12/21/23 R	4,691	9.060	0	42,500-	42,500	
18704606	12/31/23 R	45	9.040	0	405-	405	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
18704606	01/31/24 R	49	9.070	0	445-	445	
18704606	04/05/24 R	125	8.960	0	1,124-	1,124	
18704606	07/05/24 R	746	9.070	0	6,767-	6,767	
SUB-TOTAL OF REINVS # 9				0	52,406	52,406	
18704606	08/02/23 S	21,882	9.140	0	200,000	229,741	-29,741
18704606	11/01/23 S	16,741	8.960	0	150,000	175,752	-25,752
18704606	01/29/24 S	11,086	9.020	0	100,000	115,859	-15,859
18704606	04/02/24 S	38,932	8.990	0	350,000	406,839	-56,839
18704606	07/02/24 S	22,552	9.090	0	205,000	235,625	-30,625
SUB-TOTAL OF SALES # 5				0	1,005,000	1,163,816	-158,815
SUB-TOTAL				0	1,057,406	1,216,222	-158,815
ISSUE: 64128K751 - NEUBERGER BERMAN STRAT INC-I #1187							
18704613	04/30/24 R	258	9.550	0	2,463-	2,463	
18704613	05/31/24 R	286	9.680	0	2,771-	2,771	
18704613	06/30/24 R	280	9.720	0	2,726-	2,726	
18704613	07/31/24 R	277	9.900	0	2,745-	2,745	
SUB-TOTAL OF REINVS # 4				0	10,705	10,705	
18704613	04/03/24 B	62,832	9.740	0	611,986*	611,986	
SUB-TOTAL OF BUYS # 1				0	611,986	611,986	
SUB-TOTAL				0	622,691	622,691	0
ISSUE: 693391120 - PIMCO REAL RETURN BOND FD-A #4010							
18704607	08/31/23 R	402	9.860	0	3,967-	3,967	
18704607	09/30/23 R	261	9.670	0	2,521-	2,521	
18704607	10/31/23 R	591	9.550	0	5,640-	5,640	
18704607	11/30/23 R	341	9.790	0	3,338-	3,338	
18704607	12/31/23 R	64	10.030	0	645-	645	
18704607	01/31/24 R	54	10.070	0	542-	542	
18704607	02/29/24 R	49	9.970	0	484-	484	
18704607	03/31/24 R	188	10.030	0	1,887-	1,887	
SUB-TOTAL OF REINVS # 8				0	19,024	19,024	

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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18704607	11/01/23 S	15,560	9.640	0	150,000	179,954	-29,954
18704607	01/29/24 S	9,980	10.020	0	100,000	115,367	-15,367
18704607	04/02/24 S	122,766	9.970	0	1,223,973 *	1,418,695	-194,723
	SUB-TOTAL OF SALES # 3			0	1,473,973	1,714,016	-240,044
	SUB-TOTAL			0	1,492,997	1,733,040	-240,044
	GRAND TOTAL			0	18,745,819	19,164,619	-418,800

FOOTNOTES

\* = SINGLE TRANSACTION IS 5% REPORTABLE  
 B = BUY TRANSACTION  
 S = SELL TRANSACTION  
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER  
 FOR THE PERIOD AUGUST 1, 2023 THROUGH JULY 31, 2024

LOCAL 522 LUMBERMENS WELFARE- CONS  
 ACCOUNT NUMBER [REDACTED]

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE		11,533,927.80			
		COMPARATIVE VALUE (5%)		576,696.39			

\*\*\* NO TRANSACTIONS QUALIFIED FOR THIS REPORT \*\*\*

FOOTNOTES

- \* = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION