

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: 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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="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>1a Name of plan <u>LOCAL 108 HEALTH EXPENSE BENEFITS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RETAIL WHOLESALE DEPARTMENT STORE UNION LOCAL 108</u></p> <p><u>1576 SPRINGFIELD AVENUE</u> <u>MAPLEWOOD, NJ 07040-2414</u></p>	<p>1c Effective date of plan <u>10/01/1944</u></p> <p>2b Employer Identification Number (EIN) <u>22-1171648</u></p> <p>2c Plan Sponsor's telephone number <u>201-373-1081</u></p> <p>2d Business code (see instructions) <u>448190</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	05/07/2025	CHARLES N HALL JR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	249
	6a(2)	233
	6b	
	6c	
	6d	233
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	28

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

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

A Name of plan LOCAL 108 HEALTH EXPENSE BENEFITS PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL WHOLESALE DEPARTMENT STORE UNION LOCAL 108		D Employer Identification Number (EIN) 22-1171648	

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

1 Coverage Information:

(a) Name of insurance carrier
BERKSHIRE HATHAWAY SPECIALTY INSURANCE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
63-0202590	22276	47MSL-000318-01	233	10/01/2023	09/30/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	309262
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan LOCAL 108 HEALTH EXPENSE BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL WHOLESALE DEPARTMENT STORE UNION LOCAL 108	D Employer Identification Number (EIN) 22-1171648	

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

PIMCO

33-0629048

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

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

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

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

HORIZON BLUE CROSS BLUE SHIELD

22-0999690

(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	175948	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RSDA-LOCAL 108

22-1171648

(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	RELATED LABOR UNION	133401	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)

CHARLES SCHWAB & CO INC

94-1737782

(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 51	NONE	37134	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	22000	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)

M.D. SASS, LLC

13-2703405

(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	NONE	21923	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 LLP

20-1942442

(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	NONE	12700	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)

OXFELD COHEN, PC

01-0725849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	12296	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)

DDS INC

11-2795347

(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	NONE	10740	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)

GIANNESCHI CONSULTING, LLC

45-0885176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	9000	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)

SUMMIT ACTUARIAL SERVICES LLC

20-6838633

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	8000	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1520346

(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	7772	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 08/01/2023 and ending 07/31/2024	
A Name of plan LOCAL 108 HEALTH EXPENSE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 RETAIL WHOLESALE DEPARTMENT STORE UNION LOCAL 108	D Employer Identification Number (EIN) 22-1171648

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	245757	1007275
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	334194	260141
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	32538	66635
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	167108	241978
(2) U.S. Government securities	1c(2)	6244289	6680647
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3856587	4483703
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	836630	878882
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	88445	69417
f Total assets (add all amounts in lines 1a through 1e)	1f	11805548	13688678
Liabilities			
g Benefit claims payable	1g	244128	708476
h Operating payables	1h	45420	51057
i Acquisition indebtedness	1i		
j Other liabilities	1j	64891	43565
k Total liabilities (add all amounts in lines 1g through 1j)	1k	354439	803098
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11451109	12885580

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3493634	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3493634
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24454	
(B) U.S. Government securities	2b(1)(B)	241764	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		266218
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	48913	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	76868	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		125781
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	8116986	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7743208	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		373778
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	449887	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		30782
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4740080

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2644115	
(2) To insurance carriers for the provision of benefits.....	2e(2)	305659	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2949774
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	22000	
(5) Investment advisory and investment management fees	2i(5)	59056	
(6) Bank or trust company trustee/custodial fees	2i(6)	7772	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	29897	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	237110	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		355835
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3305609

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1434471
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1600000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

FINANCIAL STATEMENTS

JULY 31, 2024

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

**FINANCIAL STATEMENTS
WITH SUPPLEMENTAL INFORMATION**

JULY 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 108 Health Expense Benefits Plan

Opinion

We have audited the financial statements of the Local 108 Health Expense Benefits Plan (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 as of July 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Local 108 Health Expense Benefits Plan as of July 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Local 108 Health Expense Benefits 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 Local 108 Health Expense Benefits 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, Schedules of Benefits Paid and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

New York, New York
May 7, 2025

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JULY 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
United States Government and Government Agency obligations	\$ 6,680,647	\$ 6,244,289
Common stocks	4,483,704	3,856,587
Exchange traded funds	878,882	836,630
Short-term investments	241,978	167,108
Total investments	12,285,211	11,104,614
RECEIVABLES		
Employer contributions	260,141	334,194
Securities sold and not settled	26,979	2,822
Accrued investment income	26,957	27,964
Stop loss recoveries receivable	10,947	-
Due from related party	1,752	1,752
Total receivables	326,776	366,732
CASH AND CASH EQUIVALENTS	1,007,275	245,757
OTHER ASSETS		
Security deposits	69,417	88,445
Total assets	13,688,679	11,805,548
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	51,057	45,420
Due to related party	28,184	45,495
Fees mandated by the Affordable Care Act	15,382	13,830
Securities purchased and not settled	-	5,566
Total liabilities	94,623	110,311
NET ASSETS AVAILABLE FOR BENEFITS	\$ 13,594,056	\$ 11,695,237

See accompanying notes to financial statements.

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JULY 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 854,447	\$ 193,331
Interest and dividends	391,999	297,382
	1,246,446	490,713
Less investment expenses	(66,828)	(61,624)
Investment income - net	1,179,618	429,089
Employer contributions	3,493,634	3,239,513
Total additions	4,673,252	3,668,602
DEDUCTIONS		
Benefits paid	2,485,426	2,949,632
Administrative expenses	287,455	307,956
Fees mandated by the Affordable Care Act	1,552	1,347
Total deductions	2,774,433	3,258,935
NET INCREASE	1,898,819	409,667
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	11,695,237	11,285,570
End of year	\$ 13,594,056	\$ 11,695,237

See accompanying notes to financial statements.

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

NOTES TO FINANCIAL STATEMENTS

JULY 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following is a brief description of Local 108 Health Expense Benefits Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan is a multi-employer health benefit plan, established under the provisions of an Agreement and Declaration of Trust, in October 1944, between the Retail, Wholesale and Department Store Union (RWDSU), Local 108 (the Union) and various employers. The Plan covers all employees included in collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits - The Plan provides hospital, major medical, prescription drug and dental benefits to participating members in accordance with the provisions of the rules and regulations of the Plan. The Plan contracted third-party health, prescription drug and dental care administrators to handle the administration of the Plan, including payment of individual claims. The Plan, however, is self-insured for all claims.

The Plan also maintains a stop-loss insurance contract to protect the Plan from any unknown or potential large claims.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments are carried at fair value, which generally represents quoted market prices or the net asset value of the fund as of the last business day of the fiscal year as provided by the custodian. The short-term investments are valued at cost, which approximates fair value.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Securities Purchased or Sold and Not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Employer Contributions - Employer contributions due and not paid at year end are recorded as contributions receivable. Employer contributions are accounted for as exchange transactions. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Payment of Benefits - Benefit payments to participants are recorded when paid.

Claims payable and Claims Incurred but not Reported - Claims payable are claims reported to the Plan but not yet paid at year end. Claims incurred but not reported at year end were estimated by the Plan's consultant based on claims experience.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the consolidated financial statements. Actual results could differ from those estimates.

Stop Loss Coverage - The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims). Premiums for stop loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits. Stop loss refunds totaled \$11,043 in 2024 and \$0 in 2023.

NOTE 3. FUNDING

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement.

NOTE 4. PRIORITIES UPON TERMINATION

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

NOTE 5. TAX STATUS

The Plan obtained its determination letter dated June 30, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of Section 501(c)(9) of the Internal Revenue Code, and was, therefore, exempt from Federal income taxes. The Plan has been amended since receiving the determination letter. The Plan's Administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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; 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.

NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Common stock: valued at the closing price reported on the active market on which the individual securities are traded.

United States Government and Government Agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Exchange-traded funds: Valued at the daily closing price as reported by the fund. These funds held by the Plan 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. The funds held by the Plan are deemed to be actively traded.

Short-term investments: Valued at cost, which approximates fair value.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended July 31, 2024 and 2023 there were no transfers in or out of levels 1, 2 or 3.

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

	Fair Value Measurements at July 31, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 6,680,647	\$ 477,159	\$ 6,203,488	\$ -
Common stock	4,483,704	4,483,704	-	-
Exchange traded funds	878,882	878,882	-	-
Short-term investments	241,978	241,978	-	-
Total investments at fair value	<u>\$ 12,285,211</u>	<u>\$ 6,081,723</u>	<u>\$ 6,203,488</u>	<u>\$ -</u>

NOTE 6. INVESTMENTS AND FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at July 31, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 6,244,289	\$ 709,412	\$ 5,534,877	\$ -
Common stock	3,856,587	3,806,026	50,561	-
Exchange traded funds	836,630	836,630	-	-
Short-term investments	167,108	167,108	-	-
Total investments at fair value	<u>\$ 11,104,614</u>	<u>\$ 5,519,176</u>	<u>\$ 5,585,438</u>	<u>\$ -</u>

NOTE 7. RELATED PARTY TRANSACTIONS**Identification of Related Organizations**

The Plan has the following related entities with which it has transactions:

- Retail Wholesale and Department Store Union, Local 108 (the Union)
- Local 108 Retirement Plan (the Retirement Plan)

The entities listed above share common trustees or officers with this Plan.

Administrative Expenses

The related funds share administrative services and staff. Administrative expenses are initially paid by the Union. Administrative expenses are allocated on a basis approved by the Plan's Trustees. The amount allocated to the Plan for its share of administrative expenses for the years ended July 31, 2024 and 2023 was \$133,401 and \$133,600, respectively. As of July 31, 2024, and 2023, the Plan owed the Union \$28,184 and \$45,495, respectively, for shared administrative expenses.

Shared Occupancy

The Plan leases space from a related entity, Retail Wholesale and Department Store Union, Local 108 (the Union). The lease was entered into on April 1, 2017. The lease was extended through September 30, 2025. The Plan's rent expense for both of the years ended July 31, 2024 and 2023 was \$23,100.

At July 31, 2024 and 2023, the Local owed the Plan \$1,752 from the combined account for employer contributions, respectively.

Certain Plan investments are shares of short-term investments managed by Principal Custody Solutions and Charles Schwab. Principal Custody Solutions and Charles Schwab are Trustees, as defined by the Plan, and, therefore, transactions of these investments qualify as party-in-interest transactions. These investments and related transactions have been denoted as such on the supplemental schedule of assets held at end of year and schedule of reportable transactions.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. BENEFIT OBLIGATIONS

The Plan's benefit obligations at July 31, 2024 and 2023 for claims payable are claims reported to the Plan but not yet paid at year end. Claims incurred but not reported at year end were estimated by the Plan's consultant based on claims experience.

For the year ended July 31, 2024, the consultant used the paid loss development or lag method to estimate the medical claims payable. For the year July 31, 2023, the consultant estimated the medical reserve to be the July 31, 2022 reserve adjusted for the change in the total paid medical claims from fiscal year ending July 31, 2022 to fiscal year ending July 31, 2023, due to not receiving the medical claims data from the provider.

The following summary presents the benefit obligations of the Plan as of July 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Claims payable	\$ 24,476	\$ 60,128
Claims incurred but not reported	<u>684,000</u>	<u>184,000</u>
Total benefit obligations	<u>\$ 708,476</u>	<u>\$ 244,128</u>

The changes in benefit obligations during the year ended July 31, 2024 are as follows:

Benefit obligations at beginning of year	<u>\$ 244,128</u>
Decrease during the year attributable to	
Claims payable	(35,652)
Claims incurred but not reported	<u>500,000</u>
Total benefit obligations	<u>464,348</u>
Benefit obligations at end of year	<u>\$ 708,476</u>

NOTE 9. RISKS AND UNCERTAINTIES

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

NOTE 9. RISKS AND UNCERTAINTIES (continued)

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 10. CONCENTRATION OF CREDIT RISK

The Plan places its cash with institutions deemed to be creditworthy. The balance is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash balances may at times exceed the insured deposit limits.

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on financial statements	\$ 13,594,056	\$ 11,695,237
Claims payable and claims incurred but not reported	<u>(708,476)</u>	<u>(244,128)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 12,885,580</u>	<u>\$ 11,451,109</u>

The following is a reconciliation of cost of benefits per the consolidated financial statements to Form 5500:

Benefits paid to or for participants per the financial statement	\$ 2,485,426
Add: amounts currently payable at end of year	708,476
Less: amounts currently payable at beginning of year	<u>(244,128)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 2,949,774</u>

NOTE 12. FEES MANDATED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

The Plan is subject to certain fees mandated by the Patient Protection and Affordable Care Act. Fees payable to the Patient-Centered Outcomes Research Institute (PCORI) are equal to \$3.22 per covered life for the 2024 calendar year and \$3.00 per covered life for the 2023 calendar year. Thereafter, the fee will be indexed based on increases in the projected per capita amount of national health expenditures. At July 31, 2024 and 2023, the Plan owed \$15,382 and \$13,830 in PCORI fees, respectively.

NOTE 13. REFUNDS

The Plan utilizes a pharmacy benefits manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable. Pharmacy rebates totaling \$80,584 and \$69,585 have been netted with benefits paid in the accompanying Statement of Changes in Net Assets Available for Benefits for the years ended July 31, 2024 and 2023, respectively.

The Plan utilizes a medical benefits manager (MBM) which periodically makes refunds to the Plan based on the Plan's medical claims. Refunds due from the Plan's MBM are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable. As of July 31, 2024, there are no rebates due that have been netted with benefits paid in the accompanying Statement of Changes in Net Assets available for Benefits. Pharmacy rebates totaling \$80,584 have been netted with benefits paid in the accompanying Statement of Changes in Net Assets available for Benefits for the years ended July 31, 2024.

Refunds due from the Plan's Stop Loss insurance carrier are recorded when earned. Refunds due as of the financial statement date have been reported as a receivable. Stop Loss recoveries totaling \$10,947 and \$0 have been included in the accompanying schedules of benefit paid for the years ended July 31, 2024 and 2023, respectively.

NOTE 14. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through May 7, 2025, the date the consolidated financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

SCHEDULES OF BENEFITS PAID

YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
SELF-INSURED CLAIMS		
Medical and hospital	\$ 1,856,323	\$ 1,987,355
Prescription	395,970	372,188
Dental	44,494	61,500
Vision	2,860	2,165
Total self-insured claims	<u>2,299,647</u>	<u>2,423,208</u>
STOP LOSS INSURANCE PREMIUMS	<u>305,659</u>	<u>455,731</u>
SERVICE FEES		
Medical and hospital	175,948	232,873
Dental	10,740	10,761
Total service fees	<u>186,688</u>	<u>243,634</u>
REBATES AND SETTLEMENTS	<u>(295,525)</u>	<u>(172,941)</u>
STOP LOSS RECOVERIES	<u>(11,043)</u>	<u>-</u>
Total benefits paid	<u>\$ 2,485,426</u>	<u>\$ 2,949,632</u>

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JULY 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administrative	\$ 133,401	\$ 133,600
Office	31,359	8,309
Legal fees	29,897	55,058
Rent	23,100	23,100
Accounting and auditing	22,000	27,253
Actuarial and consulting	21,607	33,195
Insurance	16,041	15,271
Telephone	3,721	3,430
Postage	3,434	2,635
Computer and data processing	<u>2,895</u>	<u>6,105</u>
Total administrative expenses	<u><u>\$ 287,455</u></u>	<u><u>\$ 307,956</u></u>

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

SCHEDULE OF ASSETS HELD AT END OF YEAR

JULY 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 22-1171648

Plan No. 501

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(1)- Interest-bearing cash:</u>						
* Charles Schwab Govt Money Fund				113,118	\$ 113,118	\$ 113,118
* Charles Schwab Cash deposit				4,576	4,576	4,576
* Principal Deposit Sweep Program				124,284	124,284	124,284
Total interest-bearing cash					<u>241,978</u>	<u>241,978</u>
<u>Item 1c(2)- U.S. Government securities:</u>						
FED HOME LN	BOND	02/15/25	0.250 %	1,933	2,006	1,922
FED HOME LN	BOND	01/15/44	1.000	100,618	91,310	92,644
FED NATL MTG	BOND	09/25/24	4.094	4,310	4,757	4,381
FED NATL MTG	BOND	02/25/35	5.500	5,682	5,895	5,601
FED NATL MTG	BOND	08/25/41	4.000	66,083	61,705	61,996
FED NATL MTG	BOND	02/25/49	2.000	92,847	87,450	88,578
FHLMC	BOND	09/25/24	4.094	20,663	21,039	20,583
FHLMC	POOL	09/24/26	1.875	92,000	84,366	87,487
FHLMC	BOND	09/15/28	3.000	83,997	80,795	81,964
FHLMC	POOL	05/15/29	6.250	22,000	30,011	24,173
FHLMC	BOND	10/15/29	4.000	2,657	2,625	2,649
FHLMC	POOL	06/01/30	3.500	22,411	23,399	21,898
FHLMC	POOL	05/01/31	2.500	27,793	28,350	26,313
FHLMC	POOL	11/01/31	3.000	10,558	10,882	10,198
FHLMC	POOL	05/01/32	3.500	21,187	22,438	20,652
FHLMC	POOL	06/01/32	3.000	38,664	40,911	37,040
FHLMC	BOND	07/15/32	2.250	44,336	41,565	42,146
FHLMC	BOND	01/15/33	5.718	84,440	82,435	84,016
FHLMC	POOL	07/01/33	3.500	8,000	959	869
FHLMC	POOL	08/01/33	5.000	2,157	2,324	2,183
FHLMC	BOND	09/25/33	1.000	115,239	105,011	106,826
FHLMC	POOL	11/01/33	3.500	3,000	830	805
FHLMC	POOL	05/01/34	3.500	7,000	1,317	1,182
FHLMC	POOL	06/01/36	5.000	5,329	5,740	5,392
FHLMC	POOL	11/01/37	3.500	34,127	35,993	32,642
FHLMC	POOL	12/01/37	4.500	24,734	26,847	24,480
FHLMC	POOL	10/01/38	6.000	15,000	351	342
FHLMC	POOL	05/01/39	4.000	78,000	970	851
FHLMC	BOND	04/15/41	5.798	36,955	36,787	36,738
FHLMC	BOND	06/15/42	3.500	40,620	39,890	40,084
FHLMC	POOL	01/01/43	6.500	71,899	74,280	73,717
FHLMC	POOL	03/01/44	4.500	7,000	559	494
FHLMC	POOL	01/01/45	3.500	22,000	2,425	2,117
FHLMC	POOL	02/01/45	4.000	30,000	1,782	1,565
FHLMC	POOL	02/01/45	4.000	7,000	730	644
FHLMC	POOL	03/01/45	3.500	1,000	164	145
FHLMC	POOL	09/01/45	4.000	4,000	420	373
FHLMC	POOL	10/01/45	4.500	3,000	500	452
FHLMC	POOL	12/01/45	4.000	4,000	508	449
FHLMC	POOL	06/01/46	4.500	3,000	272	247

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(2)- U.S. Government securities (continued):</u>						
	FHLMC	POOL	10/01/46	3.000 %	50,000	\$ 10,208	\$ 8,706
	FHLMC	BOND	10/25/47	3.923	38,310	37,592	38,080
	FHLMC	POOL	12/01/47	3.000	3,000	565	495
	FHLMC	POOL	02/01/48	3.000	5,000	820	766
	FHLMC	POOL	04/01/48	4.000	3,000	547	506
	FHLMC	POOL	04/01/48	3.000	5,000	939	838
	FHLMC	POOL	07/01/48	4.500	3,000	265	249
	FHLMC	POOL	11/01/48	4.000	37,000	7,464	6,571
	FHLMC	POOL	12/01/48	4.500	8,000	712	650
	FHLMC	POOL	05/01/49	4.000	13,000	1,320	1,159
	FHLMC	POOL	05/01/49	4.000	6,000	618	554
	FHLMC	BOND	05/25/49	6.000	82,837	81,517	84,106
	FHLMC	POOL	06/01/49	3.000	5,000	659	579
	FHLMC	POOL	07/01/49	4.000	13,000	3,177	2,749
	FHLMC	POOL	07/01/49	4.000	7,000	898	805
	FHLMC	POOL	11/01/49	3.000	6,000	1,250	1,072
	FHLMC	POOL	04/01/50	3.500	10,000	2,673	2,265
	FHLMC	POOL	05/01/50	3.000	6,000	1,994	1,650
	FHLMC	POOL	10/01/51	4.000	81,072	75,822	76,250
	FHLMC	POOL	02/01/52	3.000	13,000	9,706	9,844
	FHLMC	POOL	04/01/52	3.500	12,000	9,556	9,225
	FHLMC	POOL	05/01/52	3.000	6,000	4,856	4,653
	FHLMC	POOL	06/01/52	3.500	11,000	9,613	8,820
	FHLMC	POOL	08/01/52	4.000	42,734	42,681	40,101
	FHLMC	POOL	09/01/52	4.000	6,000	5,134	5,109
	FHLMC	POOL	10/01/52	4.000	12,000	10,295	10,232
	FHLMC	POOL	01/01/53	6.000	90,209	92,140	91,685
	FHLMC	POOL	02/01/53	6.000	36,566	36,977	37,206
	FHLMC	POOL	06/01/53	6.500	93,010	95,292	95,442
	FHLMC	POOL	07/01/53	6.500	74,889	76,907	77,581
	FHLMC	POOL	07/01/53	6.000	62,728	62,982	63,766
	FHLMC	POOL	08/01/53	5.500	63,970	63,545	64,201
	FHLMC	POOL	08/01/53	5.500	64,874	64,456	65,128
	FHLMC	POOL	10/01/53	6.500	88,797	90,108	92,285
	FHLMC	POOL	02/01/54	4.000	10,000	9,301	9,223
	FNMA	POOL	12/01/25	3.500	23,000	197	161
	FNMA	BOND	10/25/26	2.250	168,602	163,702	164,284
	FNMA	POOL	07/01/27	4.505	1,695	1,717	1,672
	FNMA	POOL	05/01/28	3.500	11,880	12,092	11,629
	FNMA	POOL	11/01/28	3.500	18,000	1,194	1,011
	FNMA	POOL	02/01/29	3.500	12,000	886	654
	FNMA	POOL	08/01/30	3.500	4,000	466	411
	FNMA	POOL	02/01/32	3.500	25,104	26,175	24,481
	FNMA	BOND	07/25/32	3.000	49,410	48,175	48,574
	FNMA	POOL	08/01/32	3.000	24,117	25,459	23,074
	FNMA	POOL	09/01/32	3.500	22,588	23,894	21,981
	FNMA	POOL	01/01/34	4.500	16,760	17,556	16,699
	FNMA	POOL	03/01/34	3.500	4,000	417	376
	FNMA	POOL	11/01/34	5.500	1,000	131	118
	FNMA	BOND	06/25/37	5.802	65,977	65,503	64,922
	FNMA	POOL	08/01/37	5.500	41,000	1,901	1,718
	FNMA	POOL	05/01/40	4.500	2,000	70	64
	FNMA	POOL	06/01/40	2.500	56,031	58,189	50,102
	FNMA	POOL	08/01/40	4.500	25,000	720	680
	FNMA	POOL	08/01/40	3.000	47,257	49,513	43,308
	FNMA	POOL	09/01/40	4.500	58,603	62,852	57,003
	FNMA	POOL	01/01/41	3.500	5,260	5,451	4,985

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(2)- U.S. Government securities (continued):</u>						
FNMA	POOL	02/01/41	4.500 %	59,000	\$ 2,306	\$ 2,231
FNMA	BOND	03/25/41	2.000	104,347	100,042	100,111
FNMA	POOL	11/01/41	4.500	2,000	165	151
FNMA	POOL	12/01/41	4.500	7,000	364	329
FNMA	BOND	05/25/42	2.000	103,811	97,468	98,452
FNMA	POOL	01/01/43	6.000	75,601	77,597	77,208
FNMA	POOL	02/01/44	4.500	10,000	831	745
FNMA	POOL	04/01/44	4.500	19,000	1,820	1,609
FNMA	POOL	07/01/44	4.500	4,000	698	631
FNMA	POOL	08/01/44	4.000	5,000	796	693
FNMA	BOND	11/25/44	3.000	49,490	47,881	48,586
FNMA	POOL	12/01/44	4.500	1,000	226	189
FNMA	POOL	12/01/44	4.000	7,000	555	495
FNMA	POOL	12/01/44	4.000	37,000	5,589	4,913
FNMA	POOL	12/01/44	4.000	6,000	893	790
FNMA	POOL	03/01/45	3.500	12,000	1,269	1,120
FNMA	POOL	04/01/45	3.500	8,000	1,995	1,733
FNMA	BOND	05/25/45	2.500	108,818	99,059	102,332
FNMA	POOL	08/01/45	4.000	49,000	5,433	4,799
FNMA	POOL	08/01/45	3.500	48,000	10,621	9,300
FNMA	POOL	08/01/45	3.500	40,000	6,372	5,659
FNMA	POOL	11/01/45	4.000	6,000	462	412
FNMA	POOL	01/01/46	3.500	5,000	691	609
FNMA	POOL	01/01/46	3.500	4,000	610	529
FNMA	POOL	02/01/46	4.000	5,000	591	526
FNMA	POOL	07/01/46	3.500	3,000	445	391
FNMA	BOND	08/25/46	3.000	55,366	52,979	53,502
FNMA	POOL	10/01/46	3.000	25,468	25,882	22,781
FNMA	POOL	11/01/46	3.000	28,951	30,245	25,362
FNMA	POOL	02/01/47	4.000	11,000	1,781	1,586
FNMA	POOL	03/01/47	3.000	31,000	8,501	7,503
FNMA	POOL	04/01/47	4.000	7,000	848	759
FNMA	POOL	05/01/47	4.500	5,000	850	768
FNMA	POOL	06/01/47	3.500	37,000	4,937	4,368
FNMA	POOL	09/01/47	3.500	6,000	940	826
FNMA	POOL	10/01/47	4.000	5,000	754	669
FNMA	POOL	10/01/47	3.500	5,000	759	666
FNMA	POOL	12/01/47	4.000	2,647	2,771	2,536
FNMA	POOL	01/01/48	4.000	3,000	472	429
FNMA	POOL	02/01/48	4.000	4,000	592	538
FNMA	POOL	02/01/48	3.500	5,000	783	707
FNMA	POOL	03/01/48	3.500	6,000	1,045	957
FNMA	POOL	03/01/48	3.500	6,000	954	871
FNMA	POOL	05/01/48	4.500	3,000	340	313
FNMA	BOND	06/25/48	6.000	40,641	40,990	41,001
FNMA	POOL	08/01/48	4.500	5,000	294	274
FNMA	POOL	08/01/48	4.000	3,000	273	250
FNMA	POOL	09/01/48	4.000	5,000	437	403
FNMA	POOL	09/01/48	3.500	21,000	2,587	2,188
FNMA	POOL	10/01/48	4.000	9,000	866	756
FNMA	POOL	10/01/48	3.500	5,000	512	474
FNMA	POOL	11/01/48	4.000	5,000	709	667
FNMA	POOL	11/01/48	4.000	11,000	1,092	961
FNMA	POOL	11/01/48	3.500	1,000	243	207
FNMA	POOL	11/01/48	3.000	63,002	66,438	56,457
FNMA	POOL	12/01/48	4.500	9,000	856	761
FNMA	POOL	01/01/49	4.000	5,000	408	372

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(2)- U.S. Government securities (continued):</u>						
FNMA	POOL	02/01/49	4.000 %	16,000	\$ 1,814	\$ 1,600
FNMA	POOL	02/01/49	4.000	23,000	1,662	1,488
FNMA	POOL	03/01/49	3.500	6,000	550	491
FNMA	POOL	06/01/49	3.500	30,000	3,342	2,896.00
FNMA	POOL	07/01/49	4.500	17,000	2,396	2,160
FNMA	POOL	07/01/49	3.500	48,000	7,266	6,153
FNMA	POOL	07/01/49	3.500	11,000	1,268	1,115
FNMA	POOL	08/01/49	4.000	7,000	955	857
FNMA	POOL	09/01/49	3.500	4,000	582	510
FNMA	POOL	10/01/49	4.000	8,000	1,427	1,239
FNMA	POOL	10/01/49	3.500	23,000	3,583	3,079
FNMA	POOL	11/01/49	3.000	5,000	1,007	861
FNMA	POOL	11/01/49	3.000	54,476	57,158	48,426
FNMA	POOL	12/01/49	3.000	44,000	9,820	8,227
FNMA	POOL	01/01/50	4.000	5,000	1,166	1,031
FNMA	POOL	01/01/50	3.500	10,000	1,816	1,557
FNMA	POOL	03/01/50	3.000	5,000	1,217	998
FNMA	POOL	04/01/50	3.000	32,976	34,599	29,230
FNMA	POOL	05/01/50	3.000	3,000	1,005	827
FNMA	POOL	05/01/50	3.000	27,468	28,146	23,572
FNMA	POOL	06/01/50	3.500	23,000	9,746	8,268
FNMA	POOL	06/01/50	3.000	4,000	1,617	1,348
FNMA	POOL	06/01/50	3.000	32,861	33,806	28,198
FNMA	POOL	07/01/50	4.000	2,000	588	511
FNMA	POOL	11/01/50	4.000	22,000	8,393	7,396
FNMA	POOL	01/01/51	4.000	1,000	381	336
FNMA	POOL	01/01/51	3.500	42,000	18,472	15,740
FNMA	POOL	03/01/51	4.000	4,000	1,691	1,468
FNMA	POOL	05/01/51	3.500	27,000	13,247	11,430
FNMA	POOL	08/01/51	4.000	20,000	11,753	10,282
FNMA	POOL	03/01/52	3.500	7,000	5,344	5,300
FNMA	POOL	04/01/52	3.500	2,000	1,686	1,528
FNMA	POOL	04/01/52	3.000	5,000	4,185	3,788
FNMA	POOL	05/01/52	3.500	2,000	1,701	1,575
FNMA	POOL	06/01/52	4.000	6,000	5,033	4,897
FNMA	POOL	06/01/52	3.500	8,000	6,124	6,433
FNMA	POOL	06/01/52	3.500	3,000	2,502	2,405
FNMA	POOL	06/01/52	3.000	1,000	818	786
FNMA	POOL	07/01/52	3.500	9,000	7,430	7,545
FNMA	POOL	08/01/52	4.000	4,000	3,574	3,368
FNMA	POOL	08/01/52	3.500	3,000	2,569	2,617
FNMA	POOL	09/01/52	4.000	4,000	3,484	3,374
FNMA	POOL	10/01/52	4.000	8,000	6,788	6,790
FNMA	POOL	12/01/52	6.000	84,959	85,490	86,457
FNMA	POOL	12/01/52	4.000	1,000	871	838
FNMA	POOL	01/01/53	6.500	86,527	88,500	89,243
FNMA	POOL	01/01/53	6.000	88,592	90,793	90,290
FNMA	POOL	01/01/53	6.000	88,745	90,576	90,151
FNMA	POOL	01/01/53	6.000	82,998	84,503	84,536
FNMA	POOL	04/01/53	7.000	84,550	85,766	86,531
FNMA	POOL	05/01/53	6.000	91,254	92,480	92,530
FNMA	POOL	05/01/53	5.500	80,905	80,830	81,124
FNMA	POOL	07/01/53	6.000	72,800	72,885	74,006
FNMA	POOL	08/01/53	4.000	6,000	5,191	5,404
FNMA	POOL	11/01/53	6.500	93,481	94,824	98,034
FNMA	POOL	12/01/53	3.500	6,000	5,227	5,268
FNMA	POOL	04/01/54	4.000	6,000	5,416	5,521

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(2)- U.S. Government securities (continued):</u>						
FREDDIEMAC STRIP	BOND	09/25/33	1.000 %	114,800	\$ 104,755	\$ 108,642
GNMA	POOL	09/15/25	7.000	663	653	661
GNMA	POOL	08/15/26	4.500	7,547	7,763	7,487
GNMA	BOND	09/20/37	3.000	13,452	13,198	13,386
GNMA	BOND	02/20/43	2.250	74,682	70,890	71,878
GNMA	BOND	04/20/43	5.710	75,790	74,038	74,629
GNMA II	POOL	11/20/27	2.500	26,920	27,223	26,050
GNMA II	POOL	06/20/50	2.500	95,894	98,082	80,601
GNMA II	POOL	11/20/51	3.500	80,149	84,771	73,673
GNMA II	POOL	01/20/54	6.500	137,226	140,249	139,855
GNMA II	POOL	02/20/54	7.000	113,158	114,644	114,641
GNMA II	POOL	04/20/54	6.500	193,359	196,124	197,064
GNMA II	POOL	05/20/54	6.500	99,494	101,352	101,400
GNMA II	POOL	07/20/54	6.500	130,000	132,133	132,491
U.S. Treasury	BILL	08/20/24	VAR	90,000	88,642	89,749
U.S. Treasury	BILL	09/10/24	VAR	270,000	266,192	268,418
U.S. Treasury	BILL	10/01/24	VAR	50,000	49,314	49,559
U.S. Treasury	BILL	11/05/24	VAR	50,000	49,156	49,318
U.S. Treasury	NOTE	06/30/26	4.625	20,000	20,052	20,116
U.S. Treasury	BOND	08/15/27	2.250	304,000	317,736	288,230
U.S. Treasury	NOTE	08/15/32	2.750	74,000	67,155	67,618
U.S. Treasury	NOTE	11/15/32	4.125	65,000	68,198	65,509
U.S. Treasury	BOND	08/15/44	3.125	49,000	50,643	40,371
U.S. Treasury	BOND	11/15/46	2.875	63,000	60,493	48,835
VR FED HOME LN MTG C	BOND	03/15/29	5.818	12,313	12,260	12,245
VR FED HOME LN MTG C	BOND	05/15/29	5.768	4,362	4,364	4,357
VR FED HOME LN MTG C	BOND	06/25/37	6.151	20,434	19,887	20,334
VR FED NATL MTG AS	BOND	01/25/32	6.212	39,368	39,764	39,485
VR FED NATL MTG AS	BOND	01/25/34	5.812	26,993	26,833	26,933
VR FED NATL MTG AS	BOND	06/25/36	5.812	83,425	81,965	82,736
VR FHLMC MULTIFAMI	BOND	10/25/47	6.907	10,538	10,474	10,520
VR GOVT NATL MTG	BOND	06/16/54	0.151	449,237	22,462	472
Total U.S. Government securities					<u>6,871,892</u>	<u>6,680,647</u>
<u>Item 1c(4)b- Common stock:</u>						
3M Co				273	24,067	34,820
Abbvie Inc				184	27,277	34,099
Advanced Micro Devices In				272	10,897	39,299
Air Prods & Chems Inc Com				106	26,081	27,968
Alcoa Corp				440	11,347	14,538
Alphabet Inc.				822	50,009	141,330
Amazon.Com Inc				926	90,915	173,143
American Intl Group				420	22,414	33,277
Ametek Inc Com				281	47,202	48,748
Analog Devices Inc				129	21,623	29,848
Aon Plc				92	14,737	30,223
Api Group Corp				1,764	36,518	66,838
Apple Inc				891	78,638	197,873
Asml Holding				37	3,712	34,658
Autodesk Inc				83	7,504	20,544
B J S Wholesale Club				357	24,421	31,402
Ball Corp				244	12,363	15,574
Becton Dickinson & Co				91	20,874	21,936
Boeing Co				174	38,328	33,164
Boston Scientific Co				301	13,556	22,238
Bristol-Myers Squibb				513	31,660	24,398
C M S Energy Corp				380	23,147	24,624

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(4)b- Common stock (continued):							
	Caci Intl Inc Formerly Caci Inc To				163	\$ 48,030	\$ 75,221
	Cboe Global Mkts Inc				119	18,036	21,838
	Cbre Group Inc				462	35,698	52,072
	Charles River Laboratories				267	54,565	65,175
	Charles Schwab Corp				624	41,851	40,679
	Chevron Corp				272	32,962	43,648
	Cisco Systems Inc				453	21,575	21,948
	Clean Harbors Inc				265	39,659	63,263
	Clorox Co				150	20,819	19,790
	ConocoPhillips				247	21,892	27,466
	Constellation Brand				88	20,817	21,574
	Constellation Energy Cor				165	31,539	31,317
	Costco Wholesale Co				54	7,140	44,388
	Crown Hldgs Inc				717	63,768	63,598
	CSX Corp				797	25,137	27,975
	Danaher Corp				312	47,685	86,449
	Dexcom Inc				185	3,574	12,547
	Dollar General Corp				238	35,425	28,653
	Dollar Tree Inc				191	27,496	19,929
	Eaton Corp Plc				57	16,343	17,373
	Elanco Animal Health Inc				1,526	27,847	19,899
	Eli Lilly And Co				81	23,228	65,146
	Emerson Electric Co				239	25,738	27,989
	Eog Resources Inc				349	35,588	44,253
	F M C Corp				259	21,885	15,114
	First Industrial Rlt				257	12,747	14,063
	Freeport-Mcmoran Inc				680	27,814	30,879
	General Mills Inc				176	12,103	11,817
	Hasbro Inc				574	32,428	37,000
	Hershey Co				43	8,825	8,492
	Huntington Ingalls				89	17,528	24,918
	Idexx Labs Inc				44	3,238	20,949
	Interactive Brokers				129	12,030	15,386
	Intuit Inc				65	5,693	42,078
	Intuitive Surgical				69	23,045	30,678
	Invitation Homes Incorpo				721	25,127	25,430
	Jabil Inc				510	59,780	57,462
	Johnson Controls Inter				389	21,325	27,829
	Lamp Weston Holdings Inc				605	61,255	36,312
	Liberty Formula One Common Stock				1,054	64,312	85,237
	Linde Plc				53	16,545	24,036
	Lithia Motors Inc				59	17,694	16,303
	M & T Bank Corp				145	21,599	24,965
	Marriott Intl Inc				151	13,998	34,322
	Marvell Technology Inc				844	60,141	56,531
	Mckesson Corp				37	15,287	22,830
	Meta Platforms Inc				251	76,982	119,182
	Micron Technology				347	25,069	38,108
	Microsoft Corp				530	51,930	221,726
	Mid America Apartment Co				237	34,880	33,125
	Moderna Inc				151	22,053	18,002
	Mongodb Inc				69	26,273	17,413
	Neurocrine Bioscienc				101	9,699	14,299
	Nextera Energy Inc				521	34,255	39,799
	Nvidia Corp				2,010	8,987	235,210
	On Semiconductor				295	21,769	23,084
	On Semiconductor Corp				401	32,336	31,378

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b- Common stock (continued):</u>						
Prudential Plc				710	\$ 13,940	\$ 12,922
Reinsurance Gp Amer				178	25,796	40,127
Robert Half Intl				339	26,051	21,760
Sanofi				495	23,715	25,646
Sba Communications Corp				285	65,789	62,569
Schlumberger Ltd				444	22,351	21,441
Sempra				217	14,578	17,373
Service Now Inc				38	16,219	30,947
Spotify Technology				91	26,016	31,299
Taiwan Semiconductr				261	36,460	43,274
Target Corp				200	30,656	30,082
Texas Instruments				108	20,094	22,011
Thermo Fisher Scntfc				82	43,499	50,294
Tko Group Hldgs Inc				133	13,850	14,544
Toro Co				224	21,017	21,444
Tradeweb Mkts Inc				385	14,336	42,997
Transdigm Group Inc				33	20,521	42,709
Uber Technologies Inc				492	17,824	31,719
Unitedhealth Grp Inc				35	19,679	20,166
Vertex Pharmaceutica				102	30,795	50,563
Visa Inc				229	18,848	60,838
Wabtec Corp				295	28,796	47,539
Walker & Dunlop Inc				196	18,947	20,952
Walt Disney Co				305	31,918	28,575
Wells Fargo & Co				527	24,172	31,272
Willscot Holdings Corp				1,103	53,927	45,223
Wingstop Inc				70	25,500	26,172
Xcel Energy Inc				274	15,361	15,969
Zebra Technologies				73	15,423	25,637
Zoetis Inc				283	47,190	50,951
Total common stock					<u>3,045,602</u>	<u>4,483,704</u>
<u>Item 1c(13)- Registered investment companies:</u>						
				48,906	586,533	440,155
				50,428	505,369	438,727
Total registered investment companies					<u>1,091,902</u>	<u>878,882</u>
Total investments					<u>\$ 11,251,374</u>	<u>\$ 12,285,211</u>

* A party-in-interest as defined by ERISA.

LOCAL 108 HEALTH EXPENSE BENEFITS PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JULY 31, 2024

Form 5500, Schedule H, Item 4j

E.I.N. 22-1171648

Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset		Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
*	Principal Deposit	\$ 5,020,981	N/A	\$ 5,020,981	\$ 5,020,981	N/A
	Sweep Program	N/A	\$ 5,007,911	5,007,911	5,007,911	\$ -
*	Charles Schwab Govt Money Fund	333,961	N/A	333,961	333,961	N/A
	Charles Schwab Govt Money Fund	N/A	272,490	272,490	272,490	-

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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.

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 a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL 108 HEALTH EXPENSE BENEFITS PLAN	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 10/01/1944
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RETAIL WHOLESALE DEPARTMENT STORE UNION LOCAL 108 1576 SPRINGFIELD AVENUE MAPLEWOOD NJ 07040-2414	2b Employer Identification Number (EIN) 22-1171648 2c Plan Sponsor's telephone number 201-373-1081 2d Business code (see instructions) 448190

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 <input checked="" type="checkbox"/> <i>Charles N Hall Jr</i>	Signature of plan administrator	5/7/2025	CHARLES N HALL JR
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	249
a (2) Total number of active participants at the end of the plan year	6a(2)	233
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	233
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	28

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS