

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>LOCAL 1102 HEALTH AND BENEFIT FUND</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL 1102 HEALTH & BENEFIT FUND</u> <u>311 CROSSWAYS PARK DRIVE</u> <u>WOODBURY, NY 11797</u>	1c Effective date of plan <u>11/01/1945</u> 2b Employer Identification Number (EIN) <u>13-1768188</u> 2c Plan Sponsor's telephone number <u>516-683-1102</u> 2d Business code (see instructions) <u>448110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2025	JACK CAFFEY
	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	2613
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)	2610
	6a(2)	2753
	6b	2
	6c	
	6d	2755
	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	74

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

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

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

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

a Pension Schedules	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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan LOCAL 1102 HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1102 HEALTH & BENEFIT FUND	D Employer Identification Number (EIN) 13-1768188	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

THE VANGAURD GROUP INC

23-1945930

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

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

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

LOCAL 1102 RWDSU

13-1215130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	990056	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)

LOCAL 1102 RETIREMENT TRUST

13-1847329

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	917800	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)

HUDSON CANYON CAPITAL MANAGEMENT LL

81-4432795

(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	352833	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)

EXPRESS SCRIPTS, INC.

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	229264	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)

ROTHMAN, ROCCO, LARUFFA, LLP

47-5401457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	114456	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)

MAGNACARE ADMINISTRATIVE SERVICES

11-3410766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	96792	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)

DD SERVICES INC

11-2705347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	78130	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)

TELEDOC HEALTH INC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	57399	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)

C.S. MCKEE

84-3346426

(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	50242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CITRIN COOPERMAN & COMPANY LLP

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41731	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST ACTUARIAL CONSULTING, INC.

26-3842522

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	32000	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)

DAHAB ASSOCIATES

11-2783874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

COMERICA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 49 62 72	NONE	21014	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)

GREEN LIGHT COST MANAGEMENT, LLC

17015 NORTH SCOTTSDALE RD, STE 350
SCOTTSDALE, AZ 85255

(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	17616	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)

DR. JOSEPH DEVITO, MD

11-2991823

(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	12000	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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	6975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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: CITRIN COOPERMAN & COMPANY LLP	b EIN: 22-2428965
c Position: ACCOUNTANT	
d Address: 50 ROCKEFELLER PLAZA NEW YORK, NY 10020	e Telephone: 212-697-1000

Explanation: ACCOUNTANT TERMINATED THROUGH NORMAL BIDDING PROCESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOCAL 1102 HEALTH AND BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1102 HEALTH & BENEFIT FUND	D Employer Identification Number (EIN) 13-1768188

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	3697064	2953139
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	477166	482885
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	918129	842684
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	340454	1079065
(2) U.S. Government securities	1c(2)	39267472	46169402
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	10558179	12699512
(B) All other	1c(3)(B)	18048587	20220703
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	50273640	57551132
(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)	25143135	25969747
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	5946394	5757711

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	154670220	173725980
Liabilities			
g Benefit claims payable.....	1g	5897000	7399000
h Operating payables.....	1h	23500	38966
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	664964	538054
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6585464	7976020
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	148084756	165749960

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)	25369921	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	50517	
(2) Noncash contributions.....	2a(2)		25420438
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	37273	
(B) U.S. Government securities.....	2b(1)(B)	1010188	
(C) Corporate debt instruments.....	2b(1)(C)	763569	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	489005	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2300035
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	601362	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	333579	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		934941
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	75720951	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	71747857	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3973094
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	7739894	
(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)		5493034
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		45861436

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	25579511	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		25579511
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)	1526486	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41731	
(5) Investment advisory and investment management fees	2i(5)	448089	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	32000	
(8) Legal fees	2i(8)	114456	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2225	
(11) Other expenses.....	2i(11)	451734	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2616721
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		28196232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		17665204
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		2500000
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 1102 HEALTH AND BENEFIT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

LOCAL 1102 HEALTH AND BENEFIT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 1102 Health and Benefit Fund

Opinion on the 2024 Financial Statements

We have audited the financial statements of the Local 1102 Health and Benefit Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion on the 2024 Financial Statements

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 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 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 audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Benefits Paid, Schedule of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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.

2023 Financial Statements

The financial statements of Local 1102 Health and Benefit Fund as of December 31, 2023, were audited by other auditors whose report dated June 4, 2024 expressed an unmodified opinion on those statements.

Novak Francella LLC

New York, New York
June 9, 2025

LOCAL 1102 HEALTH AND BENEFIT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
United States Government and Government		
Agency obligations	\$ 46,169,402	\$ 39,267,472
Equities	57,551,132	50,273,640
Corporate debt instruments	32,920,215	28,606,766
Short-term investments	1,079,065	166,242
Municipal and foreign bonds	4,695,649	4,919,057
Mortgage-backed securities	1,062,062	1,027,337
Mutual funds	25,969,747	25,143,135
Interest-bearing cash	-	174,212
Total investments	<u>169,447,272</u>	<u>149,577,861</u>
RECEIVABLES		
Employer contributions	482,885	477,166
Accrued interest	556,421	491,714
Total receivables	<u>1,039,306</u>	<u>968,880</u>
OTHER ASSETS		
Cash	2,953,139	3,697,064
Right of use asset - net	286,263	426,415
Total other assets	<u>3,239,402</u>	<u>4,123,479</u>
Total assets	<u>173,725,980</u>	<u>154,670,220</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	38,966	23,500
Due to affiliated entities	240,348	227,216
Operating lease liabilities	297,706	437,748
Total liabilities	<u>577,020</u>	<u>688,464</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 173,148,960</u></u>	<u><u>\$ 153,981,756</u></u>

See accompanying notes to financial statements.

LOCAL 1102 HEALTH AND BENEFIT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 17,206,022	\$ 19,804,135
Interest and dividends	3,234,976	2,747,963
	20,440,998	22,552,098
Less investment expenses	(448,089)	(373,091)
Investment income - net	19,992,909	22,179,007
Contribution income		
Employer contributions	25,369,921	27,804,418
COBRA contributions	50,517	71,484
Total contribution income	25,420,438	27,875,902
Total additions	45,413,347	50,054,909
DEDUCTIONS		
Benefits paid	24,077,511	22,196,474
Administrative expenses	2,168,632	2,438,612
Total deductions	26,246,143	24,635,086
NET INCREASE	19,167,204	25,419,823
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	153,981,756	128,561,933
End of year	\$ 173,148,960	\$ 153,981,756

See accompanying notes to financial statements.

LOCAL 1102 HEALTH AND BENEFIT FUND

STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Claims incurred but not reported and health claims payable	\$ 7,399,000	\$ 5,897,000
POSTRETIREMENT BENEFIT OBLIGATIONS		
Current retirees	310,400	29,800
Other participants fully eligible for benefits	-	234,600
Other participants not yet fully eligible for benefits	-	1,294,500
Total postretirement benefit obligations	<u>310,400</u>	<u>1,558,900</u>
 Total benefit obligations	 <u>\$ 7,709,400</u>	 <u>\$ 7,455,900</u>

See accompanying notes to financial statements.

LOCAL 1102 HEALTH AND BENEFIT FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS AND DEPENDENTS		
Balance at beginning of year	\$ 5,897,000	\$ 4,467,000
Benefits incurred	25,579,511	23,626,474
Benefits paid	(24,077,511)	(22,196,474)
Balance at end of year	7,399,000	5,897,000
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	1,558,900	1,297,600
Increase (decrease) during the years attributed to:		
Benefits earned and other changes	139,000	259,900
Change in plan provisions	(1,387,500)	1,400
Balance at end of year	310,400	1,558,900
TOTAL BENEFIT OBLIGATIONS	\$ 7,709,400	\$ 7,455,900

See accompanying notes to financial statements.

LOCAL 1102 HEALTH AND BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

General

The following brief description of the Local 1102 Health and Benefit Fund (the Plan) provides only general information. Participants should refer to their Plan's applicable Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

The Plan is a multiemployer benefit plan, jointly administered by a board of trustees consisting of union and employer representatives. The Plan provides health and other benefits covering all eligible participants, pursuant to one or more collective bargaining agreements entered into between the employers and Local 1102 Retail, Wholesale, Department Store Union - UFCW (the "Union"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. All employees of employers under a collective bargaining agreement, subject to that agreement, are eligible to participate in the Plan, which is considered covered employment. Certain plan assets are held in a voluntary employees' beneficiary association (VEBA) trust.

Benefits

The Plan provides health benefits (medical, hospital, major medical, dental, drugs and optical), disability benefits and death benefits to eligible participants and their eligible covered dependents. Additionally, retired employees of certain employers are entitled to similar health benefits (in excess of Medicare coverage), provided they have attained both a certain age and required years of service, as defined in the Plan. In addition, the Plan offers COBRA to members separated from employment.

All plan benefits are self-insured. The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only agreements. The Plan pays claims directly to or on behalf of participants with assets of the Plan's VEBA trust. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

Contributions

Contribution rates have been established under collective bargaining agreements between the Union and the various employers.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Other

Although it has not expressed any intention to do so, the Plan's board of trustees has the right under the Plan to modify the benefits provided to participants, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the assets remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used, until exhausted, to pay benefits to employees in the order of their entitlement.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - Investments in U.S. Government and Government Agency obligations, equities, corporate debt obligations, municipal and foreign bonds, mortgage-backed securities and mutual funds are carried at fair value which generally represents quoted market prices or net asset value of the fund as of the last business day of the fiscal year as provided by the custodian or investment manager or valued using pricing models maximizing the use of observable inputs for similar securities with similar credit ratings. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Leases - The Plan elected the practical expedients not to separate lease components from nonlease components for its office lease and to apply the short-term lease exception, which does not require the capitalization of leases with terms of 12 months or less. The Plan has made an accounting policy election to apply a risk-free rate as the discount rate used to measure lease liabilities and ROU assets at commencement of a lease. A risk-free rate has been applied to the office lease.

The Plan determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) the Plan obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Plan also considers whether its service arrangements include the right to control the use of an asset.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan recognizes most leases on its balance sheets as a ROU asset representing the right to use an underlying asset and a lease liability representing the obligation to make lease payments over the lease term, measured on a discounted basis. Leases are classified as either finance leases or operating leases based on certain criteria. Classification of the lease affects the pattern of expense recognition in the income statement.

For long-term leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease. The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives.

Payment of Benefits - Plan obligations for health claims incurred but not reported as of December 31, 2024 and 2023 are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claims data provided by the Plan's third-party claims administrators. The amounts are paid by the Plan only if claims are submitted and approved for payments. Benefits are recorded when paid.

The Plan's agreement with its prescription provider entitles the Plan to formulary prescription rebates. Rebates for the years ended December 31, 2024 and 2023 were \$1,322,607 and \$1,140,953, respectively, and are recorded in prescription expense. There were no prescription rebate receivables as of December 31, 2024 and 2023.

Postretirement Benefits - The amount reported as the postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their dependents and (2) active employees and their dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing Plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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 financial statements. Actual results could differ from those estimates.

NOTE 3. 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 4. TAX STATUS

The VEBA trust funding certain benefits of the Plan received an exemption letter from the Internal Revenue Service (IRS), dated October 17, 1996, stating that the trust is tax-exempt under the provisions of 501(c) of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time, the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and the trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust is tax exempt.

Accounting principles generally accepted in the United States of America ("GAAP") require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5. FAIR VALUE MEASUREMENTS

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

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.

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 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 December 31, 2024 and 2023 there were no transfers in or out of levels 1, 2 or 3.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and				
Government agencies obligations	\$ 46,169,402	\$ 4,660,670	\$ 41,508,732	\$ -
Equities	57,551,132	57,551,132	-	-
Corporate debt instruments	32,920,215	-	32,920,215	-
Municipal and foreign bonds	4,695,649	-	4,695,649	-
Motgage-backed securities	1,062,062	-	1,062,062	-
Mutual funds	25,969,747	25,969,747	-	-
Short-term investments	1,079,065	-	1,079,065	-
Total investments at fair value	<u>\$ 169,447,272</u>	<u>\$ 88,181,549</u>	<u>\$ 81,265,723</u>	<u>\$ -</u>

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and				
Government agencies obligations	\$ 39,267,472	\$ 559,708	\$ 38,707,764	\$ -
Equities	50,273,640	50,273,640	-	-
Corporate debt instruments	28,606,766	-	28,606,766	-
Municipal and foreign bonds	4,919,057	-	4,919,057	-
Mortgage-backed securities	1,027,337	-	1,027,337	-
Mutual funds	25,143,135	25,143,135	-	-
Interest-bearing cash	174,212	174,212	-	-
Short-term investments	166,242	-	166,242	-
Total investments at fair value	<u>\$149,577,861</u>	<u>\$ 76,150,695</u>	<u>\$ 73,427,166</u>	<u>\$ -</u>

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**Identification of Related Organizations**

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

- Local 1102 RWDSU-UFCW
- Local 1102 401(k) Retirement Plan
- Local 1102 Retirement Trust
- Local 1102 Amalgamated Pension Fund
- Local 1102 Retirement Fund
- Storeworkers Retirement Fund

All of the above entities qualify as tax-exempt organizations. The entities listed above share common Trustees or officers with this Plan.

Certain plan investments are managed by Comerica Bank. Comerica Bank is a Trustee, as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Reportable Transactions.

Administrative Expenses

The Plan occupies premises and participates on an allocated basis with the Union and other affiliated entities in the administrative costs, rental expenses, and certain other costs. The trustees have adopted a method of allocating these expenses as provided by an independent study. Due to affiliated entities represents the balance of these reimbursements as of December 31, 2024 and 2023.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (continued)

The Plan reimburses the Union and Local 1102 Retirement Trust for administrative costs, which include salaries and payroll taxes. The reimbursed amounts for the years ended December 31, 2024 and 2023 were \$1,907,856 and \$2,059,309, respectively.

On January 1, 2015, the Plan entered into a lease agreement with the Union which expires on December 31, 2026 for its administrative headquarters (Note 10). The Union has the option of extending the lease an additional five years prior to the expiration of the lease. The lease requires the Plan to pay its allocable share of electric charges and real estate taxes, and provides for periodic adjustments for increases in the cost of living.

NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS

The Plan provides certain health care coverage to eligible retirees and their dependents.

Accounting principles generally accepted in the United States of America require that the Plan include the actuarial present value of postretirement benefit obligations in the benefit obligations of the Plan.

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants.

The following are significant assumptions used in the postretirement benefit obligation valuations as of December 31, 2024 and 2023:

Weighted average discount rate:	4.68% for 2024 and 4.59% for 2023
Average retirement age:	65 for 2023
Mortality:	Pri-2012 Blue Collar Headcount-Weighted Mortality Table, projected generationally using scale MP-2021 at December 31, 2024 and 2023

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

From December 31, 2024 to December 31, 2023 total postretirement benefit obligation decreased by \$1,248,500. This was due to an plan change that a new 5-year CBA effective September 1, 2024 eliminated the pre-age 65 retiree health care benefits but allowed: 1) existing pre-age 65 retirees to continue coverage; and 2) already eligible actives to retiree before the change went into effect on September 1, 2024.

NOTE 7. POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

The weighted average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation by \$5,000 and \$121,700 as of December 31, 2024 and 2023, respectively.

NOTE 8. 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 the financial statements	\$ 173,148,960	\$ 153,981,756
Claims incurred but not reported and health claims payable	<u>(7,399,000)</u>	<u>(5,897,000)</u>
Net assets available for benefits as reported on Form 5500	<u><u>\$ 165,749,960</u></u>	<u><u>\$ 148,084,756</u></u>

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

	<u>2024</u>
Benefits paid to or for participants per the financial statements	\$ 24,077,511
Add - amounts payable at end of year	7,399,000
Less - amounts payable at beginning of year	<u>(5,897,000)</u>
Benefits paid to or for participants per Form 5500	<u><u>\$ 25,579,511</u></u>

Amounts currently payable to or for participants, dependents, and beneficiaries for benefit claims that have been processed and approved for payment prior to the years ended December 31, 2024 and 2023, but not yet paid as of that date, as well as claims incurred but not reported, are reported on the Form 5500.

NOTE 9. RISKS AND UNCERTAINTIES

Financial instruments that potentially expose the Plan to concentrations of credit risk include cash and investments. The Plan maintains accounts at high quality financial institutions. While the Plan attempts to limit its financial exposure, deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

NOTE 9. RISKS AND UNCERTAINTIES (continued)

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.

For the years ended December 31, 2024 and 2023, approximately 39% and 40% of contribution income was received from three employers. Additionally, approximately 51% and 32% of employers' contribution receivable was received from three and two employers for the years ended December 31, 2024 and 2023, respectively.

The actuarial present value of benefit obligations is reported based on historical claim's experience and 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. LEASES

The Plan leases office space under an operating lease agreement that expires December 31, 2026. The lease agreement contains a renewal option and does not contain a guarantee of the residual value at the end of the lease term or restrictive financial or other covenants. Lease payments related to periods subject to renewal options are excluded from the amounts used to determine the present value of the remaining lease payments unless the Plan is reasonably certain to exercise the option to extend the lease.

The components of lease expense for the years ended December 31, 2024 and 2023 were as follows:

	<u>2024</u>	<u>2023</u>
Operating lease expense	<u>\$ 145,106</u>	<u>\$ 145,106</u>

Cash flow information related to leases was as follows:

Cash paid for amount included in the measurement of lease liabilities:		
Operating cash flows from operating lease	<u>\$ 144,996</u>	<u>\$ 141,252</u>
Right of use assets obtained in exchange for lease obligations:		
Operating lease	<u>\$ -</u>	<u>\$ -</u>

NOTE 10. LEASES (continued)

Statement of net assets available for benefits position information related to leases as of December 31, 2024 was as follows:

	<u>2024</u>	<u>2023</u>
Operating lease		
Right of use assets - gross	\$ 701,152	\$ 701,152
Right of use assets - accumulated	(414,889)	(274,737)
Right of use assets - net	<u>\$ 286,263</u>	<u>\$ 426,415</u>
Operating lease liabilities	<u>\$ 297,706</u>	<u>\$ 437,748</u>
Total operating lease liabilities	<u>\$ 297,706</u>	<u>\$ 437,748</u>
Weighted average remaining lease term		
Operating lease	2 years	3 years
Weighted average discount rate		
Operating lease	1.37%	1.37%

Future undiscounted cash flows for each of the next three years and a reconciliation to the lease liabilities recognized on the statement of net assets available for benefits are as follows as of December 31, 2024:

<u>Year Ending December 31,</u>	<u>Operating lease</u>
2025	\$ 148,848
2026	152,808
Total undiscounted cash flows	<u>301,656</u>
Less: present value discount	(3,950)
Total lease liabilities	<u>\$ 297,706</u>

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 9, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 1102 HEALTH AND BENEFIT FUND

SCHEDULES OF BENEFITS PAID

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
CLAIMS PAID:		
Hospital	\$ 10,917,279	\$ 9,247,860
Diagnostic labs and x-rays	3,354,296	3,165,670
Medical	2,853,911	2,313,366
Surgery and anesthesia	1,502,205	1,537,287
Prescriptions	3,391,815	3,997,037
GME/hospital surcharge	990,712	842,846
Dental	528,532	538,527
Death Benefit	58,625	31,000
	<u>23,597,375</u>	<u>21,673,593</u>
Total claims paid		
	<u>23,597,375</u>	<u>21,673,593</u>
PPO DISCOUNT FEE	<u>480,136</u>	<u>522,881</u>
Total benefits paid	<u>\$ 24,077,511</u>	<u>\$ 22,196,474</u>

LOCAL 1102 HEALTH AND BENEFIT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll and related costs	\$ 1,526,486	\$ 1,793,194
Rent and real estate taxes	132,632	147,238
Legal	114,456	121,404
Computer supplies and expenses	101,657	97,871
Office, printing and postage	77,465	78,884
Consultant	49,616	32,713
Equipment rental	45,672	46,047
Insurance expense	43,956	44,865
Accounting and auditing	41,731	38,648
Maintenance	15,823	17,092
Utilities	9,887	10,883
Telephone	6,581	8,738
Trustee fees	2,225	-
Travel and meetings	445	1,035
	<u> </u>	<u> </u>
Total administrative expenses	<u>\$ 2,168,632</u>	<u>\$ 2,438,612</u>

LOCAL 1102 HEALTH AND BENEFIT FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 13-1768188
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>Interest bearing cash:</u>							
	Goldman Sachs Financial Square-Principal Govt Inst	MMA	N/A	Var %	1,079,065	\$ 1,079,065	\$ 1,079,065
<u>United States Government and Government Agency obligations:</u>							
	Fannie Mae	CMO	10/25/44	2.000	77,973	79,825	69,810
	Fannie Mae	DTD	06/25/44	5.500	52,757	52,493	53,363
	Fannie Mae	DTD	07/25/51	5.000	73,165	70,913	72,368
	Federal Farm Credit Banks	Bond	08/28/25	VAR	500,000	494,600	498,410
	Federal Farm Credit Banks	Bond	02/08/29	1.000	1,300,000	1,270,750	1,129,089
	Federal Farm Credit Banks	Bond	04/30/29	1.500	1,700,000	1,700,000	1,498,210
	Federal Farm Credit Banks	Bond	01/28/30	2.400	1,000,000	1,004,000	900,620
	Federal Farm Credit Banks	Bond	06/03/30	1.740	750,000	750,000	647,437
	Federal Farm Credit Banks	Bond	09/23/30	1.570	255,000	223,913	215,776
	Federal Farm Credit Banks	Bond	11/26/30	1.900	750,000	750,000	644,317
	Federal Farm Credit Banks	Bond	03/03/31	1.670	127,000	106,742	106,378
	Federal Farm Credit Banks	Bond	05/27/31	1.940	1,000,000	1,000,000	845,620
	Federal Farm Credit Banks	Bond	07/21/31	1.790	177,000	151,956	147,749
	Federal Farm Credit Banks	Bond	11/07/31	2.050	850,000	842,307	719,882
	Federal Farm Credit Banks	Bond	01/28/32	2.375	110,000	97,138	94,107
	Federal Farm Credit Banks	Bond	02/09/32	2.350	110,000	93,729	93,849
	Federal Farm Credit Banks	Bond	03/23/32	3.300	1,000,000	902,500	908,870
	Federal Farm Credit Banks	Bond	04/12/32	VAR	1,500,000	1,385,625	1,373,310
	Federal Farm Credit Banks	Bond	05/17/32	4.370	1,000,000	959,600	957,200
	Federal Farm Credit Banks	Bond	10/15/32	1.470	1,000,000	788,690	781,810
	Federal Farm Credit Banks	Bond	11/26/32	1.480	1,000,000	974,500	781,470
	Federal Home Loan Banks	Bond	01/26/33	VAR	350,000	348,775	349,541
	Federal Home Loan Banks	Bond	01/27/33	VAR	1,000,000	782,060	776,190
	Federal Home Loan Banks	Bond	04/19/33	VAR	1,000,000	798,028	818,780
	Federal Home Loan Banks	Bond	03/02/34	3.500	600,000	523,122	542,304
	Federal Home Loan Banks	Bond	05/23/34	5.920	210,000	210,420	210,441
	Federal Home Loan Banks	Bond	07/17/34	5.840	104,000	104,120	104,205
	Federal Home Loan Banks	Bond	07/25/34	2.450	900,000	699,660	727,893
	Federal Home Loan Banks	Bond	08/14/34	5.650	106,000	105,767	105,675
	Federal Home Loan Banks	Bond	10/27/34	2.300	925,000	750,415	729,862
	Federal Home Loan Banks	Bond	11/16/34	2.430	1,375,000	1,185,099	1,108,786
	Federal Home Loan Banks	Bond	02/11/36	1.875	2,750,000	2,744,775	2,013,605
	Federal Home Loan Mortgage Corp	Bond	11/21/29	VAR	212,000	212,017	212,036
	Federal Home Loan Mortgage Corp	Bond	07/28/32	1.400	709,000	571,440	555,565
	Federal Home Loan Mortgage Corp	Bond	01/27/33	1.500	750,000	729,135	582,870
	Federal Home Loan Mortgage Corp	Bond	08/17/35	1.460	55,000	39,325	38,997
	Federal Home Loan Mortgage Corp	Bond	01/01/41	2.000	99,426	84,481	83,051
	Federal Home Loan Mortgage Corp	Bond	01/01/41	VAR	2,443	2,535	2,308
	Federal Home Loan Mortgage Corp	Bond	06/25/42	2.000	33,638	34,600	31,498
	Federal Home Loan Mortgage Corp	Bond	11/01/42	VAR	4,667	4,973	4,123
	Federal Home Loan Mortgage Corp	Bond	11/15/43	3.000	3,959	4,237	3,905
	Federal Home Loan Mortgage Corp	Bond	03/25/44	2.000	101,312	105,040	94,615
	Federal Home Loan Mortgage Corp	Bond	05/25/46	2.000	48,713	49,719	42,451
	Federal Home Loan Mortgage Corp	Bond	11/01/46	3.000	24,020	26,214	20,864
	Federal Home Loan Mortgage Corp	Bond	11/01/46	VAR	12,672	12,783	11,002
	Federal Home Loan Mortgage Corp	Bond	01/01/47	VAR	9,830	10,089	8,538
	Federal Home Loan Mortgage Corp	Bond	06/25/47	5.000	79,791	79,367	77,775
	Federal Home Loan Mortgage Corp	Bond	07/01/47	3.500	85,199	88,807	77,581

(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	Value or Shares	Cost	Current Value
<u>United States Government and Government Agency obligations (continued):</u>							
	Federal Home Loan Mortgage Corp	Bond	10/15/47	3.000 %	47,658	\$ 45,290	\$ 42,303
	Federal Home Loan Mortgage Corp	Bond	11/15/47	4.000	46,354	43,675	42,821
	Federal Home Loan Mortgage Corp	Bond	01/01/48	VAR	8,360	9,293	7,499
	Federal Home Loan Mortgage Corp	Bond	06/25/48	3.000	44,634	45,722	40,224
	Federal Home Loan Mortgage Corp	Bond	10/25/48	2.500	1,018	1,341	903
	Federal Home Loan Mortgage Corp	Bond	08/01/49	3.500	9,121	10,233	8,185
	Federal Home Loan Mortgage Corp	Bond	08/01/50	2.000	18,890	14,176	14,959
	Federal Home Loan Mortgage Corp	Bond	12/25/50	0.750	39,752	29,516	29,196
	Federal Home Loan Mortgage Corp	Bond	01/25/51	2.000	30,365	31,375	24,224
	Federal Home Loan Mortgage Corp	Bond	03/01/51	2.500	60,417	62,428	49,881
	Federal Home Loan Mortgage Corp	Bond	05/01/51	VAR	73,074	60,629	60,384
	Federal Home Loan Mortgage Corp	Bond	06/01/51	2.500	58,706	60,724	48,362
	Federal Home Loan Mortgage Corp	Bond	07/01/51	3.500	64,636	60,819	58,008
	Federal Home Loan Mortgage Corp	Bond	11/01/51	2.000	56,134	56,454	43,948
	Federal Home Loan Mortgage Corp	Bond	02/01/52	2.500	31,850	24,629	26,167
	Federal Home Loan Mortgage Corp	Bond	08/01/52	4.500	107,877	106,943	101,708
	Federal Home Loan Mortgage Corp	Pool	09/01/36	2.000	89,423	75,786	78,990
	Federal Home Loan Mortgage Corp	Pool	05/01/43	5.500	109,881	108,713	110,097
	Federal Home Loan Mortgage Corp	Pool	02/01/50	3.000	34,441	30,852	30,204
	Federal Home Loan Mortgage Corp	Pool	12/01/50	2.500	23,482	18,429	19,448
	Federal Home Loan Mortgage Corp	Pool	09/01/51	2.500	58,412	49,349	48,320
	Federal Home Loan Mortgage Corp	Pool	08/01/52	3.000	62,029	50,147	53,238
	Federal Home Loan Mortgage Corp	Pool	09/01/52	4.000	55,552	50,062	50,861
	Federal Home Loan Mortgage Corp	Pool	12/01/52	5.000	70,944	68,883	70,095
	Federal Home Loan Mortgage Corp	Pool	02/01/53	6.000	69,145	70,442	70,305
	Federal Home Loan Mortgage Corp	Pool	05/01/53	6.000	49,141	48,972	49,762
	Federal Home Loan Mortgage Corp	Pool	06/01/53	5.500	27,044	26,550	26,716
	Federal Home Loan Mortgage Corp	Pool	07/01/53	5.000	58,492	56,984	57,212
	Federal Home Loan Mortgage Corp	Pool	08/01/53	6.000	31,536	31,428	31,892
	Federal Home Loan Mortgage Corp	Pool	09/01/53	5.500	64,679	63,790	64,522
	Federal Home Loan Mortgage Corp	Pool	11/01/53	6.500	55,107	57,277	56,759
	Federal Home Loan Mortgage Corp	Pool	04/01/54	5.000	28,356	27,191	27,396
	Federal Home Loan Mortgage Group	Bond	12/17/29	0.000	1,660,000	1,501,719	1,330,158
	Federal National Mortgage Assoc	Bond	10/22/25	0.560	200,000	182,552	194,108
	Federal National Mortgage Assoc	Bond	08/05/30	0.875	1,000,000	987,100	825,710
	Federal National Mortgage Assoc	Bond	12/01/31	6.000	418	664	424
	Federal National Mortgage Assoc	Bond	12/21/32	1.525	750,000	749,205	587,115
	Federal National Mortgage Assoc	Bond	10/28/33	1.510	800,000	588,200	603,000
	Federal National Mortgage Assoc	Bond	08/17/35	VAR	74,000	52,784	52,797
	Federal National Mortgage Assoc	Bond	08/24/35	VAR	294,000	213,858	211,245
	Federal National Mortgage Assoc	Bond	09/14/35	VAR	309,000	223,103	222,495
	Federal National Mortgage Assoc	Bond	10/01/37	VAR	20,870	22,509	19,687
	Federal National Mortgage Assoc	Bond	01/01/40	3.000	60,072	63,217	54,226
	Federal National Mortgage Assoc	Bond	01/01/41	2.000	39,368	40,851	32,881
	Federal National Mortgage Assoc	Bond	10/01/41	2.500	102,180	107,033	87,699
	Federal National Mortgage Assoc	Bond	03/01/45	3.000	19,242	20,141	16,980
	Federal National Mortgage Assoc	Bond	10/01/46	4.000	82,972	91,217	78,293
	Federal National Mortgage Assoc	Bond	11/01/46	VAR	87,423	90,557	77,143
	Federal National Mortgage Assoc	Bond	02/01/47	3.000	57,934	61,039	51,121
	Federal National Mortgage Assoc	Bond	05/01/47	3.500	17,464	19,273	15,740
	Federal National Mortgage Assoc	Bond	12/01/47	2.500	38,679	40,250	32,349
	Federal National Mortgage Assoc	Bond	04/01/48	2.500	22,625	24,737	18,900
	Federal National Mortgage Assoc	Bond	06/01/49	3.500	179,540	171,629	161,139
	Federal National Mortgage Assoc	Bond	07/01/49	2.500	59,253	61,901	49,554
	Federal National Mortgage Assoc	Bond	09/01/49	3.500	16,221	17,640	14,557
	Federal National Mortgage Assoc	Bond	12/01/49	3.000	17,127	17,941	14,771
	Federal National Mortgage Assoc	Bond	02/01/50	3.000	50,916	52,427	44,199
	Federal National Mortgage Assoc	Bond	02/01/50	3.000	40,734	37,418	35,101
	Federal National Mortgage Assoc	Bond	03/25/50	2.000	22,380	18,470	18,218
	Federal National Mortgage Assoc	Bond	06/01/50	2.500	74,155	76,924	61,435

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Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>United States Government and Government Agency obligations (continued):</u>							
	Federal National Mortgage Assoc	Bond	10/01/50	2.500 %	20,924	\$ 22,519	\$ 17,326
	Federal National Mortgage Assoc	Bond	11/01/50	2.500	75,535	67,143	62,380
	Federal National Mortgage Assoc	Bond	01/01/51	2.000	51,758	53,651	40,830
	Federal National Mortgage Assoc	Bond	03/01/51	2.500	68,916	56,953	56,786
	Federal National Mortgage Assoc	Bond	05/01/51	2.500	78,964	70,809	65,051
	Federal National Mortgage Assoc	Bond	06/01/51	2.500	45,746	35,668	37,826
	Federal National Mortgage Assoc	Bond	07/01/51	2.500	65,292	68,006	53,890
	Federal National Mortgage Assoc	Bond	10/01/51	2.500	82,638	85,246	67,962
	Federal National Mortgage Assoc	Bond	10/01/51	3.000	21,121	22,103	18,042
	Federal National Mortgage Assoc	Bond	12/01/51	3.000	73,680	65,058	62,927
	Federal National Mortgage Assoc	Bond	01/01/52	3.000	34,168	35,653	29,337
	Federal National Mortgage Assoc	Bond	01/01/52	3.000	33,993	29,096	28,989
	Federal National Mortgage Assoc	Bond	09/01/52	5.000	77,639	77,761	75,060
	Federal National Mortgage Assoc	Bond	01/25/53	5.000	51,747	50,562	50,602
	Federal National Mortgage Assoc	Bond	04/01/53	VAR	78,040	73,406	73,524
	Federal National Mortgage Assoc	Bond	11/01/54	VAR	92,243	87,170	87,180
	Federal National Mortgage Assoc	CMO	08/25/35	5.000	9,535	10,267	9,560
	Federal National Mortgage Assoc	CMO	02/25/49	3.000	12,902	13,428	11,599
	Federal National Mortgage Assoc	CMO	02/25/51	1.000	21,792	21,860	16,085
	Federal National Mortgage Assoc	DTD	02/01/52	0.000	63,127	50,186	49,759
	Federal National Mortgage Assoc	Pool	10/01/36	1.500	60,950	50,969	52,656
	Federal National Mortgage Assoc	Pool	09/01/40	VAR	8,639	9,524	8,151
	Federal National Mortgage Assoc	Pool	08/01/42	2.000	79,321	69,269	66,048
	Federal National Mortgage Assoc	Pool	09/01/42	3.500	43,471	39,409	39,583
	Federal National Mortgage Assoc	Pool	06/01/43	VAR	3,971	4,393	3,504
	Federal National Mortgage Assoc	Pool	10/01/46	4.000	419,936	399,792	394,656
	Federal National Mortgage Assoc	Pool	06/01/50	2.500	49,647	39,741	41,170
	Federal National Mortgage Assoc	Pool	06/01/50	5.000	25,265	25,209	24,845
	Federal National Mortgage Assoc	Pool	02/01/51	2.500	50,531	39,580	41,667
	Federal National Mortgage Assoc	Pool	02/01/51	2.500	46,734	37,591	38,660
	Federal National Mortgage Assoc	Pool	05/01/51	2.000	76,952	60,960	60,311
	Federal National Mortgage Assoc	Pool	06/01/51	2.500	53,092	44,033	43,942
	Federal National Mortgage Assoc	Pool	01/01/52	3.500	34,470	31,487	30,658
	Federal National Mortgage Assoc	Pool	02/01/52	2.000	58,200	43,841	46,232
	Federal National Mortgage Assoc	Pool	02/01/52	3.000	50,592	43,501	43,514
	Federal National Mortgage Assoc	Pool	02/01/52	3.500	46,083	40,823	40,880
	Federal National Mortgage Assoc	Pool	03/01/52	2.000	64,718	50,501	51,133
	Federal National Mortgage Assoc	Pool	01/01/53	6.500	42,349	42,402	43,577
	Federal National Mortgage Assoc	Pool	06/01/53	6.000	106,917	107,778	107,640
	Federal National Mortgage Assoc	Pool	07/01/53	4.000	73,819	67,659	67,824
	Federal National Mortgage Assoc	Pool	09/01/53	6.000	52,782	52,798	53,741
	Federal National Mortgage Assoc	Pool	03/01/54	5.500	71,034	69,791	70,498
	Federal National Mortgage Assoc	Pool	08/01/56	4.500	44,431	43,667	42,193
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	09/01/34	VAR	13,156	14,690	12,778
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	10/01/34	VAR	4,796	3,574	4,657
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	11/01/34	VAR	6,356	6,992	6,170
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	11/01/35	VAR	4,138	4,431	3,927
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	04/01/37	VAR	31,248	32,668	28,106
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	03/01/39	VAR	1,394	1,455	1,315
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	11/01/40	VAR	37,431	38,607	31,273
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	01/01/41	VAR	3,767	3,912	3,555
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	01/01/41	VAR	3,835	4,086	3,618
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	05/01/41	VAR	6,358	6,805	5,621
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	07/01/41	VAR	24,775	23,389	20,676
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	09/01/42	VAR	3,846	4,202	3,394
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	03/01/45	VAR	30,270	33,338	28,416
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	04/25/45	VAR	15,912	16,354	14,837
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	02/01/46	VAR	6,136	6,815	5,698
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	06/25/46	VAR	7,411	7,508	7,197
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	07/01/46	VAR	4,961	5,362	4,607

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Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>United States Government and Government Agency obligations (continued):</u>							
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	10/01/46	VAR %	16,611	\$ 18,234	\$ 14,396
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	11/01/46	VAR	13,501	14,027	11,686
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	01/25/47	VAR	67,886	70,431	61,054
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	02/01/47	VAR	200,938	176,198	174,615
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	03/01/47	VAR	13,953	15,611	13,326
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	05/01/47	VAR	13,573	14,909	12,182
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	12/01/47	VAR	180,823	164,040	162,146
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	11/01/48	VAR	3,955	4,412	3,549
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	11/01/48	VAR	2,387	2,627	2,277
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	07/01/49	VAR	336,511	304,490	301,706
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	08/01/51	VAR	40,503	37,972	37,461
	Federal National Mortgage Assoc Guaranteed Mtg	Bond	10/01/51	VAR	82,873	68,474	67,784
	Government National Mortgage Assn	Bond	08/20/35	5.500	28,352	28,434	28,857
	Government National Mortgage Assn	Bond	03/20/42	6.000	23,865	23,709	24,110
	Government National Mortgage Assn	Bond	11/20/44	6.000	66,755	66,563	67,356
	Government National Mortgage Assn	Bond	11/20/44	VAR	52,225	44,457	46,614
	Government National Mortgage Assn	Bond	06/20/48	VAR	2,497	2,735	2,459
	Government National Mortgage Assn	Bond	03/20/50	2.000	62,362	63,678	51,195
	Government National Mortgage Assn	Bond	09/20/51	VAR	56,059	56,779	47,304
	Government National Mortgage Assn	Bond	10/20/51	VAR	161,263	141,887	140,010
	Government National Mortgage Assn	Bond	01/20/52	3.500	73,837	70,272	70,583
	Government National Mortgage Assn	Bond	03/20/52	3.000	242,771	216,832	215,446
	Government National Mortgage Assn	Bond	07/20/53	5.000	36,638	35,905	36,560
	Government National Mortgage Assn	Bond	09/20/53	VAR	45,315	44,848	45,259
	Government National Mortgage Assn	Bond	02/20/54	VAR	57,679	57,996	57,907
	Government National Mortgage Assn	Pool	01/20/50	3.500	50,384	43,362	45,383
	Government National Mortgage Assn	Pool	02/20/51	2.000	179,332	148,761	139,517
	Government National Mortgage Assn	Pool	03/20/51	2.000	96,875	79,030	76,217
	Government National Mortgage Assn	Pool	09/20/51	2.500	62,922	49,629	51,555
	Government National Mortgage Assn	Pool	09/20/53	6.000	68,179	66,794	69,000
	Resolution Fdg Corp Fed Book	Bond	10/15/29	0.000	600,000	530,934	482,436
	Tennessee Valley Authority	Bond	07/15/29	0.000	2,750,000	2,430,335	2,242,130
	Tennessee Valley Authority	Bond	01/15/30	0.000	713,000	642,827	563,135
	Tennessee Valley Authority	Bond	05/01/30	0.000	2,000,000	1,742,360	1,552,720
	Tennessee Valley Authority	Bond	07/15/30	0.000	1,250,000	1,108,074	960,687
	Tennessee Valley Authority	Bond	09/15/31	0.000	940,000	802,234	678,183
	Tennessee Valley Authority	Bond	12/15/31	0.000	415,000	348,953	294,625
	Tennessee Valley Authority	Bond	01/15/32	0.000	697,000	585,431	491,357
	Tennessee Valley Authority	Bond	07/15/32	0.000	985,000	839,722	675,602
	Tennessee Valley Authority	Bond	06/15/35	0.000	1,275,000	1,000,620	746,959
	United States Treasury	Bond	11/15/27	VAR	487,000	486,530	484,852
	United States Treasury	Bond	11/15/34	0.000	343,000	341,173	334,061
	United States Treasury	Bond	11/15/44	0.000	426,000	429,128	413,054
	United States Treasury	Bond	02/15/54	4.250	451,000	431,004	411,425
	United States Treasury	Bond	05/15/54	VAR	214,000	227,750	207,922
	United States Treasury	Bond	08/15/54	VAR	516,000	491,485	471,211
	United States Treasury	Note	11/30/26	VAR	426,000	426,758	425,915
	United States Treasury	Note	09/30/29	0.000	839,000	817,627	807,277
	United States Treasury	Note	10/31/29	0.000	465,000	462,510	459,643
	United States Treasury	Note	11/30/29	VAR	38,000	37,856	37,569
	United States Treasury	Note	11/30/31	VAR	621,000	619,989	607,742
	Total United States Government and Government Agency obligations					50,600,592	46,169,402
<u>Corporate debt instruments:</u>							
	3M Co	Bond	08/26/29	2.375	575,000	513,222	515,982
	AbbVie Inc	Bond	05/14/26	3.200	825,000	835,815	810,323
	Activision Blizzard Inc	Bond	09/15/30	1.350	600,000	595,398	458,646
	Aflac Inc	Bond	10/15/26	2.875	800,000	779,096	776,368
	Alabama Pwr Co	Bond	10/01/49	3.450	115,000	106,182	81,166
	Altria Group Inc	Bond	09/16/26	2.625	700,000	691,950	676,004

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<u>Corporate debt instruments (continued):</u>							
	American Honda Fin Corp Med Term	Bond	03/24/28	VAR %	203,000	\$ 193,366	\$ 185,662
	Apple Inc	Bond	09/11/49	2.950	90,000	63,994	59,980
	Archer Daniels Midland Company	Bond	03/01/32	VAR	500,000	432,235	431,805
	Arizona Pub Svc Co	Bond	05/15/25	3.150	625,000	615,887	620,856
	Athene Hldg Ltd	Bond	01/15/31	3.500	750,000	625,657	676,042
	Bank New York Mellon Corp	Bond	07/22/32	VAR	151,000	152,681	150,616
	Bank of America Corp Fr	Bond	03/11/27	1.658	495,000	458,065	476,977
	Berkshire Hathaway Energy Co	Bond	07/15/30	VAR	199,000	182,349	187,237
	Biogen Idec Inc	Bond	05/01/30	2.250	500,000	519,170	432,235
	BP Cap Mkts Amer Inc	Bond	09/11/33	4.893	35,000	34,212	33,857
	Burlington Northn Santa Fe LLC	Bond	09/01/44	VAR	107,000	131,356	93,252
	Capital One Finl Corp Glbl Flt	Bond	07/28/26	VAR	600,000	612,182	588,846
	Capital One Finl Corp Glbl Flt	Bond	10/29/25	VAR	600,000	632,405	596,070
	Cigna Corp	Bond	10/15/27	3.050	500,000	516,990	478,660
	Cisco Sys Inc Sr Global	Bond	02/26/31	4.950	124,000	124,418	124,445
	Citigroup Inc Medium Term Sr	Note	07/30/32	VAR	1,100,000	844,800	858,275
	Citigroup Inc Medium Term Sr	Note	11/21/29	VAR	825,000	825,000	747,656
	Coca Cola Co	Bond	06/01/30	1.650	14,000	11,912	11,939
	Coca Cola Co Sr	Note	05/13/34	5.000	87,000	87,332	87,021
	Comcast Corp	Bond	01/15/31	1.950	401,000	412,838	335,412
	Comcast Corp	Bond	11/01/39	3.250	101,000	80,698	76,534
	ConocoPhillips Sr	Note	01/15/35	VAR	36,000	35,938	34,970
	ConocoPhillips Sr	Note	05/15/53	5.300	163,000	159,058	150,793
	Consolidated Edison	Bond	05/15/54	5.700	14,000	14,204	13,926
	Cummins	Bond	09/01/30	1.500	750,000	761,437	627,682
	Duke Energy Carolinas LLC	Bond	02/15/40	5.300	247,000	305,708	241,643
	Duke Energy Progress LLC	Bond	08/15/31	2.000	600,000	495,882	496,524
	Elevance Health Inc	Bond	05/15/30	2.250	725,000	755,588	629,836
	Eli Lilly	Bond	02/09/54	5.000	46,000	45,728	42,274
	Entergy Mississippi	Bond	09/01/33	5.000	1,000,000	981,160	978,370
	Enterprise Prods Oper LLC	Bond	02/01/49	4.800	52,000	44,783	44,752
	Express Scripts Hldg Co	Bond	03/01/27	3.400	600,000	590,046	577,464
	Exxon Mobil Corporation	Bond	03/19/50	4.327	252,000	226,079	207,242
	Florida Pwr & Lt Co Sr Global Fl	Bond	04/01/33	VAR	900,000	904,059	894,159
	Gilead Sciences Inc	Bond	03/01/27	VAR	850,000	814,470	821,380
	Globe Life Insurance	Bond	08/15/30	2.150	750,000	772,312	634,950
	Goldman Sachs Group Inc	Bond	01/23/25	3.500	550,000	554,904	549,686
	Honeywell Intl Inc	Bond	02/01/32	4.750	168,000	169,000	165,290
	Hormel Foods Corp	Bond	06/11/30	1.800	750,000	759,375	640,545
	IBM Corp	Bond	05/15/30	1.950	500,000	527,300	429,545
	IBM Corp	Bond	05/15/39	4.150	200,000	177,596	172,064
	IBM Corp	Bond	05/15/27	1.700	323,000	281,524	301,624
	John Deere Capital	Bond	09/08/31	4.400	176,000	176,723	170,768
	John Deere Capital	Bond	03/07/31	4.900	30,000	30,835	30,010
	Johnson & Johnson Sr	Note	06/01/31	4.900	92,000	92,507	92,581
	JPMorgan Chase & Co	Bond	07/24/29	VAR	207,000	207,750	209,082
	JPMorgan Chase & Co Medium Term	Bond	01/31/30	VAR	1,000,000	1,000,000	878,690
	Merrill Lynch & Co Inc	Bond	12/01/26	5.612	500,000	490,000	500,315
	Merrill Lynch & Co Inc Sub	Note	09/15/26	VAR	850,000	837,675	851,215
	Meta Platforms Inc	Bond	05/15/53	VAR	48,000	50,309	47,988
	MetLife Inc	Bond	11/13/25	VAR	500,000	492,665	495,825
	MidAmerican Energy Co	Bond	07/15/49	4.250	272,000	297,359	220,468
	Northwestern University	Bond	12/01/38	3.688	17,000	17,000	14,502
	Occidental	Bond	02/15/27	3.000	500,000	486,090	477,325
	Omnicom Group Inc	Bond	04/15/26	VAR	550,000	539,556	542,311
	Oracle Corporation	Note	07/15/26	2.650	500,000	486,010	484,745
	Philip Morris Intl Inc	Bond	02/15/30	5.125	131,000	130,834	131,692
	PNC Finl Svcs Group	Bond	10/20/34	VAR	77,000	85,434	84,050
	PNC Finl Svcs Group Inc	Bond	05/19/27	3.150	500,000	473,572	482,370
	Procter & Gamble Co	Bond	01/29/34	4.550	87,000	86,245	84,694

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<u>Corporate debt instruments (continued):</u>						
Prologis L P	Bond	10/15/30	1.250 %	299,000	\$ 232,393	\$ 245,075
Ross Stores Inc	Bond	04/15/31	1.875	500,000	486,100	412,576
Royal Bank of Canada Stp Cpn Snr	Bond	06/23/28	VAR	525,000	525,000	481,687
Schwab Charles Corp	Bond	05/13/31	2.300	875,000	699,055	743,802
Schwab Charles Corp	Bond	05/19/29	VAR	110,000	111,961	112,224
Southern Calif Gas Co	Bond	06/15/25	3.200	700,000	672,414	694,533
Southwest	Note	02/10/30	2.625	550,000	555,830	486,784
Truist Bank Global	Bond	03/11/30	2.250	750,000	771,907	644,047
Tucson Elec Pwr Co	Bond	08/01/30	1.500	275,000	218,636	227,092
Union Elec Co	Bond	06/15/27	2.950	500,000	496,660	480,490
United Parcel Svcs Inc	Bond	05/22/34	5.150	137,000	138,409	136,705
UnitedHealth Group	Bond	07/15/34	5.150	160,000	160,280	157,866
UnitedHealth Group Inc	Bond	02/15/30	5.300	91,000	92,929	92,467
US Bancorp	Bond	07/22/30	1.375	750,000	763,950	619,035
Verizon Comms Inc	Note	08/15/26	2.625	750,000	702,628	727,567
Visa Inc	Bond	02/15/31	1.100	950,000	938,780	768,322
Walt Disney Co	Bond	09/01/29	2.000	925,000	910,598	822,538
Walt Disney Co	Bond	05/13/40	3.500	21,000	17,656	16,840
Waste Mgmt Inc Del	Bond	03/15/35	4.950	26,000	25,568	25,349
Total corporate obligations					34,956,679	32,920,215
<u>Mortgage-backed securities:</u>						
BBCMS Mortgage Trust	CMO	02/15/50	3.674	27,000	27,808	26,196
CarMax Auto Owner	ABS	07/18/28	VAR	275,000	278,656	279,942
CarMax Auto Owner Trust	ABS	10/15/27	4.750	51,970	51,986	52,056
GM Financial Automobile Leasing	ABS	04/20/26	5.160	118,512	118,079	118,665
HD Motorcycle Trust	ABS	03/15/29	5.370	40,000	39,998	40,459
JPMCC Commingled Mortgage	CMO	08/15/49	2.822	13,000	13,390	12,584
Nissan Auto Lease	ABS	07/15/26	VAR	161,212	160,476	161,760
Union Pac RR	ABS	05/14/26	3.227	150,225	152,095	147,601
United Air Lines Inc	ABS	07/15/37	5.800	86,034	86,912	87,736
Verizon Master Trust	ABS	11/20/29	6.330	121,000	120,985	123,450
World Omni Select Auto Trust	ABS	03/15/27	5.920	11,594	11,574	11,613
Total Mortgage-backed securities					1,061,959	1,062,062
<u>Foreign bonds:</u>						
Bank Montreal Medium Vr	Bond	09/10/30	VAR	82,000	82,233	80,399
Bank Nova Scotia	Bond	08/01/31	2.150	1,000,000	835,150	831,690
Barclays Bank Plc	Bond	08/02/30	2.000	500,000	506,265	415,000
HSBC Holdings Plc	Bond	11/23/26	VAR	700,000	713,252	692,776
International Bk For Recon&Dev	Bond	11/08/34	VAR	100,000	99,175	96,940
International Bk For Recon&Dev	Bond	12/28/37	2.700	406,000	349,225	312,315
Mizuho Financial Group Inc	Bond	09/13/26	VAR	850,000	841,811	824,993
Pfizer Invt Enterprises Sr Global Nt 33	Note	05/19/33	VAR	19,000	18,601	18,462
Royal Bank of Canada	Bond	05/04/32	3.875	800,000	742,352	735,848
Royal Bank of Canada	Bond	10/18/30	VAR	137,000	135,580	134,179
The Toronto-Dominion Bank	Bond	09/15/27	4.693	186,000	185,407	185,587
Toronto Dominion Bank Fr	Bond	03/10/32	1.250	125,000	109,609	109,172
Toronto Dominion Bank Sr Coco	Bond	04/05/29	VAR	156,000	156,015	155,738
Totalenergies Cap	Bond	04/05/54	VAR	107,000	107,258	102,550
Total foreign bonds					4,881,933	4,695,649
<u>Common stock:</u>						
AbbVie Inc	Stock			3,600	687,320	639,720
Advanced Micro Devices Inc	Stock			7,378	666,728	891,189
Alphabet Inc Cl A	Stock			12,030	704,038	2,277,279
Amazon Com Inc	Stock			10,000	831,604	2,193,900
Apple Inc	Stock			16,225	577,227	4,063,064
Applied Matls Inc	Stock			5,750	369,426	935,122
AutoZone Inc	Stock			217	455,632	694,834

(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>Common stock (continued):</u>						
	Bank of America Corp	Stock			17,774	\$ 386,746	\$ 781,167
	Berkshire Hathaway Inc Cl B	Stock			2,043	753,440	926,051
	Blackrock Funding	Stock			853	375,438	874,419
	Broadcom Inc	Stock			7,300	622,101	1,692,432
	Capital One Finl Corp Global Flt	Stock			5,750	476,015	1,025,340
	Chipotle Mexican Grill Inc Cl A	Stock			12,500	657,439	753,750
	Constellation Energy Corp. Com	Stock			2,800	633,193	626,388
	Costco Wholesale Corp	Stock			1,200	250,321	1,099,524
	Csx Corp	Stock			17,209	428,570	555,334
	D R Horton Inc	Stock			5,566	327,132	778,238
	Deere & Co	Stock			1,619	202,561	685,970
	Dell Technologies Inc -C	Stock			9,000	983,113	1,037,160
	Eaton Corp Plc	Stock			3,563	378,004	1,182,453
	Eog Resources Inc	Stock			6,216	382,775	761,958
	Facebook Inc	Stock			3,000	438,630	1,756,530
	Ge Aerospace	Stock			4,850	799,522	808,931
	HCA Hldgs Inc Com	Stock			2,447	584,418	734,467
	JPMorgan Chase & Co	Stock			5,106	534,620	1,223,959
	Lilly Eli & Co	Stock			1,775	228,460	1,370,300
	Lowes Companies Inc Cos Inc	Stock			3,030	597,416	747,804
	Marathon Pete Corp	Stock			6,859	331,915	956,830
	Martin Marietta Materials Inc	Stock			1,400	575,445	723,100
	Merck & Co Inc	Stock			6,000	659,296	596,880
	Microsoft Corp	Stock			7,232	804,226	3,048,288
	Morgan Stanley	Stock			7,068	277,797	888,589
	Netflix.com Inc	Stock			1,687	311,193	1,503,657
	NextEra Energy Inc	Stock			8,500	445,662	609,365
	Nike Inc Cl B	Stock			7,850	519,398	594,009
	Nvidia Corp	Stock			35,000	151,909	4,700,150
	Palo Alto Networks Inc	Stock			3,700	625,686	673,253
	PepsiCo Inc	Stock			5,150	924,945	783,109
	Prologis Inc	Stock			5,900	603,067	623,630
	Regeneron Pharmaceuticals Inc	Stock			851	440,752	606,193
	RTX Corporation	Stock			6,000	581,468	694,320
	Salesforce Inc	Stock			2,850	817,760	952,840
	Schwab Charles Corp	Stock			11,500	562,411	851,116
	Target Corp	Stock			4,534	1,015,075	612,906
	Tesla Motors Inc	Stock			2,800	331,363	1,130,752
	Thermo Fisher Scientific Inc Sr	Stock			1,121	531,364	583,178
	TJX Companies Inc New	Stock			8,000	378,590	966,480
	United Parcel Service	Stock			5,250	950,888	662,025
	UnitedHealth Group Inc	Stock			1,262	163,189	638,395
	Visa Inc Cl A	Stock			3,040	529,820	960,762
	Walt Disney Co	Stock			6,700	653,131	746,046
	Waste Management Inc	Stock			3,755	625,448	757,721
	Zoetis Inc	Stock			3,500	356,356	570,255
	Total common stock					<u>28,500,043</u>	<u>57,551,132</u>
	<u>Mutual funds:</u>						
	Vanguard 500 Index Fund				47,848	16,117,349	25,969,747
	Total investments					<u>\$ 137,197,620</u>	<u>\$ 169,447,272</u>

LOCAL 1102 HEALTH AND BENEFIT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 13-1768188
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)
	Goldman Sachs Financial	\$ 29,290,109	N/A	\$ 29,290,109	\$ 29,290,109	N/A
	Square-Principal Govt Inst	N/A	\$ 28,377,286	28,377,286	28,377,286	\$ -

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**


- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan LOCAL 1102 HEALTH AND BENEFIT FUND	1b Three-digit plan number (PN) ▶ 501
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) LOCAL 1102 HEALTH & BENEFIT FUND 311 CROSSWAYS PARK DRIVE WOODBURY NY 11797	1c Effective date of plan 11/01/1945
	2b Employer Identification Number (EIN) 13-1768188
	2c Plan Sponsor's telephone number 516-683-1102
	2d Business code (see instructions) 448110

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"/>		07/29/25	JACK CAFFEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	2,613
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)	2,610
a (2) Total number of active participants at the end of the plan year	6a(2)	2,753
b Retired or separated participants receiving benefits	6b	2
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,755
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	74

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

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

9a Plan funding arrangement (check all that apply) (1) <input 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 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)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS