

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

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: [X] 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. [X]
D Check box if filing under: [X] 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 AMALGAMATED PENSION FUND
1b Three-digit plan number (PN) ▶ 001
1c Effective date of plan 07/02/1968
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) BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION FUND 311 CROSSWAYS PARK DRIVE WOODBURY, NY 11797-2041
2b Employer Identification Number (EIN) 11-6189397
2c Plan Sponsor's telephone number 516-683-1102
2d Business code (see instructions) 441300

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and 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	
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	1657
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)	360
	6a(2)	310
	6b	457
	6c	796
	6d	1563
	6e	49
	6f	1612
	6g(1)	
6g(2)		
6h		62
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	13

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" 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 checked="" 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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>LOCAL 1102 AMALGAMATED PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6189397</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>47284159</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>47189832</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>36309633</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>35361186</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>55995825</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>875469</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>2194783</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>2188449</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE <u>DEWEY A. DENNIS</u> Type or print name of actuary <u>FIRST ACTUARIAL CONSULTING, INC.</u> Firm name <u>1501 BROADWAY, SUITE 1728</u> <u>NEW YORK, NY 10036-5601</u> Address of the firm	Date <u>23-05712</u> Most recent enrollment number <u>212-395-9551</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	47284159
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	485	19355589
(2) For terminated vested participants	812	26442253
(3) For active participants:		
(a) Non-vested benefits		1321437
(b) Vested benefits		8876546
(c) Total active	360	10197983
(4) Total	1657	55995825
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2024	665068					
			Totals ▶	3(b)	665068	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	133.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7 7
(2) Females	6c(2)	7F 7F
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	25.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	400000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	111615	11146

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	817098

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	4947850	912693
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	112436
9e	1842227

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	5749481
9g	665068

h Amortization credits as of valuation date.....

	Outstanding balance	
9h	4947850	835340

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	449628
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)		
9j(2)	3288729	
9j(3)		

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	7699517
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	5857290
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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 AMALGAMATED PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION FUND	D Employer Identification Number (EIN) 11-6189397	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP 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	189314	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

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	153326	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	97377	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)

ROTHMAN, ROCCO, LARUFFA, LP

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	44923	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	39500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITRIN COOPERMAN & COMPANY LLP

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	25326	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)

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 50	NONE	25000	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)

CSM ADVISORS, LLC

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	9503	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)

COMERICA BANK

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 59 62 72	NONE	6462	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	CITRIN COOPERMAN & COMPANY	b EIN:	22-2428965
c Position:	ACCOUNTANT		
d Address:	100 JERICHO QUADRANGLE, STE 342 JERICHO, NY 11753	e Telephone:	516-931-3100

Explanation: FUND TRUSTEES CHANGED ACCOUNTANT THROUGH NORMAL BIDDING PROCESS.

a Name:	DEWEY A. DENNIS	b EIN:	26-3842522
c Position:	ENROLLED ACTUARY		
d Address:	1501 BROADWAY, SUITE 1728 NEW YORK, NY 10036	e Telephone:	212-395-9555

Explanation: CHANGE IN ENROLLED ACTUARY DUE TO A REASSIGNMENT OF RESPONSIBILITIES WITHIN THE FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>LOCAL 1102 AMALGAMATED PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6189397</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMERICA SHORT-TERM FUND</u>		
b Name of sponsor of entity listed in (a): <u>COMERICA BANK & TRUST, NATIONAL ASSOCIATION</u>		
c EIN-PN <u>47-7305132-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>380971</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 AMALGAMATED PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION FUND	D Employer Identification Number (EIN) 11-6189397

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	599757	301212
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13437	4725
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	147670	156194
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	434824	
(2) U.S. Government securities	1c(2)	4420038	8380034
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1536206	
(B) All other	1c(3)(B)	1017082	4919402
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	35377115	35634015
(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)		380971
(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)	2430617	2221937
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1392507	2287778

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	47369253	54286268
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	27384	46231
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	57710	39247
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	85094	85478
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	47284159	54200790

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)	665068	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		665068
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	187634	
(C) Corporate debt instruments.....	2b(1)(C)	225954	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1012	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		414600
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	397070	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	30246	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		427316
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	20382240	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16409970	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3784018	
(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)		21545
(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)		261074
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9545891

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1941180	
(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)		1941180
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)	244268	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	2322	
(4) IQPA audit fees	2i(4)	23004	
(5) Investment advisory and investment management fees	2i(5)	191661	
(6) Bank or trust company trustee/custodial fees	2i(6)	6462	
(7) Actuarial fees	2i(7)	39500	
(8) Legal fees	2i(8)	44923	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	135940	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		688080
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2629260

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6916631
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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 554430.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>LOCAL 1102 AMALGAMATED PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-6189397</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>11-6189397</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer DYNAMIC MARKETING INC.

b EIN 11-1961284 **c** Dollar amount contributed by employer 100130

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 31 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 184.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer SAFELITE GLASS CORP

b EIN 31-1725961 **c** Dollar amount contributed by employer 165792

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 122.50

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer MENDON TRUCK LEASING

b EIN 22-3621117 **c** Dollar amount contributed by employer 53738

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 274.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer LEN STOLER OF QUEENS

b EIN 81-4764590 **c** Dollar amount contributed by employer 102888

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 225.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer PROPARK AMERICA, LLC

b EIN 06-1278496 **c** Dollar amount contributed by employer 47142

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 108.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer LOCAL 1102 RETIREMENT TRUST

b EIN 13-1847329 **c** Dollar amount contributed by employer 44385

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 275.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer LOCAL 1102 RWDSU UFCW

b EIN 13-1215130 **c** Dollar amount contributed by employer 41470

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 220.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer TOWER OWNERS INC

b EIN **c** Dollar amount contributed by employer 40284

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 240.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer PANA NISSAN, LLC

b EIN 46-5503415 **c** Dollar amount contributed by employer 27988

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 164.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer 970 KENT CONDOMINIUM

b EIN 20-4018306 **c** Dollar amount contributed by employer 13698

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2026

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 184.00

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1253
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	1297
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	1150

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	97.00
b The corresponding number for the second preceding plan year	15b	109.00

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 70.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

LOCAL 1102 AMALGAMATED PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

LOCAL 1102 AMALGAMATED PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 1102 Amalgamated Pension Fund

Opinion on the 2024 Financial Statements

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

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Local 1102 Amalgamated Pension Fund as of December 31, 2024, and the changes in its net assets available for benefits for the year 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Local 1102 Amalgamated Pension Fund 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 2024 Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Administrative Expenses, Schedule of Assets Held at End of Year and Schedule of Reportable Transactions 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. Supplemental information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

2023 Financial Statements

The financial statements of the Plan 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 AMALGAMATED PENSION FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
United States Government and Government Agency obligations	\$ 8,380,034	\$ 4,420,038
Common stock	35,634,015	35,377,115
Corporate debt instruments	4,919,402	2,553,288
Mutual funds	2,221,937	2,430,617
Fixed income asset-backed securities	918,495	792,099
Municipal and foreign bonds	1,369,283	600,408
Certificates of deposit	-	201,334
Short-term investments	380,971	233,490
	53,824,137	46,608,389
RECEIVABLES		
Employer contributions	4,725	13,437
Accrued interest and dividends	109,328	81,755
Total receivables	114,053	95,192
OTHER		
Cash	301,212	599,757
Right of use asset	37,740	56,217
Prepaid expenses	9,126	9,698
Total other	348,078	665,672
Total assets	54,286,268	47,369,253
LIABILITIES AND NET ASSETS		
LIABILITIES		
Due to related entities	35,369	23,319
Accounts payable	10,862	4,065
Operating lease liabilities	39,247	57,710
Total liabilities	85,478	85,094
NET ASSETS AVAILABLE FOR BENEFITS	\$ 54,200,790	\$ 47,284,159

See accompanying notes to financial statements.

LOCAL 1102 AMALGAMATED PENSION 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	\$ 8,018,374	\$ 9,144,009
Interest	413,588	265,238
Dividends	448,861	474,098
	8,880,823	9,883,345
Less: investment expenses	(198,123)	(160,602)
Net investment income	8,682,700	9,722,743
Employer contributions	665,068	984,668
Other income	-	500
Total additions	9,347,768	10,707,911
DEDUCTIONS		
Pension benefits	1,941,180	1,856,056
Administrative expenses	489,957	406,552
Total deductions	2,431,137	2,262,608
NET INCREASE	6,916,631	8,445,303
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	47,284,159	38,838,856
End of year	\$ 54,200,790	\$ 47,284,159

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Local 1102 Amalgamated Pension Fund (the “Plan”), formerly known as the Amalgamated Workers Union Local 88 Pension Fund, provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a multiemployer Taft-Hartley defined benefit pension plan established under the provision of an Agreement and Declaration of Trust between Local 1102 Retail, Wholesale, Department Store Union – UFCW (the “Union”) and the various employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan provides normal, early retirement, disability retirement, and terminated vested retirement pension benefits. All persons on whose behalf employers are contributing into the plan and who otherwise qualify, as defined in the plan agreement, are eligible for benefits. Benefits are payable in the form of a life annuity or joint survivorship annuity. For normal retirement, participants’ benefits are vested after five years of credited service.

Contributions

The Plan is financed by employer contributions. The employer contribution rates have been established under collective bargaining agreements entered into between the Union and various employers. Employer contributions are accounted for as exchange transactions.

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 Agency obligations, common stock, corporate debt obligations, municipal and foreign bonds, asset-backed securities and mutual funds carried at fair value, which generally represents quoted market prices or the net asset value of the fund as of the last business day of the fiscal year as provided by the custodian or investment manager or valued using pricing models maximizing the use of observable inputs for similar securities with similar credit ratings. The short-term investment is valued at cost, which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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 payment 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.

Actuarial Present Value of Accrued Vested Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The Plan is presenting the actuarial present value of accumulated plan benefits and the changes therein in the notes to the financial statements.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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. FUNDING POLICY

ERISA imposed a minimum funding requirement, first effective for the plan year which began January 1, 1978. The actuaries are required to maintain a funding standard account for the Plan. Contributions meet the legal requirements if that account, on a cumulative basis, shows no deficiency.

The funding standard account is charged with the amounts needed to meet the legal funding requirement. The account is credited with employer contributions, the amortization of any gains, and withdrawal liability payments, if any.

Contributions have met the legal requirements. At January 1, 2024, the funding standard account had a credit balance of \$6,123,197. At 2023, the funding standard account had a credit balance of \$5,594,437. This should not be treated as disposable surplus, It serves as a buffer against a legal funding deficiency should there be a seriously adverse experience in a future year. There was no minimum funding requirement for the years beginning January 1, 2024 and 2023.

NOTE 4. PRIORITIES UPON TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Benefits to which participants are entitled under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). The insurance guarantees that certain benefits will be paid if the Plan should terminate for any reason. Currently, insurance guarantees for this Plan are not automatic, but are provided only at the discretion of the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsors and the level of benefits guaranteed by the PBGC.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on September 22, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan has been amended since the last submission for determination. The Plan Trustees and Plan Counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. RISKS AND UNCERTAINTIES

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

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.

Four employers' contributions represented approximately 52% of total contributions received for the year ended December 31, 2024. Four employers' contributions represented approximately 70% of total contributions received for the year ended December 31, 2023.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, 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 the estimates and assumptions in the near term would be material to the financial statements.

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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.

NOTE 7. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and				
Government agencies obligations	\$ 8,380,034	\$ 1,196,925	\$ 7,183,109	\$ -
Common stock	35,634,015	35,634,015	-	-
Corporate debt instruments	4,919,402	-	4,919,402	-
Municipal and foreign bonds	1,369,283	-	1,369,283	-
Asset-backed securities	918,495	-	918,495	-
Mutual funds	2,221,937	2,221,937	-	-
Short-term investments	380,971	380,971	-	-
Total investments at fair value	<u>\$ 53,824,137</u>	<u>\$ 39,433,848</u>	<u>\$ 14,390,289</u>	<u>\$ -</u>

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and				
Government agencies obligations	\$ 4,420,038	\$ 362,857	\$ 4,057,181	\$ -
Common Stock	35,377,115	35,377,115	-	-
Corporate debt instruments	2,553,288	-	2,553,288	-
Municipal and foreign bonds	600,408	-	600,408	-
Asset-backed securities	792,099	-	792,099	-
Mutual funds	2,430,617	2,430,617	-	-
Interest-bearing cash	201,334	201,334	-	-
Short-term investments	233,490	233,490	-	-
Total investments at fair value	<u>\$ 46,608,389</u>	<u>\$ 38,605,413</u>	<u>\$ 8,002,976</u>	<u>\$ -</u>

NOTE 8. RELATED PARTY 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 Health and Benefit 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.

NOTE 8. RELATED PARTY TRANSACTIONS (continued)

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 related entities represents the balance of these reimbursements as of December 31, 2024 and 2023.

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 \$286,691 and \$203,406, 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 9. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of January 1, 2024. Information shown in the 2024 report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 15,413,203
Participants entitled to terminated vested benefits	16,022,113
Other vested benefits	<u>5,325,575</u>
	36,760,891
Nonvested benefits	<u>734,817</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 37,495,708</u>

NOTE 9. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 36,960,939</u>
Increase (decrease) during the year attributable to:	
Benefit payments	(1,856,056)
Interest accrual	2,161,975
Experience losses and accrual of benefits	<u>228,850</u>
Net increase	<u>534,769</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 37,495,708</u>

The Plan's consulting actuary has advised that the Plan is being funded at a level sufficient to meet the minimum funding standards requirements of ERISA and that there is no accumulated funding deficiency.

The actuarial cost method used in the valuations is the Entry Age Normal Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2024 valuations were:

- Mortality rates:
 - Life expectancy:
 - RP 2014 blue collar mortality table that was first adjusted to 2006 by removing projections under scale MP-2014 and then applying the MP scale from the year preceding the valuation year on a fully generational basis.
 - Disabled participants:
 - RP 2014 disabled mortality table that was first adjusted to 2006 by removing projections under scale MP-2014 and then applying the MP scale from the year preceding the valuation year on a fully generational basis.
- Retirement age assumption - Age 65 and 5 years of service
- Administrative expenses - \$400,000
- Investment rate of return: 6.50%

The above actuarial 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 actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreement with employers and income from investments.

NOTE 9. ACTUARIAL INFORMATION (continued)

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

For the 2024 plan year, the Plan was certified as being neither in the endangered status nor in the critical status because its funded percentage was more than 80%.

NOTE 10. LEASES

The Plan has an operating lease for their office space. The lease has a remaining lease term of five years. The Plan has elected to use the incremental borrowing rate as the discount rate for the leases.

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>\$ 19,130</u>	<u>\$ 19,130</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>\$ 19,116</u>	<u>\$ 18,624</u>

Statement of net assets available for benefits 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	\$ 92,438	\$ 92,438
Right of use assets - accumulated	(54,698)	(36,221)
Right of use assets - net	<u>\$ 37,740</u>	<u>\$ 56,217</u>
Operating lease liabilities	<u>\$ 39,247</u>	<u>\$ 57,710</u>

Weighted average remaining lease term		
Operating lease	2 years	3 years
Weighted average discount rate		
Operating lease	1.37%	1.37%

NOTE 10. LEASES (continued)

Maturities of lease liabilities were as follows:

<u>Year Ending December 31,</u>	<u>Operating lease</u>
2025	\$ 19,620
2026	<u>20,148</u>
Total undiscounted cash flows	39,768
Less: present value discount	<u>(521)</u>
Total lease liabilities	<u>\$ 39,247</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 AMALGAMATED PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll and related costs	\$ 244,268	\$ 179,607
PBGC insurance	61,309	59,675
Legal fees	44,923	45,001
Actuarial fees	39,500	38,500
Accounting and audit fees	25,326	23,449
Rent and real estate tax	22,875	19,417
Insurance	18,113	16,227
Computer supplies	12,986	9,553
Office, printing and postage	8,214	4,437
Meeting and conferences	3,125	3,756
Maintenance	2,727	2,254
Utilities	1,704	1,435
Dues and subscriptions	1,337	265
Trustee fees	1,850	-
Telephone	880	1,056
Bank charges	489	145
Equipment rental	331	1,775
	<u> </u>	<u> </u>
Total administrative expenses	<u>\$ 489,957</u>	<u>\$ 406,552</u>

**LOCAL 1102 AMALGAMATED
PENSION FUND**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 11-6189397

Plan No. 001

(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>								
*	Comerica Short Term Fund	MMA	N/A	Var %	380,971	\$ 380,971	\$ 380,971	
<u>United States Government and Government Agency obligations:</u>								
	Fannie Mae	CMO	10/25/44	2.000	6,830	6,992	6,115	
	Fannie Mae	Bond	06/25/44	5.500	7,404	7,367	7,490	
	Fannie Mae	Bond	07/25/51	5.000	9,468	9,177	9,365	
	Federal Farm Credit Banks	Bond	07/30/29	1.120	75,000	72,699	64,390	
	Federal Farm Credit Banks	Bond	09/17/30	1.050	175,000	142,791	143,701	
	Federal Farm Credit Banks	Bond	09/23/30	1.570	32,000	27,861	27,078	
	Federal Farm Credit Banks	Bond	03/03/31	1.670	10,000	8,406	8,376	
	Federal Farm Credit Banks	Bond	07/21/31	1.790	15,000	12,925	12,521	
	Federal Farm Credit Banks	Bond	11/07/31	2.050	90,000	89,185	76,223	
	Federal Farm Credit Banks	Bond	06/08/32	4.450	115,000	108,797	112,631	
	Federal Farm Credit Banks	Bond	03/14/33	2.150	700,000	579,600	571,102	
	Federal Farm Credit Banks	Bond	11/01/33	2.200	700,000	574,350	565,404	
	Federal Farm Credit Banks	Bond	07/17/34	5.840	9,000	9,010	9,018	
	Federal Farm Credit Banks	Bond	08/14/34	5.650	10,000	9,978	9,969	
	Federal Farm Credit Banks	Bond	08/14/34	5.650	27,000	26,919	26,917	
	Federal Farm Credit Banks	Bond	02/23/35	3.250	135,000	110,025	115,195	
	Federal Home Loan Banks	Bond	06/16/26	0.670	125,000	111,430	118,602	
	Federal Home Loan Banks	Bond	01/28/30	2.400	50,000	50,200	45,031	
	Federal Home Loan Banks	Bond	01/28/32	2.375	15,000	13,246	12,833	
	Federal Home Loan Banks	Bond	02/09/32	2.350	10,000	8,521	8,532	
	Federal Home Loan Banks	Bond	06/30/32	1.570	750,000	602,437	594,637	
	Federal Home Loan Banks	Bond	06/24/33	5.910	1,000,000	1,000,000	1,000,410	
	Federal Home Loan Banks	Bond	08/26/33	1.750	250,000	247,120	194,170	
	Federal Home Loan Banks	Bond	02/22/34	2.750	700,000	598,920	588,266	
	Federal Home Loan Banks	Bond	05/23/34	5.920	15,000	15,045	15,031	
	Federal Home Loan Mortgage Corporation	Bond	06/15/27	2.500	21,731	20,583	21,270	
	Federal Home Loan Mortgage Corporation	Bond	11/12/27	5.000	58,000	58,000	57,949	
	Federal Home Loan Mortgage Corporation	Bond	11/15/27	1.500	2,723	2,848	2,627	
	Federal Home Loan Mortgage Corporation	Bond	03/01/28	8.000	17	18	17	
	Federal Home Loan Mortgage Corporation	Bond	06/15/28	VAR	4,200	4,650	4,198	
	Federal Home Loan Mortgage Corporation	Bond	08/01/28	6.500	63	64	64	
	Federal Home Loan Mortgage Corporation	Pool	01/01/29	3.500	14,381	13,859	14,125	
	Federal Home Loan Mortgage Corporation	Bond	02/26/29	5.500	28,000	28,000	28,023	
	Federal Home Loan Mortgage Corporation	Bond	04/01/29	6.000	31	29	32	
	Federal Home Loan Mortgage Corporation	Pool	06/01/29	VAR	24	24	25	
	Federal Home Loan Mortgage Corporation	Bond	07/01/29	6.000	42	41	44	
	Federal Home Loan Mortgage Corporation	Bond	08/01/29	7.500	43	43	44	
	Federal Home Loan Mortgage Corporation	Pool	10/01/29	VAR	38	39	39	
	Federal Home Loan Mortgage Corporation	Bond	11/21/29	VAR	18,000	18,000	18,003	
	Federal Home Loan Mortgage Corporation	Bond	07/01/30	VAR	26	26	28	

(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>United States Government and Government Agency obligations (continued):</u>							
Federal Home Loan Mortgage Corporation	Bond	08/01/32	4.000	% 20,619	\$ 20,390	\$ 20,166	
Federal Home Loan Mortgage Corporation	Bond	01/27/33	1.500	300,000	291,960	233,148	
Federal Home Loan Mortgage Corporation	Bond	04/01/33	VAR	32,854	33,368	33,253	
Federal Home Loan Mortgage Corporation	Bond	08/17/33	1.310	650,000	495,150	485,212	
Federal Home Loan Mortgage Corporation	Bond	07/27/35	1.800	175,000	129,850	129,150	
Federal Home Loan Mortgage Corporation	Bond	08/17/35	1.460	4,000	2,860	2,836	
Federal Home Loan Mortgage Corporation	Pool	01/01/38	5.500	40,891	40,853	41,201	
Federal Home Loan Mortgage Corporation	Bond	07/15/38	2.500	4,771	5,113	4,433	
Federal Home Loan Mortgage Corporation	CMO	07/15/39	3.500	17,466	16,890	16,918	
Federal Home Loan Mortgage Corporation	Bond	07/15/39	3.000	5,791	5,572	5,667	
Federal Home Loan Mortgage Corporation	Bond	01/01/41	VAR	1,520	1,578	1,436	
Federal Home Loan Mortgage Corporation	Bond	06/25/42	2.000	17,883	17,696	16,746	
Federal Home Loan Mortgage Corporation	Bond	11/01/42	VAR	4,667	4,973	4,123	
Federal Home Loan Mortgage Corporation	Pool	05/01/43	5.500	4,777	4,727	4,787	
Federal Home Loan Mortgage Corporation	Bond	11/15/43	3.000	1,142	1,202	1,126	
Federal Home Loan Mortgage Corporation	Bond	12/25/43	2.000	16,044	14,670	15,005	
Federal Home Loan Mortgage Corporation	Bond	03/25/44	2.000	25,949	26,589	23,895	
Federal Home Loan Mortgage Corporation	Bond	11/15/44	3.000	21,645	20,463	20,801	
Federal Home Loan Mortgage Corporation	Bond	05/25/46	2.000	4,684	4,830	4,082	
Federal Home Loan Mortgage Corporation	Bond	11/01/46	VAR	6,002	6,055	5,212	
Federal Home Loan Mortgage Corporation	Bond	11/01/46	3.000	9,989	10,901	8,676	
Federal Home Loan Mortgage Corporation	Bond	07/01/47	3.500	17,459	18,198	15,898	
Federal Home Loan Mortgage Corporation	Bond	11/15/47	4.000	9,758	9,195	9,015	
Federal Home Loan Mortgage Corporation	Bond	01/01/48	VAR	6,160	6,847	5,525	
Federal Home Loan Mortgage Corporation	Bond	10/25/48	2.500	378	498	335	
Federal Home Loan Mortgage Corporation	Bond	08/01/49	3.500	3,678	4,126	3,300	
Federal Home Loan Mortgage Corporation	Bond	12/25/50	0.750	5,493	4,071	4,027	
Federal Home Loan Mortgage Corporation	Bond	05/01/51	VAR	9,406	7,804	7,772	
Federal Home Loan Mortgage Corporation	Bond	06/01/51	2.500	18,345	18,976	15,113	
Federal Home Loan Mortgage Corporation	Pool	12/01/52	5.000	8,547	8,299	8,445	
Federal Home Loan Mortgage Corporation	Bond	04/15/53	VAR	19,577	18,821	18,923	
Federal Home Loan Mortgage Corporation	Pool	09/01/53	5.500	6,202	6,117	6,187	
Federal Home Loan Mortgage Corporation	Pool	04/01/54	5.000	3,911	3,750	3,779	
Federal National Mortgage Association	Bond	07/25/26	VAR	1,156	1,215	1,149	
Federal National Mortgage Association	Bond	11/01/27	VAR	13,801	13,255	13,548	
Federal National Mortgage Association	Bond	04/25/28	1.750	24,305	22,692	23,451	
Federal National Mortgage Association	Bond	03/01/30	7.500	2,502	2,464	2,493	
Federal National Mortgage Association	Pool	02/01/31	3.000	19,220	18,391	18,554	
Federal National Mortgage Association	Bond	08/25/31	VAR	1,571	1,603	1,557	
Federal National Mortgage Association	Pool	10/01/31	2.000	18,972	17,493	17,692	
Federal National Mortgage Association	Bond	12/21/32	1.525	500,000	499,470	391,410	
Federal National Mortgage Association	Bond	10/28/33	1.510	124,000	91,171	93,465	
Federal National Mortgage Association	Bond	09/01/34	VAR	5,847	6,525	5,679	
Federal National Mortgage Association	Bond	10/01/34	VAR	2,725	2,997	2,646	
Federal National Mortgage Association	Bond	11/01/34	VAR	4,740	5,206	4,602	
Federal National Mortgage Association	Bond	07/01/35	5.500	1,081	1,101	1,091	
Federal National Mortgage Association	Bond	08/17/35	VAR	6,000	4,280	4,281	
Federal National Mortgage Association	Bond	08/24/35	VAR	27,000	19,642	19,400	
Federal National Mortgage Association	Bond	09/14/35	VAR	27,000	19,363	19,441	
Federal National Mortgage Association	Pool	10/01/38	5.500	18,924	18,637	19,051	
Federal National Mortgage Association	Bond	03/01/39	VAR	868	906	819	
Federal National Mortgage Association	Pool	09/01/40	VAR	1,403	1,518	1,323	

(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>United States Government and Government Agency obligations (continued):</u>						
Federal National Mortgage Association	Bond	01/01/41	VAR %	2,247	\$ 2,333	\$ 2,120
Federal National Mortgage Association	Bond	01/01/41	VAR	2,347	2,500	2,214
Federal National Mortgage Association	Bond	01/01/41	2.000	16,403	17,021	13,701
Federal National Mortgage Association	Bond	03/25/41	VAR	2,337	2,464	2,277
Federal National Mortgage Association	Bond	03/25/41	VAR	2,508	2,642	2,471
Federal National Mortgage Association	Bond	05/01/41	VAR	3,974	4,253	3,513
Federal National Mortgage Association	Bond	11/25/41	VAR	23,686	24,331	22,216
Federal National Mortgage Association	Pool	08/01/42	2.000	7,834	6,841	6,523
Federal National Mortgage Association	Bond	09/01/42	VAR	8,923	9,498	7,873
Federal National Mortgage Association	Pool	09/01/42	3.500	5,016	4,547	4,567
Federal National Mortgage Association	Pool	06/01/43	VAR	3,971	4,393	3,504
Federal National Mortgage Association	Bond	01/25/44	2.000	48,858	45,672	45,611
Federal National Mortgage Association	Bond	04/25/45	VAR	5,304	5,451	4,946
Federal National Mortgage Association	Bond	02/01/46	VAR	3,196	3,550	2,968
Federal National Mortgage Association	Bond	06/25/46	VAR	4,632	4,693	4,497
Federal National Mortgage Association	Bond	07/01/46	VAR	4,455	4,835	4,137
Federal National Mortgage Association	Bond	10/01/46	VAR	5,932	6,512	5,142
Federal National Mortgage Association	Bond	11/01/46	VAR	8,975	9,297	7,920
Federal National Mortgage Association	Bond	11/01/46	VAR	5,193	5,465	4,495
Federal National Mortgage Association	Bond	02/01/47	VAR	10,047	8,810	8,731
Federal National Mortgage Association	Bond	05/01/47	VAR	3,946	4,334	3,541
Federal National Mortgage Association	Bond	12/01/47	2.500	12,490	12,997	10,446
Federal National Mortgage Association	Bond	11/01/48	VAR	3,189	3,558	2,862
Federal National Mortgage Association	Bond	11/01/48	VAR	2,295	2,526	2,190
Federal National Mortgage Association	Bond	06/01/49	3.500	17,882	17,969	16,050
Federal National Mortgage Association	Bond	09/01/49	3.500	6,666	7,250	5,982
Federal National Mortgage Association	Bond	02/01/50	3.000	17,928	18,460	15,563
Federal National Mortgage Association	Bond	03/25/50	2.000	2,582	2,131	2,102
Federal National Mortgage Association	Bond	06/01/50	2.500	16,552	17,171	13,713
Federal National Mortgage Association	Pool	06/01/50	2.500	14,776	11,828	12,253
Federal National Mortgage Association	Pool	06/01/50	5.000	22,968	22,918	22,587
Federal National Mortgage Association	Bond	11/01/50	2.500	18,884	16,786	15,595
Federal National Mortgage Association	Pool	02/01/51	2.500	15,406	12,067	12,703
Federal National Mortgage Association	Bond	08/01/51	VAR	8,679	8,137	8,027
Federal National Mortgage Association	Bond	12/01/51	3.000	20,599	18,674	17,593
Federal National Mortgage Association	Bond	01/01/52	3.000	19,865	20,728	17,056
Federal National Mortgage Association	Pool	01/01/52	3.500	20,041	18,306	17,824
Federal National Mortgage Association	Pool	02/01/52	3.500	5,422	4,803	4,809
Federal National Mortgage Association	Bond	01/25/53	5.000	8,771	8,570	8,577
Federal National Mortgage Association	Bond	04/01/53	VAR	6,427	6,045	6,055
Federal National Mortgage Association	Pool	06/01/53	6.000	27,719	27,942	27,907
Federal National Mortgage Association	Pool	07/01/53	4.000	8,894	8,152	8,172
Federal National Mortgage Association	Bond	07/25/53	VAR	2,341	2,523	2,319
Federal National Mortgage Association	Bond	11/01/54	VAR	2,795	7,498	7,499
Federal National Mortgage Association	Pool	08/01/56	4.500	4,443	4,367	4,219
Government National Mortgage Association	Bond	09/15/25	7.500	6	7	6
Government National Mortgage Association	Bond	03/15/29	6.000	614	603	621
Government National Mortgage Association	Bond	06/15/30	8.000	101	103	101
Government National Mortgage Association	Bond	08/20/33	5.500	10,052	10,027	10,117
Government National Mortgage Association	Bond	12/20/34	3.500	6,626	7,016	6,275
Government National Mortgage Association	Bond	08/20/35	5.500	3,780	3,791	3,848
Government National Mortgage Association	Bond	06/20/39	VAR	1,879	2,051	1,871

(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>United States Government and Government Agency obligations (continued):</u>						
Government National Mortgage Association	Bond	11/20/41	4.000 %	17,420	\$ 17,028	\$ 17,301
Government National Mortgage Association	Bond	03/20/42	6.000	4,243	4,215	4,286
Government National Mortgage Association	Bond	02/20/43	VAR	42,960	42,201	41,969
Government National Mortgage Association	Bond	11/20/44	6.000	5,949	5,923	6,002
Government National Mortgage Association	Bond	02/20/45	5.000	15,268	14,991	15,304
Government National Mortgage Association	Bond	06/20/48	VAR	5,661	6,199	5,574
Government National Mortgage Association	Pool	01/20/50	3.500	6,738	5,799	6,070
Government National Mortgage Association	Bond	07/20/50	5.500	16,459	16,204	16,653
Government National Mortgage Association	Bond	07/20/50	3.000	4,398	4,552	4,078
Government National Mortgage Association	Pool	03/20/51	2.000	9,688	7,906	7,622
Government National Mortgage Association	Pool	09/20/51	2.500	18,291	14,427	14,987
Government National Mortgage Association	Bond	10/20/51	VAR	25,085	22,071	21,779
Government National Mortgage Association	Bond	03/20/52	3.500	22,731	20,721	20,173
Government National Mortgage Association	Bond	07/20/53	5.000	4,468	4,379	4,459
Government National Mortgage Association	Bond	09/20/53	VAR	8,392	8,305	8,381
Government National Mortgage Association	Bond	2/20/252	2.000	10,542	9,540	9,750
Tennessee Valley Authority	Bond	07/15/29	VAR	275,000	249,771	223,473
United States Treasury	Note	09/30/26	VAR	148,000	146,261	146,135
United States Treasury	Note	11/30/26	VAR	65,000	65,112	64,987
United States Treasury	Note	11/30/26	VAR	36,000	36,062	35,993
United States Treasury	Note	06/15/27	4.625	78,000	78,714	78,654
United States Treasury	Note	07/15/27	VAR	160,000	161,869	160,411
United States Treasury	Note	09/15/27	3.375	141,000	140,298	137,788
United States Treasury	Bond	11/15/27	VAR	41,000	40,961	40,819
United States Treasury	Bond	11/15/27	VAR	198,000	197,801	197,127
United States Treasury	Note	12/15/27	VAR	15,000	14,856	14,886
United States Treasury	Note	09/30/29	VAR	72,000	70,166	69,278
United States Treasury	Note	10/31/29	VAR	40,000	39,788	39,539
United States Treasury	Note	11/30/29	VAR	4,000	3,983	3,955
United States Treasury	Note	11/30/31	VAR	53,000	52,912	51,868
United States Treasury	Bond	11/15/34	VAR	29,000	28,846	28,244
United States Treasury	Bond	11/15/44	VAR	36,000	36,264	34,906
United States Treasury	Bond	02/15/54	4.250	38,000	36,274	34,665
United States Treasury	Bond	05/15/54	VAR	18,000	19,164	17,489
United States Treasury	Bond	08/15/54	VAR	44,000	41,911	40,181
Total United States Government and Government Agency obligations					8,749,466	8,380,034
<u>Corporate obligations:</u>						
Alabama Pwr Co	Bond	10/01/49	3.450 %	11,000	12,366	7,764
Altria Group Inc	Bond	02/04/32	2.450	500,000	412,500	411,440
American Honda Fin	Bond	10/22/27	4.450	35,000	34,976	34,741
American Honda Fin Corp	Bond	03/24/28	VAR	15,000	13,646	13,719
American Honda Fin Corp	Bond	03/12/27	VAR	55,000	54,970	55,120
Apple Inc	Bond	09/11/49	2.950	13,000	9,128	8,664
Athene Hldg Ltd	Bond	01/15/31	3.500	100,000	88,854	90,139
Bank New York Mellon Corp	Bond	07/22/32	VAR	11,000	11,000	10,972
Berkshire Hathaway Energy Co	Bond	07/15/30	VAR	16,000	14,669	15,054
Bk of America Corp	Bond	03/11/27	1.658	36,000	33,562	34,689
Bk of America Corp	Bond	04/24/28	3.705	50,000	51,456	48,697
BP Cap Mkts Amer Inc	Bond	09/11/33	4.893	5,000	4,887	4,837
Burlington Northn Santa Fe LLC	Bond	09/11/44	VAR	9,000	11,543	7,844
Capital One Finl Corp Global Flt	Bond	07/28/26	VAR	25,000	24,306	24,535

(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>Corporate obligations (continued):</u>							
Caterpillar Finl	Bond	05/14/27	5.000 %	25,000	\$ 24,972	\$ 25,254	
Cisco Sys Inc Sr Global	Bond	02/26/31	4.950	10,000	10,025	10,036	
Citigroup Inc	Bond	05/18/32	5.000	300,000	294,228	293,985	
Citigroup Inc Medium Term	Note	07/30/32	VAR	100,000	76,800	78,025	
Clorox	Bond	05/15/30	1.800	75,000	74,230	63,789	
Coca Cola Co	Bond	03/15/31	1.375	100,000	97,950	81,847	
Coca Cola Co	Bond	06/01/30	1.650	2,000	1,702	1,706	
Coca Cola Co	Note	05/13/34	5.000	3,000	2,992	3,001	
Comcast Corp	Bond	01/15/27	2.350	85,000	79,815	81,258	
Comcast Corp	Bond	11/01/39	3.250	12,000	9,670	9,093	
Conoco Inc	Note	04/15/29	6.950	21,000	21,000	22,771	
ConocoPhillips	Note	01/15/35	VAR	4,000	3,993	3,886	
ConocoPhillips	Note	05/15/52	5.300	8,000	7,928	7,401	
Consolidated Edison	Bond	05/15/54	5.700	2,000	2,030	1,989	
Cummins	Bond	09/01/30	1.500	50,000	48,374	41,845	
Duke Energy Carolinas LLC	Bond	02/15/40	5.300	22,000	26,997	21,523	
Eli Lilly	Bond	02/09/54	5.000	7,000	6,985	6,433	
Enterprise Prods Oper LLC	Bond	02/01/49	4.800	8,000	6,890	6,885	
Exxon Mobil Corporation	Bond	03/19/50	4.327	16,000	13,973	13,158	
Georgia Power Co	Bond	09/15/29	2.650	100,000	98,958	90,701	
Gilead Sciences Inc	Bond	03/01/27	VAR	50,000	48,501	48,317	
Goldman Sachs Bank	Bond	03/18/27	VAR	36,000	36,000	36,204	
Goldman Sachs Group Inc	Bond	05/15/26	5.776	100,000	101,637	100,396	
Goldman Sachs Group Inc	Bond	08/18/31	VAR	400,000	331,200	325,276	
Honeywell Intl Inc	Bond	02/01/32	4.750	11,000	11,052	10,823	
John Deere Capital	Bond	09/08/31	4.400	14,000	14,040	13,584	
John Deere Capital	Bond	03/07/31	4.900	4,000	4,111	4,001	
Johnson & Johnson	Note	06/01/31	4.900	7,000	7,042	7,044	
JPMorgan Chase & Co	Bond	07/24/29	VAR	21,000	21,074	21,211	
JPMorgan Chase & Co	Bond	10/22/28	VAR	60,000	60,000	59,470	
JPMorgan Chase & Co	Bond	12/11/35	2.000	325,000	251,322	229,762	
JPMorgan Chase & Co	Bond	01/30/30	VAR	50,000	50,000	43,934	
Meta Platforms Inc	Bond	05/15/53	VAR	6,000	5,966	5,998	
MidAmerican Energy Co	Bond	07/15/49	4.250	20,000	25,289	16,211	
Morgan Stanley	Bond	02/13/32	1.794	100,000	99,450	81,583	
National Rural Utils Coop	Bond	05/06/27	VAR	55,000	54,966	55,442	
Northern States Power Co	Bond	07/01/25	7.125	31,000	30,483	31,338	
Northwestern University	Bond	12/01/38	3.688	12,000	12,043	10,236	
Philip Morris Intl Inc	Bond	05/01/30	2.100	50,000	49,729	43,225	
Philip Morris Intl Inc	Bond	02/15/30	5.125	8,000	7,979	8,042	
Phillips 66	Bond	12/15/30	2.150	50,000	48,980	42,413	
PNC Bank	Bond	10/22/29	2.700	450,000	399,712	403,762	
PNC Finl Svcs Group	Bond	06/12/26	VAR	50,000	50,000	50,209	
PNC Finl Svcs Group	Bond	10/20/34	VAR	7,000	7,767	7,641	
Principal Financial Group	Bond	06/15/30	2.125	100,000	100,901	86,188	
Procter & Gamble Co	Bond	01/29/34	4.550	12,000	11,942	11,682	
Public Storage	Bond	05/01/28	1.850	75,000	76,471	68,389	
Ross Stores Inc	Bond	04/15/31	1.875	350,000	297,360	288,802	
Schwab Charles Corp	Bond	08/24/26	5.875	60,000	59,950	61,022	
Schwab Charles Corp	Bond	05/19/29	VAR	10,000	9,983	10,203	
Schwab Charles Corp	Bond	03/11/31	1.650	100,000	100,076	81,875	
Schwab Charles Corp	Bond	05/13/31	2.300	175,000	139,811	148,760	

(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>Corporate obligations (continued):</u>							
Southern Cal Edison	Bond	04/01/29	6.650 %	18,000	\$ 15,864	\$ 18,993	
Stanley Black & Decker Inc	Bond	05/15/32	3.000	400,000	347,800	342,648	
State Str Corp	Bond	03/18/27	4.993	30,000	30,000	30,250	
Truist Bank Global	Bond	03/11/30	2.250	200,000	176,765	171,746	
United Parcel Svcs Inc	Bond	05/22/34	5.150	4,000	4,041	3,991	
UnitedHealth Group	Bond	07/15/34	5.150	8,000	8,014	7,893	
UnitedHealth Group Inc	Bond	02/15/30	5.300	8,000	8,179	8,129	
US Bancorp	Bond	10/21/26	5.727	65,000	65,000	65,437	
Verizon Commns Inc	Bond	01/20/31	1.750	100,000	95,659	82,405	
Walt Disney Co	Bond	09/01/29	2.000	75,000	76,387	66,692	
Walt Disney Co	Bond	05/13/40	3.500	3,000	2,522	2,406	
Waste Management Inc	Bond	03/15/31	1.500	50,000	47,462	40,698	
Waste Management Inc	Bond	07/03/27	4.950	30,000	29,964	30,320	
Waste Management Inc	Bond	03/15/35	4.950	2,000	1,967	1,950	
Total corporate obligations					5,121,836	4,919,402	
<u>Common stock:</u>							
AbbVie Inc				2,350	448,917	417,595	
Advanced Micro Devices Inc				4,364	395,510	527,128	
Alphabet Inc Cl A				7,588	618,997	1,436,408	
Amazon Com Inc				6,029	847,997	1,322,702	
Apple Inc				9,750	955,119	2,441,595	
Applied Matls Inc				3,414	177,810	555,219	
AutoZone Inc				133	278,279	425,866	
Bank of America Corp				11,759	308,481	516,808	
Berkshire Hathaway Inc Cl B				1,230	453,639	557,534	
Blackrock Funding				502	305,386	514,605	
Broadcom Inc				4,400	374,965	1,020,096	
Capital One Finl Corp Global Flt				3,350	255,061	597,372	
Chipotle Mexican Grill Inc Cl A				7,500	394,210	452,250	
Constellation Energy Corp.com				1,775	401,399	397,085	
Costco Wholesale Corp				800	264,474	733,016	
Csx Corp				11,562	340,033	373,106	
D R Horton Inc				3,850	246,262	538,307	
Deere & Co				1,084	243,312	459,291	
Dell Technologies Inc -C				4,750	514,636	547,390	
Eaton Corp Plc				2,091	241,698	693,940	
Eog Resources Inc				3,856	195,187	472,668	
Facebook Inc				1,644	380,948	962,579	
GE Aerospace				2,900	478,956	483,691	
Hca Hldgs Inc Com				1,443	350,195	433,116	
JPMorgan Chase & Co				3,415	246,105	818,610	
Lilly Eli & Co				1,064	148,510	821,408	
Lowes Companies Inc Cos Inc				1,823	360,319	449,916	
Marathon Pete Corp				4,473	164,744	623,983	
Martin Marietta Materials Inc				904	380,218	466,916	
Merck & Co Inc				3,600	396,203	358,129	
Microsoft Corp				5,163	1,009,585	2,176,204	
Morgan Stanley				4,237	185,365	532,676	
Netflix.Com Inc				1,031	338,087	918,951	
NextEra Energy Inc				5,483	372,715	393,076	
Nike Inc Cl B				4,850	492,639	366,999	

(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>						
Nvidia Corp				22,500	\$ 247,414	\$ 3,021,525
Palo Alto Networks Inc				2,400	406,457	436,705
PepsiCo Inc				3,200	573,981	486,592
Prologis Inc				3,465	355,883	366,250
Regeneron Pharmaceuticals Inc				533	279,440	379,673
Rtx Corporation				4,050	394,973	468,666
Salesforce Inc				1,550	444,746	518,212
Schwab Charles Corp				6,500	319,253	481,065
Target Corp				2,659	607,782	359,444
Tesla Mtrs Inc				1,750	286,120	706,720
Thermo Fisher Scientific Inc Sr				707	333,074	367,803
TJX Companies Inc New				4,750	281,574	573,847
United Parcel Service				3,100	558,723	390,910
UnitedHealth Group Inc				854	239,962	432,004
Visa Inc Cl A				1,877	375,225	593,207
Walt Disney Co				3,699	461,998	411,884
Waste Management Inc				2,127	355,551	429,207
Zoetis Inc				2,480	378,728	404,066
Total Common Stock					<u>20,466,845</u>	<u>35,634,015</u>
<u>Mutual Funds:</u>						
Vanguard Small Cap Index				19,294	1,667,842	2,221,937
Total mutual funds					<u>1,667,842</u>	<u>2,221,937</u>
<u>Municipal and Foreign Bonds:</u>						
Bank Montreal Medium Vr	Bond	09/10/30	VAR %	6,000	6,000	5,883
Bank of Nova Scotia Halifax	Bond	02/02/32	VAR	400,000	335,900	333,860
Canadian Imp Bk Comm Sr Coco	Bond	04/07/32	VAR	375,000	341,194	336,472
Intl Bk For Recon & Develop	Bond	12/28/37	2.700	32,000	29,856	24,616
Nomura Holdings Inc	Bond	07/14/28	2.172	75,000	75,000	67,726
Pfizer Invt Enterprises	Note	05/19/33	VAR	3,000	2,937	2,915
Royal Bank of Canada	Bond	07/20/26	VAR	45,000	44,995	45,421
Royal Bk Cda Fr	Bond	10/18/30	VAR	14,000	13,857	13,711
Royal Bk Cda Fr	Bond	10/18/27	VAR	70,000	70,000	69,739
The Toronto-Dominion Bank	Bond	09/15/27	4.693	24,000	23,961	23,947
Toronto Dominion Bank	Bond	03/10/32	1.250	15,000	13,110	13,101
Toronto Dominion Bank	Bond	04/05/29	VAR	12,000	11,975	11,980
Toronto Dominion Bank	Bond	06/12/25	1.150	59,000	59,463	58,100
Toronto Dominion Bank	Bond	03/10/32	1.250	400,000	354,000	349,352
Totalenergies Cap	Bond	04/05/54	VAR	13,000	13,028	12,460
Total Municipal and Foreign Bonds					<u>1,395,276</u>	<u>1,369,283</u>
<u>Fixed income asset-backed securities:</u>						
Ally Auto Receivables Trust	ABS	05/17/27	VAR	15,947	15,947	15,961
Bbcms Mtg Tr	ABS	02/15/50	3.674	12,000	12,359	11,643
BMW Vehicle Owner Trust	ABS	02/25/28	5.470	30,000	29,995	30,276
CarMax Auto Owner	ABS	07/17/28	VAR	56,000	56,223	57,006
CarMax Auto Owner	ABS	10/15/29	VAR	43,000	42,992	42,997
CarMax Auto Owner	ABS	01/16/29	5.640	18,000	17,999	18,288
Carvana Auto Receivables Trust	ABS	01/10/28	VAR	1,432	1,429	1,392
Ford Credit Auto	ABS	07/15/29	4.070	15,000	15,000	14,851
GM Financial Consumer	ABS	12/18/28	5.250	37,000	36,993	37,190

(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>Fixed income asset-backed securities (continued):</u>							
GM Financial Consumer	ABS	02/16/28	VAR %	23,528	\$ 23,329	\$ 23,551	
GM Financial Consumer	ABS	08/16/29	4.400	60,000	59,988	59,819	
Hd Motorcycle Tr	ABS	03/15/29	5.370	25,000	25,206	25,287	
Honda Auto Receivables	ABS	03/21/29	VAR	29,000	28,995	29,025	
Honda Auto Receivables	ABS	03/15/29	VAR	36,000	35,995	35,827	
Hyundai Auto Rec	ABS	05/15/29	VAR	60,000	59,996	59,751	
Jpmcc Coml Mtg	ABS	08/15/49	VAR	10,000	10,300	9,680	
Mercedes-Benz Auto	ABS	04/16/29	5.570	36,000	35,998	36,161	
Mercedes-Benz Auto	ABS	11/15/28	5.830	55,000	54,995	56,016	
Nissan Auto Lease Trust	ABS	03/15/28	6.080	54,000	53,989	54,866	
Nissan Auto Rec	ABS	03/15/29	VAR	30,000	29,997	29,880	
Toyota Auto Rec Tr	ABS	06/15/29	4.470	19,000	18,999	18,945	
Union Pac Rr Co	ABS	05/14/26	VAR	95,120	92,510	93,459	
United Air Lines Inc	ABS	07/15/37	5.800	6,844	6,844	6,979	
Verizon Master Tr	ABS	12/20/28	VAR	5,000	5,000	5,025	
Verizon Master Tr	ABS	11/20/29	6.330	67,000	66,993	68,357	
Verizon Master Trust	ABS	04/22/30	5.340	75,000	74,983	76,263	
Total Fixed income asset-backed securities					<u>913,054</u>	<u>918,495</u>	
Total investments					<u>\$ 38,695,290</u>	<u>\$ 53,824,137</u>	

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

**LOCAL 1102 AMALGAMATED
PENSION FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

E.I.N. 11-6189397
Plan No. 001

(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)	
* Comerica Short Term Fund	\$ 13,911,869	N/A	\$ 13,911,869	\$ 13,911,869	N/A	
	N/A	\$ 13,764,387	13,764,387	13,764,387	\$ -	

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

Schedule MB, line 6 – Summary of Plan Provisions

Effective Date July 2, 1968; restated July 1, 2009.

Plan Year 12-month period beginning on a January 1st.

Membership An employee of a contributing employer becomes a Member of the Plan as of the earlier of the first date any contributing employer is obligated to make contributions to the Plan on his behalf, or January 1st or July 1st following the attainment of age 21 and completion of 1,000 hours of service.

Vesting Service A year of Vesting Service is granted for each Plan Year when a Member completes 1,000 hours of service with any contributing employer. For purposes of Vesting Service, a Member is granted with 200 hours of service for each month in which a contributing employer is required to make contributions on his behalf.

Benefit Service For the service up to December 31, 1986, a Member is granted with Benefit Service equal to the period of his employment (expressed in years and completed months).
For the service after January 1, 1987, a Member is granted with Benefit Service for each month in which a contributing employer is required to make a contribution on his behalf.

Accrued Benefit The monthly Accrued Benefit is equal to the Benefit Rate times Benefit Service.

<u>Retirement Date</u>	<u>Benefit Rate</u>
Before 7/1/1981	\$3.50
On and after 7/1/1981 and before 7/1/1983	6.00
On and after 7/1/1983 and before 1/1/1987	8.50
On and after 1/1/1987 and before 7/1/1988	10.50
On and after 7/1/1988 and before 7/1/1990	16.00
On and after 7/1/1990 and before 1/1/1992	20.00
On and after 1/1/1992 and before 7/1/1995	25.00
On and after 7/1/1995 and before 7/1/1999	26.00
On and after 7/1/1999 and before 1/1/2000	28.00
On and after 1/1/2000 and before 1/1/2001	30.00
On and after 1/1/2001 and before 1/1/2019	31.00
On and after 1/1/2019	33.00

Normal Retirement Benefit Eligibility: Age 65 and completion of 5 years of Membership.
Amount: Accrued Benefit.

Early Retirement Benefit Eligibility: Age 60 and completion of 10 years of Benefit Service.
Amount: Accrued Benefit reduced at the rate of 1/15th for each year by which the early retirement date precedes the attainment of age 65.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Disability Benefit	Eligibility:	Age 50, 15 years of Benefit Service in continuous employment with any contributing employer immediately prior to disability, and total and permanent disability.	
	Amount:	Accrued Benefit, payable immediately without reduction for early commencement.	
Deferred Vested Benefit	Eligibility:	5 years of Vesting Service.	
	Amount:	Accrued Benefit payable at age 65 or at age 60, provided a Member completed 10 years of Benefit Service. The benefit commencing early will be reduced for Early Retirement.	
Pre-Retirement Death Benefit	Eligibility:	5 years of Vesting Service.	
	Amount:	If the death occurs after the deceased member attains age 60, the benefit will commence as of the first day of the month after the member dies. If the death occurs before the deceased member attains age 60, the benefit will commence when the deceased member would have attained age 60 (if he was then alive), provided he had 10 years of Benefit Service, age 65 otherwise. The monthly benefit payable to the surviving spouse equals 50% of the deceased member's benefit that would have been payable in the form of a joint and 50% survivor annuity (reduced as for early retirement benefit, if applicable).	
Normal Form of Benefit		Life Annuity for unmarried participants. For married participants, 50% Joint-and-Survivor Annuity, reduced to have the same actuarial value as a Life Annuity.	
Contributions	By Employers:	Determined pursuant to collective bargaining agreements.	
	By Members:	None.	
Increase to Retired Members and Beneficiaries	Future benefit payments to or on behalf of retired members and beneficiaries on the roll as of:	<u>Date</u>	<u>Increased by</u>
		7/1/1981	71.40%
		7/1/1983	41.67%
		7/1/1989	10.00%
		1/1/1992	25.00%
		7/1/1995	4.00%
		1/1/2000	5.00%

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Benefits Earned Under the Lerner Employees Fund

Vesting Service An employee will be credited with one year of Vesting Service for each Plan Year for which he or she works at least 1,000 Hours of Service. An employee is not credited with Vesting Service for any calendar year prior to his or her attainment of age 18.

Benefit Service Prior to January 1, 2008, an active Member was credited with one year of Benefit Service if he or she had at least 1,000 Hours of Service in a Plan Year. If an active Member had at least 425 Hours of Service but less than 1,000 Hours of Service, the Benefit Service was a fraction of the number of Hours of Service divided by 1,000, rounded up to the next one-tenth of a year.

After January 1, 2008, an active Member was credited with one year of Benefit Service if he or she had at least 1,000 Hours of Service in a Plan Year. No Benefit Service shall be credited for the period prior to becoming an Active Member of the Plan.

Normal Retirement Benefit Eligibility: The first day of the month coincident with or following the later of: a) the date the Member attains age 65, or b) the fifth anniversary the Member participated in the plan.

Amount: For retirements on or after July 1, 2001, \$22.00 for each year of Benefit Service as of the date of termination.

Early Retirement Benefit Eligibility: The first day of the month coincident with or following the date the Member attains age 60 and the completion of 15 years of Benefit Service.

Amount: For retirements on or after July 1, 2001, \$22.00 for each year of Benefit Service as of the date of termination, reduced by 5/8ths of one percent for each month that commencement of benefits precedes the Normal Retirement Date.

Vested Retirement Benefit Eligibility: 5 years of Vesting Service.

Amount: For terminations on or after July 1, 2001, \$22.00 for each year of Benefit Service as of the date of termination payable at Normal Retirement Date. A Member may elect to commence his/her benefits prior to the Normal Retirement Date if he/she has at least 15 years of Benefit Service. In that case, the benefit is reduced by 5/8ths of one percent for each month that commencement of benefits precedes the Normal Retirement Date.

Disability Retirement Benefit Eligibility: A Member attains age 50 and has completed at least 15 years of Benefit Service and is totally and permanently disabled, per the Social Security Administration.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Amount: For disability retirements after July 1, 2001, \$22.00 for each year of Benefit Service as of the date of termination.

Pre-Retirement Eligibility: An active Member who has attained at least 5 years of Vesting Service.

Death Benefit Amount: 50% of the benefit that would have been paid to the active Member on the first of the month following or coincident with the later of the date of death or the earliest date the Member would have been eligible for an Early Retirement benefit. The form of payment shall be the surviving spouse portion of an actuarially reduced Qualified Joint and 50% Survivor Annuity.

Normal Form of Benefit Life Annuity for non-married Participants. Actuarially reduced Qualified Joint and 50% Survivor Annuity for married Participants.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age	Years of Credited Service										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	Total
Under 25	19	18									37
25 to 29	11	32	7	1							51
30 to 34	10	35	8	1							54
35 to 39	3	16	14	3	3						39
40 to 44	2	16	15	10	5	1					49
45 to 49		9	4	2		1					16
50 to 54	2	11	11	3	1	6	1				35
55 to 59	3	6	10	3	5	1	3	1	2		34
60 to 64	1	4	10	2	3	3	4	2		3	32
65 to 69		2	3	1	2	1	1				10
70 & up			1		1		1				3
Total	51	149	83	26	20	13	10	3	2	3	360

Plan Name: Local 1102 Amalgamated Pension Fund

EIN/PN: 11-6189397/001

Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 3(d) – Withdrawal Liability Amounts

There were no withdrawal liability payments collected during the 2024 plan year.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. <u>Amortization Charges</u>				
(a) Plan Amendments	7/1/1996	2.50	\$50,853	\$21,307
(b) Assumption Change	7/1/1997	3.50	189,067	58,336
(c) Plan Amendments	7/1/1999	5.50	200,410	41,782
(d) Plan Amendments	7/1/2000	6.50	279,986	50,871
(e) Plan Amendments	7/1/2001	7.50	116,440	18,880
(f) Experience Loss	7/1/2009	0.50	18,992	18,992
(g) 2008 ENIL recognized in 2009	7/1/2009	14.50	1,461,225	148,951
(h) Experience Loss	7/1/2010	1.50	234,014	158,453
(i) Experience Loss	1/1/2011	2.00	66,709	34,404
(j) 2008 ENIL recognized in 2011	1/1/2011	14.50	294,842	30,054
(k) Experience Loss	1/1/2012	3.00	117,852	41,782
(l) 2008 ENIL recognized in 2012	1/1/2012	14.50	382,374	38,977
(m) Assumption Change	1/1/2012	3.00	364,077	129,076
(n) 2008 ENIL recognized in 2013	1/1/2013	14.50	398,749	40,647
(o) 2008 ENIL recognized in 2014	1/1/2014	14.50	416,749	42,482
(p) 2008 ENIL recognized in 2015	1/1/2015	14.50	169,635	17,291
(q) Experience Loss	1/1/2018	9.00	41,327	5,831
(r) Experience Loss	1/1/2023	14.00	32,934	3,431
(s) Experience Loss	1/1/2024	15.00	<u>111,615</u>	<u>11,146</u>
Total			\$4,947,850	\$912,693
2. <u>Amortization Credits</u>				
(a) Relief Method Change	7/1/2009	15.50	\$1,090,549	\$106,799
(b) 2008 ENIL in 2010	7/1/2010	14.50	900,405	91,785
(c) Experience Gain	1/1/2013	4.00	407,164	111,599
(d) Assumption Change	1/1/2013	4.00	385,256	105,594
(e) Experience Gain	1/1/2014	5.00	734,357	165,927
(f) Experience Gain	1/1/2015	6.00	741,185	143,761
(g) Experience Gain	1/1/2016	7.00	473,783	81,112
(h) Experience Gain	1/1/2017	8.00	91,012	14,035
(i) Experience Gain	1/1/2019	10.00	20,031	2,616
(j) Experience Gain	1/1/2020	11.00	44,384	5,420
(k) Experience Gain	1/1/2021	12.00	29,066	3,345
(l) Experience Gain	1/1/2022	13.00	<u>30,658</u>	<u>3,347</u>
Total			\$4,947,850	\$835,340

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Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates Valuation 6.50% per annum
RPA '94 Current Liability 3.29% per annum
Withdrawal Liability 6.50% per annum

Mortality Mortality rates for healthy participants are assumed to follow the RP-2014 blue collar mortality table that was first adjusted to 2006 by removing projections under scale MP-2014 and then applying the MP scale from the year preceding the valuation year on a fully generational basis. Mortality rates for disabled members are assumed to follow the RP-2014 disabled mortality table that was first adjusted to 2006 by removing projections under scale MP-2014 and then applying the MP scale from the year preceding the valuation year on a fully generational basis.

For RPA'94 Current Liability, the table specified in IRC Sections 431(c)(6)(D)(iv) &(v).

Retirement Age Age 65 and 5 years of service, or attained age if greater.

Termination Rates Termination rates follow the published T7 table. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	9.7%	35	8.7%	45	6.4%
30	9.3	40	7.8	50	4.2

Disability Rates 1968 Railroad Disability Retirement rates were used.

Administrative Expenses \$400,000 per annum.

Marriage 85% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

Form of Payment Participants are assumed to elect the normal form.

Cost-of-Living Adjustment None.

Benefits Not Included in the Valuation None.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Actuarial Methods

Cost Method The Entry Age Normal Cost Method is employed in this valuation. Under this method, the normal cost is the annual level dollar contribution that would have been required from the age of plan entry in order to fund the participant's retirement, termination and ancillary benefits if the current plan provisions had always been in effect. The actuarial accrued liability is the present value of all future benefits for inactive participants and is the excess of the present value of all future benefits over the present value of future normal costs for active participants. The present value of all future benefits is determined by discounting to the valuation date, the total future expected cash flow from the plan using the aforementioned actuarial assumptions. The present value of future normal costs is determined by discounting to the valuation date, all of the normal costs anticipated to result from future valuations using the aforementioned actuarial assumptions. The normal cost and actuarial accrued liability for the entire plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all current plan participants.

Asset Method The Five-Year Weighted Average of Asset Gains/Losses Method is used in this valuation. The actuarial value of assets was determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return and actual investment return) during each of the previous five years (subsequent to July 1, 2007) at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Changes in Assumptions and Methods Since the Prior Valuation

There were no changes to the actuarial assumptions or methods from the Plan's prior actuarial valuation.

Modelling Disclosure ASOP 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies to calculate the liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries who are experts in the development of actuarial software and is utilized by many of the actuarial consulting firms worldwide. The ProVal software is customized by our staff to value the benefits described in this report. We have used ProVal in accordance with its original intended purpose and have reviewed the results from ProVal as it relates to the Plan.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 3 – Contributions Made to the Plan for the Plan Year

Employer contributions (other than withdrawal liability payments) are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account is therefore assumed to be equivalent to a July 1 contribution date.

The source of contributions for the Plan Year ending December 31, 2024, was the Fund auditor's report.

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2024	\$96,454	\$249,349	\$1,842,646	\$2,188,449
2025	137,291	318,659	1,788,869	2,244,819
2026	229,544	424,412	1,701,639	2,355,595
2027	285,699	539,631	1,614,691	2,440,021
2028	305,138	616,055	1,528,293	2,449,486
2029	329,763	699,392	1,442,706	2,471,861
2030	375,645	787,142	1,358,192	2,520,979
2031	388,367	896,558	1,274,995	2,559,920
2032	417,263	990,572	1,193,335	2,601,170
2033	425,159	1,080,807	1,113,416	2,619,382
2034	434,258	1,182,948	1,035,435	2,652,641
2035	446,205	1,272,133	959,584	2,677,922
2036	464,675	1,333,628	886,031	2,684,334
2037	474,777	1,379,816	814,914	2,669,507
2038	488,822	1,439,239	746,349	2,674,410
2039	482,337	1,453,993	680,429	2,616,759
2040	478,984	1,455,535	617,243	2,551,762
2041	474,405	1,444,233	556,890	2,475,528
2042	464,788	1,464,977	499,467	2,429,232
2043	458,376	1,479,732	445,064	2,383,172
2044	473,688	1,488,849	393,768	2,356,305
2045	492,373	1,486,985	345,665	2,325,023
2046	487,582	1,490,745	300,852	2,279,179
2047	501,945	1,498,546	259,425	2,259,916
2048	507,729	1,489,833	221,477	2,219,039
2049	494,654	1,480,615	187,092	2,162,361
2050	489,724	1,465,462	156,310	2,111,496
2051	476,031	1,426,129	129,117	2,031,277
2052	464,754	1,382,990	105,426	1,953,170
2053	462,422	1,346,325	85,078	1,893,825
2054	449,092	1,315,669	67,850	1,832,611
2055	442,583	1,269,590	53,474	1,765,647
2056	429,549	1,228,282	41,649	1,699,480
2057	420,802	1,187,655	32,063	1,640,520
2058	404,274	1,132,219	24,404	1,560,897
2059	388,273	1,082,149	18,370	1,488,792
2060	375,790	1,027,133	13,684	1,416,607
2061	359,462	966,175	10,096	1,335,733
2062	353,021	909,853	7,382	1,270,256

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

**Schedule MB, line 8b(1) – Schedule of Projection of Expected Benefit Payments
(cont'd)**

<u>Plan Year</u>	<u>Active Participants</u>	<u>Terminated Vested Participants</u>	<u>Retired Participants and Beneficiaries Receiving Payments</u>	<u>Total</u>
2063	\$344,317	\$855,406	\$5,353	\$1,205,076
2064	329,441	797,402	3,852	1,130,695
2065	315,812	740,924	2,750	1,059,486
2066	300,290	687,171	1,948	989,409
2067	284,971	636,083	1,369	922,423
2068	269,647	587,550	953	858,150
2069	253,731	541,448	656	795,835
2070	237,792	497,646	447	735,885
2071	222,175	456,023	300	678,498
2072	206,875	416,476	198	623,549
2073	191,914	378,933	128	570,975

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability Payments</u>	<u>Total</u>
2024	\$984,668	\$0	\$984,668
2025	698,860	0	698,860
2026	698,860	0	698,860
2027	698,860	0	698,860
2028	698,860	0	698,860
2029	698,860	0	698,860
2030	698,860	0	698,860
2031	698,860	0	698,860
2032	698,860	0	698,860
2033	698,860	0	698,860

Plan Name: Local 1102 Amalgamated Pension Fund
EIN/PN: 11-6189397/001
Plan Sponsor: Board of Trustees of Local 1102 Amalgamated Pension Fund

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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. 1510-0110 1510-0089 <hr/> <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> <hr/> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here <input checked="" type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here <input type="checkbox"/>

Part II	Basic Plan Information - enter all requested information
1a Name of plan LOCAL 1102 AMALGAMATED PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/02/1968
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) BOARD OF TRUSTEES OF LOCAL 1102 AMALGAMATED PENSION 311 CROSSWAYS PARK DRIVE WOODBURY NY 11797-2041	2b Employer Identification Number (EIN) 11-6189397
	2c Plan Sponsor's telephone number 516-683-1102
	2d Business code (see instructions) 441300

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"/>	7/30/2025	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	1,657
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)	360
a (2) Total number of active participants at the end of the plan year	6a(2)	310
b Retired or separated participants receiving benefits	6b	457
c Other retired or separated participants entitled to future benefits	6c	796
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,563
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	49
f Total. Add lines 6d and 6e	6f	1,612
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	62
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	13

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Local 1102 Amalgamated Pension Fund	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of Local 1102 Amalgamated Pension Fund	D Employer Identification Number (EIN) 11-6189397	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

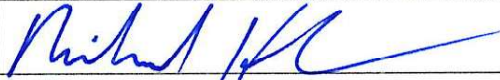
1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets

(1) Current value of assets	1b(1)	47,284,159
(2) Actuarial value of assets for funding standard account	1b(2)	47,189,832
c (1) Accrued liability for plan using immediate gain methods	1c(1)	36,309,633
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	35,361,186
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	55,995,825
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	875,469
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,194,783
(3) Expected plan disbursements for the plan year	1d(3)	2,188,449

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>7/17/2025</u>
Richard Hudson Type or print name of actuary		Date 23-05610
First Actuarial Consulting, Inc. Firm name		Most recent enrollment number (212) 395-9551
1501 Broadway, Suite 1728 New York NY 10036-5601 Address of the firm		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	47,284,159
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	485	19,355,589
(2) For terminated vested participants	812	26,442,253
(3) For active participants:		
(a) Non-vested benefits		1,321,437
(b) Vested benefits		8,876,546
(c) Total active	360	10,197,983
(4) Total	1,657	55,995,825
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	665,068				
Totals ▶			3(b)	665,068	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	133.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- | | | | |
|--|---|---|---|
| a <input type="checkbox"/> Attained age normal | b <input checked="" type="checkbox"/> Entry age normal | c <input type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.3%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	25.5%
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	400,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	111,615	11,146

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	817,098

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	4,947,850	912,693
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		112,436
e Total charges. Add lines 9a through 9d.....	9e		1,842,227
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		5,749,481
g Employer contributions. Total from column (b) of line 3.....	9g		665,068
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	4,947,850	835,340
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		449,628
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	0	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	3,288,729	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		7,699,517
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		5,857,290
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No