

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.</u></p> <p><u>P.O. BOX 58</u> <u>MOUNTAINVILLE, NY 10953</u></p>	<p>1c Effective date of plan <u>01/02/1991</u></p> <p>2b Employer Identification Number (EIN) <u>13-3593163</u></p> <p>2c Plan Sponsor's telephone number <u>845-534-9522</u></p> <p>2d Business code (see instructions) <u>238220</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	THOMAS GANDOLFINI, LABOR TRUSTEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KANE ARMISTEAD, MANAGEMENT TRUSTEE
	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 type="checkbox"/> Same as Plan Sponsor THOMAS GANDOLFINI P.O. BOX 58 MOUNTAINVILLE, NY 10953		3b Administrator's EIN 13-3593163	
		3c Administrator's telephone number 845-534-9522	
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	271	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	180	
6a(2) Total number of active participants at the end of the plan year	6a(2)	235	
b Retired or separated participants receiving benefits.....	6b	71	
c Other retired or separated participants entitled to future benefits	6c		
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	306	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e		
f Total. Add lines 6d and 6e	6f		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	33	

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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**

A Name of plan HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.		D Employer Identification Number (EIN) 13-3593163

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

1 Coverage Information:

(a) Name of insurance carrier

THE UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G8508, C8508	565	07/01/2024	06/30/2025

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	25986
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.</p>	<p>D Employer Identification Number (EIN) 13-3593163</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE & HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0893662	80926	961529	240	07/01/2024	06/30/2025

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">15271</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

THE HILB GROUP OF NEW ENGLAND LLC 2000 CHAPEL VIEW BLVD, SUITE 240
CRANSTON, RI 02920

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15271			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	528581
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.</p>	<p>D Employer Identification Number (EIN) 13-3593163</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH & LIFE INSURANCE COMPANY, INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	146	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	413299
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.	D Employer Identification Number (EIN) 13-3593163	

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

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

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

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

ANTHEM BLUE CROSS & BLUE SHIELD PPO

3075 VANDERCAR WAY
CINCINNATI, OH 45209

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62	NONE	174638	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LABOR FIRST

300 MIDLANTIC DRIVE, SUITE 101
MOUNT LAUREL, NJ 08054

06-1750191

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	47411	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BOLTON PARTNERS NORTHEAST, INC.

9000 MIDLANTIC DRIVE, SUITE 100
MT LAUREL, NJ 08054

22-3502478

(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 51	NONE	33600	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)

MSPC CERTIFIED PUBLIC ACCOUNTANTS A

22-2951202

(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	26900	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)

STACEY BRAUN ASSOCIATES, INC

377 BROADWAY
NEW YORK, NY 10013

13-2889432

(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	25047	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WILMINGTON TRUST

81-4430771

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	19821	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUMMIT ACTUARIAL SERVICES LLC

11 RACQUET ROAD
NEWBURGH, NY 12550

77-0645890

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 51	NONE	19350	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)

BOSTON PARTNERS

1 BEACON STREET
BOSTON, MA 02108

98-0202744

(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 50	NONE	15181	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)

BARNES, IACCARINO & SHEPHERD, LLP

3 SURREY LANE
HEMPSTED, NY 11550

11-2450206

(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	13380	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)

MERRILL LYNCH

26 CENTURY HILL DRIVE
LATHAM, NY 12110

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	6000	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)

ANTHEM BLUE CROSS & BLUE SHIELD HMO

3075 VANDERCAR WAY
CINCINNATI, OH 45209

13-3874803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 62	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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
ANTHEM BLUE CROSS & BLUE SHIELD PPO	12 13 15 62 62	8030

(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.
INGENIORX, INC. 82-3062245	PRESCRIPTION DRUG REBATES AND RELATED ADMINISTRATION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ANTHEM BLUE CROSS & BLUE SHIELD HMO	12 13 15 62	135719

(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.
INGENIORX, INC. 82-3062245	PRESCRIPTION DRUG REBATES AND RELATED ADMINISTRATION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.	D Employer Identification Number (EIN) 13-3593163

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1912960	1288159
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	658030	793309
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	321194	294458
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	939188	1274664
(2) U.S. Government securities	1c(2)	3963474	4649112
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2135638	2435030
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2700675	2550510
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2317100	2873777
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	0	3757
f Total assets (add all amounts in lines 1a through 1e).....	1f	14948259	16162776
Liabilities			
g Benefit claims payable.....	1g	2111853	2437810
h Operating payables.....	1h	58235	17200
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	34492	11339
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2204580	2466349
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12743679	13696427

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)	7636702	
(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)		7636702
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	58758	
(B) U.S. Government securities.....	2b(1)(B)	116557	
(C) Corporate debt instruments.....	2b(1)(C)	83292	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		258607
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	43357	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	16139	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		59496
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	8776720	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8254427	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		522293
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	458311	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		509816
d Total income. Add all income amounts in column (b) and enter total	2d		9445225

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7256146	
(2) To insurance carriers for the provision of benefits	2e(2)	904337	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8160483
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)	62316	
(2) Contract administrator fees	2i(2)	19350	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26900	
(5) Investment advisory and investment management fees	2i(5)	46228	
(6) Bank or trust company trustee/custodial fees	2i(6)	19821	
(7) Actuarial fees	2i(7)	33600	
(8) Legal fees	2i(8)	13380	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	110399	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		331994
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8492477

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		952748
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: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

(2) EIN: **22-2951202**

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.)			
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.			

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 _____.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Local Union No. 373 U.A. Health and Welfare Fund
Mountainville, New York

Opinion

We have audited the financial statements of Local Union No. 373 U.A. Health and Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Local Union No. 373 U.A. Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Local Union No. 373 U.A. Health and Welfare 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 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local Union No. 373 U.A. Health and Welfare Fund ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Local Union No. 373 U.A. Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local Union No. 373 U.A. Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 6, 2025

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Similar Party</u>	<u>Lessor, or</u>	<u>Including Maturity Date,</u>				<u>Value</u>
	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
Short-Term Investments:						
U.S. Treasury Bills		50,000		02/20/25	\$ 49,716	\$ 49,716
Wilmington US Govt Money Mkt Cl Inst		500,053			500,053	500,053
Beal Bank USA CD		242,000	4.35%	06/25/25	242,145	242,145
Charles Schwab Bk CD		242,000	4.00%	08/26/25	242,382	242,382
Zions Bancorp CD		240,000	5.30%	03/05/25	240,368	240,368
					<u>1,274,664</u>	<u>1,274,664</u>
Total Short-Term Investments						
Common Stock:						
Abbott Laboratories		292			28,138	33,028
Abbvie Inc		318			53,554	56,509
Allegion Plc		98			11,149	12,807
Alphabet Inc Cl A		388			34,991	73,448
American Express Co		151			26,463	44,815
Amgen Inc Com		113			28,972	29,452
Aon Plc		96			29,972	34,479
Applied Materials Inc Com		118			11,117	19,190
AstraZeneca Group Plc Sponsored Adr		293			19,283	19,197
AutoNation Inc		142			21,960	24,117
AutoZone Inc Com		11			11,735	35,222
Blue Owl Capital Inc Cl A		1,333			24,001	31,006
Booking Holdings Inc		3			6,110	14,905
Builders Firstsource		96			16,126	13,721
Canadian Natural Resources Ltd		685			9,401	21,146
Cencora, Inc		194			25,903	43,588
Cenovus Energy Inc		1,624			26,410	24,604
CenterPoint Energy Inc		869			21,577	27,573
Chubb Ltd		60			8,717	16,578
Coca-Cola Europacific Partners Plc		205			9,098	15,746
ConocoPhillips		360			28,208	35,701
Corpay Inc		108			28,621	36,549
CRH Plc		491			25,751	45,427
Deere & Co Common		47			12,190	19,914
Dell Technologies Inc Cl C		207			11,377	23,855
Delta Air Lines Inc		429			25,719	25,955
Diamondback Energy Inc		252			45,881	41,285
Discover Financial Services		259			35,807	44,867
Emerson Electric Co		262			29,021	32,470
Fidelity Natl Information Services		545			39,649	44,020
FirstEnergy Corp		753			30,622	29,954
Flex Ltd		917			27,088	35,204
Fortive Corp		352			23,612	26,400
Gallagher Arthur J. & Co		53			10,088	15,044
General Dynamics Corp Com		102			19,544	26,876
Goldman Sachs Group Inc Com		36			10,388	20,614

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Hewlett Packard Enterprise Company	870	18,755	18,575
	Hologic Inc Com	280	21,870	20,185
	Home Depot Inc Com	72	25,506	28,007
	Honeywell Intl Inc Com	252	52,011	56,924
	Humana Inc Com	21	5,330	5,328
	Huntington Bancshares Inc Com	2,313	30,872	37,633
	Intercontinental Exchange, Inc	116	12,251	17,285
	Jacobs Solutions Inc	207	23,479	27,659
	Johnson & Johnson	36	5,200	5,206
	JP Morgan Chase & Co	529	62,951	126,807
	KBR Inc	242	15,692	14,019
	Kenvue Inc	1,582	34,399	33,776
	Keysight Technologies Inc	156	24,192	25,058
	Kinross Gold Corporation	2,194	18,893	20,338
	Leidos Holdings, Inc	176	17,645	25,355
	Lennar Corp Cl A	148	23,635	20,183
	LPL Financial Holdings Inc	148	38,533	48,323
	Marathon Petroleum Corporation	196	12,338	27,342
	Masco Corp	201	11,030	14,587
	McKesson Corporation Com	72	24,704	41,034
	Medtronic Plc	64	5,184	5,112
	Microchip Technology Inc Com	358	26,392	20,531
	Micron Technology Inc Com	372	25,663	31,308
	MGM Resorts International	293	12,945	10,152
	Morgan Stanley Group Inc	307	26,800	38,596
	NextEra Energy Inc	271	19,459	19,428
	Nice Ltd - Sponsored Adr	103	18,731	17,494
	Norfolk Southern Corp	160	41,106	37,552
	NXP Semiconductors Nv	65	12,015	13,510
	Omnicom Group Inc Com	287	26,319	24,693
	Oracle Corporation Com	375	43,140	62,490
	Philip Morris Intl Inc	486	48,391	58,490
	Phillips 66	92	12,099	10,482
	Ppl Corp Com	796	27,506	25,838
	Robert Half Inc	278	18,754	19,588
	Sanofi-Adr	108	5,241	5,209
	Schlumberger Ltd	942	32,908	36,116
	Smurfit Westrock Plc	446	20,987	24,022
	Sysco Corp Common	653	50,427	49,928
	Teck Resources Ltd- Cl B	609	27,234	24,683
	T-Mobile Us Inc	118	15,099	26,046
	The Cigna Group	19	5,307	5,247
	Trimble Incorporated	262	16,183	18,513
	Uber Technologies Inc	425	26,243	25,636
	United Airlines Holdings, Inc	262	21,518	25,440
	United Rentals Inc Com	26	5,756	18,315

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>	<u>Cost</u>	<u>Current</u>
<u>Similar Party</u>	<u>Lessor, or</u>	<u>Including Maturity Date,</u>		<u>Value</u>
	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>		
		<u>Par or Maturity Value</u>		
UnitedHealth Group Inc		106	43,624	53,621
US Foods Holding Corp		598	24,089	40,341
Wabtec Corp Com		154	13,906	29,197
Walt Disney Co		249	28,484	27,726
Wells Fargo & Co		517	23,937	36,316
Total Common Stock			<u>2,032,976</u>	<u>2,550,510</u>
U.S. Government Securities:				
GNMA Pl #663814		324 5.50% 02/15/37	323	329
GNMA Pl #690977		625 5.50% 05/15/38	627	634
GNMA Pl #701823		703 5.00% 04/15/39	732	703
GNMA Pl #705381		610 5.00% 01/15/39	638	608
GNMA Pl #745133		545 4.50% 06/15/40	575	522
GNMA Pl #746140		3,777 4.00% 09/15/40	4,057	3,531
GNMA Pl #782363		260 5.50% 07/15/38	272	264
U.S. Treasury Bonds		50,000 1.13% 05/15/40	48,488	30,072
U.S. Treasury Bonds		75,000 1.38% 08/15/50	74,722	36,572
U.S. Treasury Bonds		60,000 1.88% 02/15/41	59,084	40,195
U.S. Treasury Bonds		25,000 2.00% 02/15/50	25,331	14,517
U.S. Treasury Bonds		20,000 2.25% 08/15/46	21,669	12,911
U.S. Treasury Bonds		60,000 2.50% 02/15/45	67,191	41,629
U.S. Treasury Bonds		35,000 2.50% 05/15/46	34,588	23,833
U.S. Treasury Bonds		120,000 2.75% 08/15/42	118,051	90,154
U.S. Treasury Bonds		60,000 2.75% 11/15/42	59,395	44,840
U.S. Treasury Bonds		15,000 2.88% 05/15/43	14,788	11,361
U.S. Treasury Bonds		60,000 3.00% 02/15/49	47,930	43,652
U.S. Treasury Bonds		85,000 3.00% 05/15/47	66,181	62,815
U.S. Treasury Bonds		25,000 3.00% 11/15/45	18,636	18,799
U.S. Treasury Bonds		60,000 3.13% 05/15/48	55,056	44,944
U.S. Treasury Bonds		25,000 3.13% 11/15/41	28,544	20,117
U.S. Treasury Bonds		25,000 3.38% 08/15/42	23,191	20,636
U.S. Treasury Bonds		140,000 3.38% 11/15/48	127,108	109,344
U.S. Treasury Bonds		20,000 3.50% 02/15/39	19,953	17,530
U.S. Treasury Bonds		75,000 3.50% 09/30/26	74,098	74,055
U.S. Treasury Bonds		25,000 3.75% 08/15/41	25,019	21,992
U.S. Treasury Bonds		25,000 3.75% 11/15/43	22,550	21,527
U.S. Treasury Bonds		50,000 3.88% 08/15/40	66,823	44,993
U.S. Treasury Bonds		115,000 4.13% 07/31/28	114,516	114,207
U.S. Treasury Bonds		25,000 4.25% 11/15/40	24,820	23,497
U.S. Treasury Bonds		65,000 4.38% 05/15/40	65,056	62,179
U.S. Treasury Bonds		45,000 4.38% 08/15/43	43,950	42,341
U.S. Treasury Bonds		10,000 4.50% 02/15/36	12,972	9,986
U.S. Treasury Bonds		50,000 0.25% 06/30/25	49,202	49,044
U.S. Treasury Bonds		50,000 0.38% 04/30/25	49,816	49,366
U.S. Treasury Bonds		50,000 0.38% 11/30/25	50,008	48,283

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Similar Party</u>	<u>Lessor, or</u>	<u>Including Maturity Date,</u>				<u>Value</u>
	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
U.S. Treasury Bonds		50,000	0.38%	12/31/25	48,613	48,147
U.S. Treasury Bonds		50,000	0.50%	03/31/25	49,792	49,553
U.S. Treasury Bonds		25,000	0.63%	08/15/30	24,574	20,302
U.S. Treasury Bonds		50,000	1.00%	07/31/28	49,847	44,512
U.S. Treasury Bonds		200,000	1.13%	02/15/31	194,911	165,050
U.S. Treasury Notes		50,000	2.50%	03/31/27	48,941	48,145
U.S. Treasury Notes		175,000	1.50%	08/15/26	171,897	167,524
U.S. Treasury Notes		40,000	1.63%	02/15/26	40,388	38,857
U.S. Treasury Notes		30,000	1.63%	05/15/26	29,928	28,956
U.S. Treasury Notes		20,000	1.63%	08/15/29	20,172	17,751
U.S. Treasury Notes		25,000	1.75%	11/15/29	24,751	22,171
U.S. Treasury Notes		70,000	2.00%	11/15/26	68,101	67,183
U.S. Treasury Notes		75,000	2.00%	11/15/26	70,409	71,982
U.S. Treasury Notes		25,000	2.13%	05/15/25	24,745	24,804
U.S. Treasury Notes		50,000	2.13%	05/15/25	49,402	49,609
U.S. Treasury Notes		50,000	2.25%	02/15/27	50,112	47,983
U.S. Treasury Notes		50,000	2.25%	02/15/27	47,042	47,983
U.S. Treasury Notes		50,000	2.25%	11/15/25	49,783	49,145
U.S. Treasury Notes		25,000	2.25%	11/15/27	24,355	23,637
U.S. Treasury Notes		25,000	2.38%	03/31/29	24,941	23,073
U.S. Treasury Notes		50,000	2.38%	04/30/26	48,519	48,789
U.S. Treasury Notes		60,000	2.38%	05/15/27	59,196	57,460
U.S. Treasury Notes		25,000	2.38%	05/15/29	24,913	23,044
U.S. Treasury Notes		50,000	2.50%	02/28/26	47,964	49,019
U.S. Treasury Notes		100,000	2.63%	01/31/26	95,238	98,307
U.S. Treasury Notes		50,000	2.63%	07/31/29	50,011	46,387
U.S. Treasury Notes		75,000	2.75%	02/15/28	74,088	71,614
U.S. Treasury Notes		55,000	2.75%	02/28/25	55,018	54,861
U.S. Treasury Notes		25,000	2.75%	05/31/29	24,890	23,374
U.S. Treasury Notes		50,000	2.75%	07/31/27	49,691	48,154
U.S. Treasury Notes		50,000	2.75%	07/31/27	48,113	48,154
U.S. Treasury Notes		75,000	2.75%	08/15/32	71,553	66,512
U.S. Treasury Notes		85,000	2.75%	08/31/25	84,727	84,166
U.S. Treasury Notes		175,000	2.88%	05/15/32	170,193	157,168
U.S. Treasury Notes		35,000	2.88%	07/31/25	35,094	34,728
U.S. Treasury Notes		35,000	3.00%	07/15/25	34,602	34,774
U.S. Treasury Notes		30,000	3.13%	11/15/28	29,530	28,707
U.S. Treasury Notes		75,000	3.25%	06/30/29	73,640	71,567
U.S. Treasury Notes		30,000	3.50%	01/31/28	29,877	29,312
U.S. Treasury Notes		50,000	3.50%	01/31/28	49,534	48,854
U.S. Treasury Notes		60,000	3.50%	02/15/33	59,299	55,817
U.S. Treasury Notes		100,000	3.50%	09/15/25	98,831	99,468
U.S. Treasury Notes		50,000	3.63%	05/15/26	49,339	49,588
U.S. Treasury Notes		30,000	3.75%	04/15/26	29,956	29,810
U.S. Treasury Notes		50,000	3.75%	06/30/30	50,000	48,369
U.S. Treasury Notes		50,000	3.88%	11/30/27	49,831	49,436

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Similar Party</u>	<u>Lessor, or</u>	<u>Including Maturity Date,</u>				<u>Value</u>
	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
U.S. Treasury Notes		100,000	4.00%	01/15/27	99,738	99,508
U.S. Treasury Notes		35,000	4.00%	01/31/31	35,766	34,148
U.S. Treasury Notes		25,000	4.00%	02/15/34	24,519	23,934
U.S. Treasury Notes		135,000	4.00%	06/30/28	134,192	133,604
U.S. Treasury Notes		50,000	4.13%	01/31/25	49,425	49,989
U.S. Treasury Notes		50,000	4.13%	09/30/27	49,589	49,803
U.S. Treasury Notes		60,000	4.13%	10/31/27	59,578	59,763
U.S. Treasury Notes		50,000	4.13%	10/31/27	49,902	49,803
U.S. Treasury Notes		135,000	4.13%	11/15/32	133,298	131,668
U.S. Treasury Notes		25,000	4.38%	05/15/34	24,812	24,616
U.S. Treasury Notes		50,000	4.38%	08/15/26	49,816	50,093
U.S. Treasury Notes		25,000	4.38%	08/31/28	25,003	25,020
U.S. Treasury Notes		25,000	4.50%	05/15/27	24,921	25,125
U.S. Treasury Notes		50,000	4.63%	02/28/25	49,956	50,014
U.S. Treasury Tips		27,085	0.13%	07/15/30	26,306	24,412
U.S. Treasury Tips		58,886	0.13%	07/15/31	55,861	51,824
Total U.S. Government Securities					5,014,993	4,649,112
Corporate Bonds:						
Abbott Labs		25,000	2.95%	03/15/25	25,005	24,914
Abbvie Inc		25,000	4.50%	05/15/35	26,035	23,412
Air Prod & Chem		50,000	4.75%	02/08/31	49,310	49,632
Amazon.Com Inc		50,000	1.20%	06/03/27	49,738	46,354
American Express Co		75,000	3.95%	08/01/25	74,833	74,698
Amgen Inc		25,000	2.45%	02/21/30	27,109	22,105
Amphenol Corp		25,000	2.80%	02/15/30	24,371	22,611
Apple Inc		25,000	3.00%	11/13/27	24,956	24,139
Apple Inc		35,000	3.45%	02/09/45	34,350	26,811
AutoZone Inc		50,000	4.50%	02/01/28	49,901	49,548
Bank Of America Mtn		10,000	6.00%	10/15/36	11,750	10,383
Bristol-Myers		100,000	3.20%	06/15/26	99,800	98,226
Burlington Santa Fe		20,000	6.75%	03/15/29	24,796	21,438
Caterpillar Finl Mtn		25,000	1.10%	09/14/27	25,230	22,943
Caterpillar Finl Mtn		50,000	3.60%	08/12/27	48,273	48,939
Charles Schwab Corp		100,000	0.90%	03/11/26	99,165	95,666
Citigroup Inc		35,000	3.20%	10/21/26	34,810	34,037
Comcast Corp		50,000	3.25%	11/01/39	56,825	37,888
Cummins Inc		20,000	4.88%	10/01/43	20,230	18,330
D.R. Horton Inc		50,000	1.30%	10/15/26	49,560	47,043
Eaton Corp		25,000	4.00%	11/02/32	25,949	23,359
Eaton Corp		25,000	4.15%	11/02/42	24,925	21,079
Eli Lilly & Co		50,000	4.50%	02/09/27	49,640	50,119
Eog Resources Inc		35,000	4.15%	01/15/26	35,023	34,825
Fifth Third Bk Mtn		35,000	3.85%	03/15/26	36,231	34,560
Howmet Aerospace Inc		50,000	4.85%	10/01/31	50,096	48,999

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lesser, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
Johnson & Johnson		10,000	4.38%	12/05/33	10,193	9,693
Kellogg Co		45,000	4.50%	04/01/46	45,947	37,891
Lockheed Martin Corp		50,000	4.45%	05/15/28	49,910	49,623
Lowe's Cos Inc		25,000	2.50%	04/15/26	22,658	24,355
Marriott Internation		50,000	5.00%	10/15/27	49,448	50,398
Marsh & McLennan		50,000	4.38%	03/15/29	49,728	49,102
Martin Marietta Mat		30,000	3.50%	12/15/27	28,636	28,960
Martin Marietta Mat		50,000	3.50%	12/15/27	48,065	48,266
McKesson Corp		50,000	4.90%	07/15/28	49,880	50,159
Merck & Co Inc		25,000	2.75%	02/10/25	25,004	24,953
Meta Platforms		35,000	4.80%	05/15/30	34,528	35,291
MetLife Inc		25,000	4.55%	03/23/30	24,906	24,648
Microsoft Corp		10,000	3.50%	02/12/35	10,112	9,061
Natl Rural Util Mtn		50,000	4.80%	03/15/28	50,520	50,088
NextEra Energy Cap		25,000	2.75%	11/01/29	25,481	22,672
Northern Trst Co		25,000	3.95%	10/30/25	24,588	24,849
Nucor Corp		50,000	2.00%	06/01/25	52,770	49,390
O'Reilly Automot		35,000	4.70%	06/15/32	35,290	33,811
Oracle Corp		25,000	6.13%	07/08/39	30,883	25,897
Parker-Hannifin Corp		50,000	4.25%	09/15/27	48,225	49,473
Parker-Hannifin Corp		50,000	4.25%	09/15/27	49,675	49,473
PepsiCo Inc		30,000	2.75%	04/30/25	29,841	29,836
Qualcomm Inc		50,000	2.15%	05/20/30	53,091	43,883
Roper Technologies		50,000	4.20%	09/15/28	48,380	48,811
Southern Power		25,000	5.15%	09/15/41	25,973	23,346
Starbucks Corp		50,000	2.00%	03/12/27	53,166	47,238
Sysco Corp		75,000	3.75%	10/01/25	74,592	74,513
T-Mobile USA Inc		40,000	4.75%	02/01/28	38,910	39,750
T-Mobile USA Inc		60,000	4.95%	03/15/28	59,676	60,028
Target Corp		50,000	2.25%	04/15/25	53,779	49,630
Texas Instrs Inc		25,000	3.65%	08/16/32	22,563	22,945
Thermo Fisher Scien		25,000	1.75%	10/15/28	24,292	22,483
Thermo Fisher Scien		50,000	1.75%	10/15/28	48,913	44,966
Union Pacific Corp		25,000	3.38%	02/01/35	24,405	21,690
US Bank Natl Mtn		25,000	2.80%	01/27/25	24,988	24,954
Verizon Comm Inc		25,000	4.27%	01/15/36	24,786	22,484
Walt Disney Company		50,000	2.00%	09/01/29	52,478	44,462
Wyeth		10,000	6.50%	02/01/34	11,746	10,882
Zoetis Inc		50,000	2.00%	05/15/30	52,050	43,018
Total Corporate Bonds					<u>2,567,987</u>	<u>2,435,030</u>
Mutual Funds:						
Vanguard Russell 1000 Gr-Is		3,617			<u>1,710,330</u>	<u>2,873,777</u>
Totals					<u>\$ 12,600,950</u>	<u>\$ 13,783,093</u>

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A.
HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Local Union No. 373 U.A. Health and Welfare Fund
Mountainville, New York

Opinion

We have audited the financial statements of Local Union No. 373 U.A. Health and Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Local Union No. 373 U.A. Health and Welfare Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Local Union No. 373 U.A. Health and Welfare 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 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local Union No. 373 U.A. Health and Welfare Fund ability to continue as a going concern for one year after the date the financial statements are available to be issued.



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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Local Union No. 373 U.A. Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local Union No. 373 U.A. Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "MSPC". The letters are cursive and somewhat stylized.

MSPC

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 6, 2025

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2024</u>	<u>2023</u>
<i>Assets:</i>		
Investments at Fair Value:		
Short-Term Investments	\$ 1,274,664	\$ 939,188
Common Stock	2,550,510	2,700,675
U.S. Government Securities	4,649,112	3,963,474
Corporate Bonds	2,435,030	2,135,638
Mutual Funds	<u>2,873,777</u>	<u>2,317,100</u>
Total Investments at Fair Value	<u>13,783,093</u>	<u>12,056,075</u>
Receivables:		
Employers' and Reciprocals' Contributions	793,309	658,030
Accrued Interest	76,059	60,556
Due from Related Funds	107,830	176,409
Stop Loss Reimbursement	<u>15,956</u>	<u>--</u>
Total Receivables	<u>993,154</u>	<u>894,995</u>
Property and Equipment - Net	<u>3,757</u>	<u>--</u>
Cash	<u>1,288,159</u>	<u>1,912,960</u>
Prepaid Expenses	<u>94,613</u>	<u>84,229</u>
Total Assets	<u>16,162,776</u>	<u>14,948,259</u>
<i>Liabilities:</i>		
Accrued Expenses	17,200	58,235
Reciprocals Payable	4,357	27,510
Surety Deposits	<u>6,982</u>	<u>6,982</u>
Total Liabilities	<u>28,539</u>	<u>92,727</u>
Net Assets Available for Benefits	<u>\$ 16,134,237</u>	<u>\$ 14,855,532</u>

See Accompanying Notes to Financial Statements.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31,	
	2024	2023
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 980,604	\$ 1,040,863
Interest and Dividends	318,103	255,903
Totals	1,298,707	1,296,766
Less: Investment Manager Fees	60,049	50,085
Net Investment Income	1,238,658	1,246,681
Employers' Contributions	7,636,702	7,581,888
Other Income:		
Pensioners' Premiums	333,841	349,900
Participants COBRA	172,638	68,266
Miscellaneous	3,337	17,228
Total Other Income	509,816	435,394
Total Additions - Forward	9,385,176	9,263,963
Deductions from Net Assets Attributed to:		
Paid Directly to/or on behalf of Participants:		
Medical and Prescriptions	4,737,587	4,737,517
Vacation	2,033,018	1,561,922
Health Reimbursements	588,766	509,876
Stop Loss Premiums	493,820	385,477
Retiree Premiums	384,638	387,704
Supplemental Unemployment	31,400	8,200
Death Benefits	30,000	35,000
Life Insurance Premiums	25,879	24,040
Other Benefits	13,396	13,482
Totals	8,338,504	7,663,218
Less: Stop Loss Reimbursements	503,978	892,573
Total Benefits Paid Directly to/or on behalf of Participants	7,834,526	6,770,645
Administrative Expenses:		
Salaries	62,316	64,610
Fringe Benefits	41,922	40,814
Actuarial	33,600	32,680
Accounting	26,900	28,100
Fund Coordinator	19,350	19,350
Office	15,534	17,518
Insurance	15,419	10,437
Lease	14,084	12,618
Legal	13,380	16,080
Computer	11,781	6,773
Investment Consultant	6,000	6,000
Payroll Taxes	4,767	4,775
Meetings and Conferences	4,171	5,671
PCORI	2,099	1,626
Depreciation	622	3,371
Total Administrative Expenses	271,945	270,423
Total Deductions - Forward	8,106,471	7,041,068

See Accompanying Notes to Financial Statements.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Statements of Changes in Net Assets Available for Benefits

	Years ended	
	December 31,	
	<u>2024</u>	<u>2023</u>
Total Additions - Forwarded	\$ 9,385,176	\$ 9,263,963
Total Deductions - Forwarded	<u>8,106,471</u>	<u>7,041,068</u>
Net Increase in Net Assets Available for Benefits	1,278,705	2,222,895
Net Assets Available for Benefits - Beginning of Years	<u>14,855,532</u>	<u>12,632,637</u>
Net Assets Available for Benefits - End of Years	<u>\$ 16,134,237</u>	<u>\$ 14,855,532</u>

See Accompanying Notes to Financial Statements.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(1) Description of the Plan

The following brief description of the Local Union No. 373 U.A. Health and Welfare Fund (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer, defined benefit health and welfare fund which was established in accordance with an agreement and declaration of trust, as amended, between U.A. Local Union 373 (the "Local") and the Mechanical Contractors Association of Rockland, Orange, Sullivan Counties, Inc. (the "Association"). The Association is comprised of various employers who participate in the Collective Bargaining Agreement with the Local. The Plan is administered by a Board of Trustees, comprised of representatives of the Local and the Association. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions - All contributions to the Plan are made by participating employers in accordance with their collective bargaining agreements with the Local. The collective bargaining agreements require monthly contributions to the Plan at fixed rates based upon hours worked and employee classification.

Eligibility - Participants must accumulate at least 300 hours of covered employment during the immediately preceding eligibility quarter, or have been credited with 600 hours of covered employment during the immediately preceding two eligibility quarters to qualify for health and welfare benefits. Participants covered by the plan include members of Local Union 373, Fund employees, eligible dependents and eligible pensioners.

Benefits - The Plan provides health benefits (hospital, surgical, major medical, diagnostic x-ray, optical and prescription drug), life insurance coverage, SUB, and other benefits to eligible participants and to their beneficiaries and covered dependents.

The Plan offers a health reimbursement arrangement (HRA) to eligible participants who have contributions made on their behalf. An HRA is an account that the Plan establishes and maintains on behalf of participants to keep track of contributions, claims paid and a participant's available balance. Each HRA is funded exclusively through contributions made on a participant's behalf by an employer that contributes to the Plan under a collective bargaining or participation agreement. The amount of contributions is determined by the employers' collective bargaining agreements and is subject to change or discontinuance by the Board of Trustees at any time. Eligible participants who cease to be employed by a participating employer and no longer have contributions made to the Plan on their behalf will be ineligible to have contributions made to the HRA, but they will continue to be entitled to benefits from the HRA to the extent that can be provided from their account. The remaining balance in an individual's HRA at the end of the calendar year carries forward into the following calendar year. Funds in the HRA are available to be used for the payment of certain healthcare expenses for participants and their dependents.

The Plan also offers a vacation benefit to eligible participants who have contributions made on their behalf. The vacation benefit account consists of the amounts contributed to the Plan by an employer on behalf of a participants work, less any distributions made from the vacation benefit account. Vacation payments are made twice a year, in spring and fall.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(1) Description of the Plan (Continued)

Plan Amendments - As of December 31, 2024, the following plan amendments occurred:

- 1) On or after July, 2023, the participant may elect to continue the Insurance program coverage if the following requirements are met:
 - (a) continuously available for covered employment during the seven consecutive years prior to the participant pension date; or (b) available for covered employment for a total of 35 years during the participant's membership in Local 373 and covered by the Insurance Program in at least 7 of the 10 years immediately preceding the participant's pension date. Not being available for covered employment includes, but is not limited to, a participant who has been suspended from his Union, transferred to another Union, withdrawn from his Union or whose Union informs the Fund that the participant has not been available for covered employment. The participant will also be deemed unavailable for covered employment if they are working in other full time employment
 - The participant must be covered by this Insurance Program on the effective date of the participant pension, and
 - The participant must make timely premium payments to the Fund. If the participant fails to make timely premium payments, the coverage as an eligible pensioner will terminate and will not be reinstated.
- 2) Effective July 1, 2024, the vacation and paid sick leave program was revised as followed:
 - Spring vacation payment- Around May 1st of each year, the Fund Office will distribute to the participant, in a single check, the portion of the participant account attributable to the participant's work in the previous calendar year less any distributions for that previous calendar year.
 - Fall vacation payment- Around December 1st of each year, the Fund Office will distribute to the participant, a single check. Journeymen will receive up to \$2,000 or the balance of their participant account, whichever is less and apprentices will receive up to \$1,500 or the balance of their participant account, whichever is less.
 - Effective July 1, 2024, if the participant has a balance in their vacation account the participant may receive an Interim Withdrawal from their individual vacation account. The Interim Withdrawal Option is available if the participant has been unemployed for four (4) consecutive weeks and is receiving state unemployment benefits.
- 3) Effective July 1, 2024, the terms of the Supplemental Unemployment Benefit Program and the Supplemental Disability Benefit were updated to provide for a weekly benefit payment of \$150. A participant may not receive more than one benefit payment for the same week and may not simultaneously receive both a Supplemental Unemployment Benefit and a Supplemental Disability Benefit for the same week. Additionally, no more than ten (10) weekly Supplemental Unemployment Benefit payments may be made to any one participant during a single Plan year due to unemployment.

(2) Summary of Significant Accounting Policies

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

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Adoption of New Accounting Standard - Effective January 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan is subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

On July 30, 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets. This standard allows entities to elect a practical expedient that assumes that current conditions as of the fiscal year-end do not change for the remaining life of the asset. In addition, the standard provides for consideration of subsequent collections in developing reasonable and supportable forecasts as part of estimating expected credit losses. The Plan elected to early adopt this standard in the reporting period ended December 31, 2024.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported ("IBNR"), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - Certain investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plans custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' Contributions Receivable - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on fixed rates based upon hours worked of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection, including subsequent period collection activity. As of December 31, 2024 and 2023, the Plan did not record an expected credit loss for employers' contributions receivable.

Property and Equipment - Property and equipment employed in operations are recorded at cost and depreciation is computed using the straight-line method over the estimated useful life of the asset. Gain or loss, if any, is recognized upon the disposal of property and equipment and the asset and related accumulated depreciation are removed from the accounts. The other affiliated funds of the Plan are allocated a portion of depreciation expense.

Long-Lived Asset Impairment - The Plan evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. There was no asset impairment during the years ended December 31, 2024 and 2023.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Leases - Leases are categorized at their inception as either operating or financing leases. Operating right-of-use assets and liabilities are recognized at the lease commencement date based on the present value of the lease payments over the lease term. Leased assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease. The lease term may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Plan uses a risk-free interest rate as a discount rate for present value of the lease payments when the rate implicit in the contract is not readily determinable.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plans. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits

Payments of Benefits - Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

Stop Loss Reimbursements - Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included in premium payments in the accompanying statements of changes in net assets available for benefits as of December 31, 2024 and 2023. Stop-loss refunds totaling \$503,978 and \$892,573 have been netted against claims paid in the accompanying statements of changes in net assets available for benefits, respectively.

Health Reimbursement Arrangement (HRA) - Included in the accompanying statements of Net Assets Available for Benefits are amounts available for qualifying medical expenses, as of December 31, 2024 and 2023, HRA account balances were \$4,580,096 and \$4,330,473, respectively.

Vacation Benefits - Included in the accompanying statements of Net Assets Available for Benefits are amounts payable to eligible participants. The amounts payable to the participants are benefits based on contributions received through the end of the year. As of December 31, 2024 and 2023, the Vacation liability balances were \$2,033,018 and \$1,591,093, respectively.

Subsequent Events - The Plan has evaluated subsequent events through October 6, 2025, the date on which the financial statements were available to be issued.

(3) Benefit Obligations

Postretirement Benefits - The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered through December 31, 2024. Postretirement benefits include future benefits expected to be paid to or for: (1) currently retired or terminated participants and their beneficiaries and dependents and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employees' full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(3) Benefit Obligations (Continued)

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

The following are the significant assumptions used in the valuations as of December 31, 2024 and 2023.

<u>Assumption</u>	<u>2 0 2 4</u>	<u>2 0 2 3</u>
Weighted-average discount rate	5.55%	4.82%
Mortality Table	PRI-2012 Blue Collar Employee and Healthy Retiree Tables with Generational projection using Scale MP-2021	PRI-2012 Blue Collar Employee and Healthy Retiree Tables with Generational projection using Scale MP-2021
Average retirement age	5% of participants 55-61 25% of participants 62-64 and 100% of participants 65 and over	5% of participants 55-61 25% of participants 62-64 and 100% of participants 65 and over

If the medical cost inflation assumption is increased by 1%, the benefit obligations would increase by \$3,130,276 as of December 31, 2024.

The following tables present the components of the Plan's benefit obligations and the related changes in the Plan's benefit obligations.

Benefit Obligations:

	<u>December 31,</u>	
	<u>2 0 2 4</u>	<u>2 0 2 3</u>
Amounts Currently Payable to or for Participants:		
Health Claims Payable, Claims Incurred but not Reported	\$ 404,792	\$ 520,760
Vacation Benefit Payable	2,033,018	1,591,093
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts:		
Accumulated Eligibility Credits (net of HRA and vacation liabilities of \$6,613,114 and \$5,921,566, Respectively)	<u>3,398,995</u>	<u>2,340,211</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>5,836,805</u>	<u>4,452,064</u>
Postretirement Benefit Obligations:		
Current Retirees, Spouses and Beneficiaries	6,613,946	4,754,785
Other Participants Fully Eligible for Benefits	6,622,363	5,897,642
Other Participants Not Yet Fully Eligible for Benefits	<u>5,454,719</u>	<u>7,197,218</u>
Totals	<u>18,691,028</u>	<u>17,849,645</u>
<u>Total Benefit Obligations</u>	<u>\$ 24,527,833</u>	<u>\$ 22,301,709</u>

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(3) Benefit Obligations (Continued)

Changes in Benefit Obligations:

	<u>Years ended</u> <u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants:		
Balance - Beginning of Years	\$ 2,111,853	\$ 1,382,526
Claims Reported and Approved for Payment	7,096,562	7,028,766
Claims Paid	(6,770,605)	(6,299,439)
Balance - End of Years	2,437,810	2,111,853
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts:		
Balance - Beginning of Years	2,340,211	2,264,752
Net Change During Years	1,058,784	75,459
Balance - End of Years	3,398,995	2,340,211
Total Obligations Other Than Postretirement Benefit Obligation	5,836,805	4,452,064
Postretirement Benefit Obligations:		
Balance - Beginning of Years	17,849,645	16,480,670
Passage of Time	848,151	813,346
Expected Benefits Paid and Claims	3,121,673	(297,794)
Benefit Accrual and Plan Experience	1,835	(229,964)
Changes in Actuarial Assumptions	(3,130,276)	1,083,387
Balance - End of Years	18,691,028	17,849,645
<u>Total Benefit Obligations - End of Years</u>	<u>\$ 24,527,833</u>	<u>\$ 22,301,709</u>

As of December 31, 2024, the changes in actuarial assumptions is due to the healthcare cost trend assumption which was updated based on the 2024 Getzen model released by the SOA and adjusted to reflect the expected impact of the Inflation Reduction Act. The discount rate increased from 4.82% to 5.55% based on matching the plan's projected cash flows to the spot rates in the FTSE Pension Discount Curve as of the valuation measurement date.

As of December 31, 2023, the changes in actuarial assumptions is due to the healthcare cost trend assumption which was updated based on the 2024 Getzen model released by the SOA. The discount rate decreased from 5.01% to 4.82% based on matching the plan's projected cash flows to the spot rates in the FTSE Pension Discount Curve as of the valuation measurement date.

The above figures were prepared by the Plan's consulting actuaries and are based upon their latest actuarial valuation as of December 31, 2024. The actuarial assumptions and techniques are related primarily to participant data, reasonable expectations and represent an estimate of anticipated experience under the Plan. Actual results could differ from those assumptions.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(4) Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes framework for measuring fair value. That framework 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 market prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2-Inputs to the valuation methodology include:

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

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

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

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

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

Short-Term Investments: Valued using amortized cost, which approximates fair value.

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

U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1). Those U.S. government securities without quoted market prices are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	<u>Assets at Fair Value as of December 31, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Short-Term Investments	\$ 1,274,664	\$ --	\$ --	\$ 1,274,664
Common Stock	2,550,510	--	--	2,550,510
U.S. Government Securities	4,642,520	6,592	--	4,649,112
Corporate Bonds	--	2,435,030	--	2,435,030
Mutual Funds	<u>2,873,777</u>	<u>--</u>	<u>--</u>	<u>2,873,777</u>
<u>Total Assets at Fair Value</u>	<u>\$ 11,341,471</u>	<u>\$ 2,441,622</u>	<u>\$ --</u>	<u>\$ 13,783,093</u>

	<u>Assets at Fair Value as of December 31, 2023</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Short-Term Investments	\$ 939,188	\$ --	\$ --	\$ 939,188
Common Stock	2,700,675	--	--	2,700,675
U.S. Government Securities	3,955,772	7,702	--	3,963,474
Corporate Bonds	--	2,135,638	--	2,135,638
Mutual Funds	<u>2,317,100</u>	<u>--</u>	<u>--</u>	<u>2,317,100</u>
<u>Total Assets at Fair Value</u>	<u>\$ 9,912,735</u>	<u>\$ 2,143,340</u>	<u>\$ --</u>	<u>\$ 12,056,075</u>

Transfers Between Levels - 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.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(5) Property and Equipment

Property and equipment consist of the following at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>	<u>Useful Life</u>
Computer Software	\$ 71,733	\$ 67,356	5 Years
Leasehold Improvement	<u>51,712</u>	<u>51,712</u>	20 Years
Total	123,445	119,068	
Less: Accumulated Depreciation	<u>119,688</u>	<u>119,068</u>	
<u>Property and Equipment - Net</u>	<u>\$ 3,757</u>	<u>\$ --</u>	

Depreciation expense for the years ended December 31, 2024 and 2023 was \$622 and \$3,371, respectively.

(6) Related Party and Party in Interest

The Plan operates in a jointly administered office with related Funds. General operating expenses, salaries and rent are paid out of a business office account funded by reimbursements from the Funds and contractor contributions. Those revenues and expenses are allocated between the related Funds based upon the established contribution rates and usage percentages. The Plan's allocated share of salaries, employee benefits and other administrative expenses amounted to \$194,412 and \$174,637 for the years ended December 31, 2024 and 2023, respectively. As of December 31, 2024 and 2023, the Plan had related receivable balances as follows:

	<u>2024</u>	<u>2023</u>
Due from Local Union No. 373 Pension Fund	\$ --	\$ (5,561)
Due from Business Operating Account Local Union 373	<u>107,830</u>	<u>181,970</u>
<u>Due from Related Funds</u>	<u>\$ 107,830</u>	<u>\$ 176,409</u>

The Plan is allocated rent from the Business Operating Account Local Union 373, which has a real estate lease through December 31, 2040 with Local Union No. 373 Building Fund, an affiliated organization. The lease agreement calls for monthly payments from the Business Operating Account Local Union 373 of \$1,868. For the years ended December 31, 2024 and 2023, the Plan incurred \$14,084 and \$12,618, respectively, as the Plan's allocated share of the rent for the building occupied by the Union and related Funds.

(7) Reciprocity Agreements

The Plan follows the United Association of the Plumbing and Pipefitting Industry reciprocity agreements. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from participating employers on behalf of temporary employees to and from the employees' participating local unions.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(7) Reciprocity Agreements (Continued)

For the years ended December 31, 2024 and 2023, the Plan remitted reciprocal payments of \$89,059 and \$81,482, respectively, and received reciprocal payments of \$422,577 and \$343,151, respectively, in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employer's contributions in the statement of changes in net assets available for benefits. No allowance for credit losses as of December 31, 2024 or 2023, was necessary for reciprocal payments due to the Plan.

(8) Tax Status

The Plan has received an exemption letter from the IRS stating that the VEBA trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Termination of the Plan

Although it has not expressed any intention to do so, the Plan may be terminated by the Board of Trustees, by unanimous vote, subject to collective bargaining agreements and applicable law. Upon termination of the trust, it shall be divided in accordance with the Board of Trustees determination and applicable law. In no event shall any assets of the Trust revert to any employer or union.

(10) Significant Participating Employers

During the years ended December 31, 2024 and 2023, the Plan had the following employers which individually represented 10% or more of total contributions:

	<u>2024</u>	<u>2023</u>
Employer A	16%	25%
Employer B	7%	13%
Employer C	<u>13%</u>	<u>10%</u>
<u>Totals</u>	<u>36%</u>	<u>48%</u>

In the event these participating employers were to suspend contributions, the Plan would retain the risk of meeting current plan obligations until the appropriate adjustments were made.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND

Notes to Financial Statements

(11) Risks and Uncertainties

Investment Risk - The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Actuarial Assumptions - Plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, healthcare cost trend rate and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Concentration of Credit Risk - The Plan maintains cash accounts at high credit-quality financial institutions. Cash accounts at these financial institutions are insured by the Federal Deposit Insurance Corporation ("FDIC") up to \$250,000. From time to time, the Plan may have amounts on deposit in excess of FDIC limits. Management believes the Plan is not exposed to any significant credit risk on its cash accounts. As of the years ended December 31, 2024 and 2023, the Plan had cash balances in excess of federally insured limits of \$1,330,000 and \$1,730,000, respectively.

(12) Reconciliation of Financial Statements to Form 5500

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

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 16,134,237	\$ 14,855,532
Less: Health Claims Currently Payable	404,792	520,760
Less: Vacation Benefits Currently Payable	2,033,018	1,591,093
<u>Net Assets Available for Benefits per the Form 5500</u>	<u>\$ 13,696,427</u>	<u>\$ 12,743,679</u>

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

	<u>December 31,</u>
	<u>2024</u>
Benefits Paid to Participants per the Financial Statements	\$ 7,834,526
Add: Amounts Currently Payable at December 31, 2024:	
Health Claims	404,792
Vacation Benefits	2,033,018
Less: Amounts Currently Payable at December 31, 2023:	
Health Claims	(520,760)
Vacation Benefits	(1,591,093)
<u>Benefits Paid to Participants per the Form 5500</u>	<u>\$ 8,160,483</u>

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SUPPLEMENTARY INFORMATION

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>			<u>Cost</u>	<u>Current</u> <u>Value</u>	
Short-Term Investments:						
U.S. Treasury Bills	50,000		02/20/25	\$ 49,716	\$ 49,716	
Wilmington US Govt Money Mkt Cl Inst	500,053			500,053	500,053	
Beal Bank USA CD	242,000	4.35%	06/25/25	242,145	242,145	
Charles Schwab Bk CD	242,000	4.00%	08/26/25	242,382	242,382	
Zions Bancorp CD	240,000	5.30%	03/05/25	240,368	240,368	
Total Short-Term Investments				<u>1,274,664</u>	<u>1,274,664</u>	
Common Stock:						
Abbott Laboratories	292			28,138	33,028	
Abbvie Inc	318			53,554	56,509	
Allegion Plc	98			11,149	12,807	
Alphabet Inc Cl A	388			34,991	73,448	
American Express Co	151			26,463	44,815	
Amgen Inc Com	113			28,972	29,452	
Aon Plc	96			29,972	34,479	
Applied Materials Inc Com	118			11,117	19,190	
AstraZeneca Group Plc Sponsored Adr	293			19,283	19,197	
AutoNation Inc	142			21,960	24,117	
AutoZone Inc Com	11			11,735	35,222	
Blue Owl Capital Inc Cl A	1,333			24,001	31,006	
Booking Holdings Inc	3			6,110	14,905	
Builders Firstsource	96			16,126	13,721	
Canadian Natural Resources Ltd	685			9,401	21,146	
Cencora, Inc	194			25,903	43,588	
Cenovus Energy Inc	1,624			26,410	24,604	
CenterPoint Energy Inc	869			21,577	27,573	
Chubb Ltd	60			8,717	16,578	
Coca-Cola Europacific Partners Plc	205			9,098	15,746	
ConocoPhillips	360			28,208	35,701	
Corpay Inc	108			28,621	36,549	
CRH Plc	491			25,751	45,427	
Deere & Co Common	47			12,190	19,914	
Dell Technologies Inc Cl C	207			11,377	23,855	
Delta Air Lines Inc	429			25,719	25,955	
Diamondback Energy Inc	252			45,881	41,285	
Discover Financial Services	259			35,807	44,867	
Emerson Electric Co	262			29,021	32,470	
Fidelity Natl Information Services	545			39,649	44,020	
FirstEnergy Corp	753			30,622	29,954	
Flex Ltd	917			27,088	35,204	
Fortive Corp	352			23,612	26,400	
Gallagher Arthur J. & Co	53			10,088	15,044	
General Dynamics Corp Com	102			19,544	26,876	
Goldman Sachs Group Inc Com	36			10,388	20,614	

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Hewlett Packard Enterprise Company	870	18,755	18,575
	Hologic Inc Com	280	21,870	20,185
	Home Depot Inc Com	72	25,506	28,007
	Honeywell Intl Inc Com	252	52,011	56,924
	Humana Inc Com	21	5,330	5,328
	Huntington Bancshares Inc Com	2,313	30,872	37,633
	Intercontinental Exchange, Inc	116	12,251	17,285
	Jacobs Solutions Inc	207	23,479	27,659
	Johnson & Johnson	36	5,200	5,206
	JP Morgan Chase & Co	529	62,951	126,807
	KBR Inc	242	15,692	14,019
	Kenvue Inc	1,582	34,399	33,776
	Keysight Technologies Inc	156	24,192	25,058
	Kinross Gold Corporation	2,194	18,893	20,338
	Leidos Holdings, Inc	176	17,645	25,355
	Lennar Corp Cl A	148	23,635	20,183
	LPL Financial Holdings Inc	148	38,533	48,323
	Marathon Petroleum Corporation	196	12,338	27,342
	Masco Corp	201	11,030	14,587
	McKesson Corporation Com	72	24,704	41,034
	Medtronic Plc	64	5,184	5,112
	Microchip Technology Inc Com	358	26,392	20,531
	Micron Technology Inc Com	372	25,663	31,308
	MGM Resorts International	293	12,945	10,152
	Morgan Stanley Group Inc	307	26,800	38,596
	NextEra Energy Inc	271	19,459	19,428
	Nice Ltd - Sponsored Adr	103	18,731	17,494
	Norfolk Southern Corp	160	41,106	37,552
	NXP Semiconductors Nv	65	12,015	13,510
	Omnicom Group Inc Com	287	26,319	24,693
	Oracle Corporation Com	375	43,140	62,490
	Philip Morris Intl Inc	486	48,391	58,490
	Phillips 66	92	12,099	10,482
	Ppl Corp Com	796	27,506	25,838
	Robert Half Inc	278	18,754	19,588
	Sanofi-Adr	108	5,241	5,209
	Schlumberger Ltd	942	32,908	36,116
	Smurfit Westrock Plc	446	20,987	24,022
	Sysco Corp Common	653	50,427	49,928
	Teck Resources Ltd- Cl B	609	27,234	24,683
	T-Mobile Us Inc	118	15,099	26,046
	The Cigna Group	19	5,307	5,247
	Trimble Incorporated	262	16,183	18,513
	Uber Technologies Inc	425	26,243	25,636
	United Airlines Holdings, Inc	262	21,518	25,440
	United Rentals Inc Com	26	5,756	18,315

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>	
UnitedHealth Group Inc	106	43,624	53,621	
US Foods Holding Corp	598	24,089	40,341	
Wabtec Corp Com	154	13,906	29,197	
Walt Disney Co	249	28,484	27,726	
Wells Fargo & Co	517	23,937	36,316	
Total Common Stock		2,032,976	2,550,510	
U.S. Government Securities:				
GNMA PI #663814	324 5.50% 02/15/37	323	329	
GNMA PI #690977	625 5.50% 05/15/38	627	634	
GNMA PI #701823	703 5.00% 04/15/39	732	703	
GNMA PI #705381	610 5.00% 01/15/39	638	608	
GNMA PI #745133	545 4.50% 06/15/40	575	522	
GNMA PI #746140	3,777 4.00% 09/15/40	4,057	3,531	
GNMA PI #782363	260 5.50% 07/15/38	272	264	
U.S. Treasury Bonds	50,000 1.13% 05/15/40	48,488	30,072	
U.S. Treasury Bonds	75,000 1.38% 08/15/50	74,722	36,572	
U.S. Treasury Bonds	60,000 1.88% 02/15/41	59,084	40,195	
U.S. Treasury Bonds	25,000 2.00% 02/15/50	25,331	14,517	
U.S. Treasury Bonds	20,000 2.25% 08/15/46	21,669	12,911	
U.S. Treasury Bonds	60,000 2.50% 02/15/45	67,191	41,629	
U.S. Treasury Bonds	35,000 2.50% 05/15/46	34,588	23,833	
U.S. Treasury Bonds	120,000 2.75% 08/15/42	118,051	90,154	
U.S. Treasury Bonds	60,000 2.75% 11/15/42	59,395	44,840	
U.S. Treasury Bonds	15,000 2.88% 05/15/43	14,788	11,361	
U.S. Treasury Bonds	60,000 3.00% 02/15/49	47,930	43,652	
U.S. Treasury Bonds	85,000 3.00% 05/15/47	66,181	62,815	
U.S. Treasury Bonds	25,000 3.00% 11/15/45	18,636	18,799	
U.S. Treasury Bonds	60,000 3.13% 05/15/48	55,056	44,944	
U.S. Treasury Bonds	25,000 3.13% 11/15/41	28,544	20,117	
U.S. Treasury Bonds	25,000 3.38% 08/15/42	23,191	20,636	
U.S. Treasury Bonds	140,000 3.38% 11/15/48	127,108	109,344	
U.S. Treasury Bonds	20,000 3.50% 02/15/39	19,953	17,530	
U.S. Treasury Bonds	75,000 3.50% 09/30/26	74,098	74,055	
U.S. Treasury Bonds	25,000 3.75% 08/15/41	25,019	21,992	
U.S. Treasury Bonds	25,000 3.75% 11/15/43	22,550	21,527	
U.S. Treasury Bonds	50,000 3.88% 08/15/40	66,823	44,993	
U.S. Treasury Bonds	115,000 4.13% 07/31/28	114,516	114,207	
U.S. Treasury Bonds	25,000 4.25% 11/15/40	24,820	23,497	
U.S. Treasury Bonds	65,000 4.38% 05/15/40	65,056	62,179	
U.S. Treasury Bonds	45,000 4.38% 08/15/43	43,950	42,341	
U.S. Treasury Bonds	10,000 4.50% 02/15/36	12,972	9,986	
U.S. Treasury Bonds	50,000 0.25% 06/30/25	49,202	49,044	
U.S. Treasury Bonds	50,000 0.38% 04/30/25	49,816	49,366	
U.S. Treasury Bonds	50,000 0.38% 11/30/25	50,008	48,283	

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>			<u>Cost</u>	<u>Current</u> <u>Value</u>	
U.S. Treasury Bonds	50,000	0.38%	12/31/25	48,613	48,147	
U.S. Treasury Bonds	50,000	0.50%	03/31/25	49,792	49,553	
U.S. Treasury Bonds	25,000	0.63%	08/15/30	24,574	20,302	
U.S. Treasury Bonds	50,000	1.00%	07/31/28	49,847	44,512	
U.S. Treasury Bonds	200,000	1.13%	02/15/31	194,911	165,050	
U.S. Treasury Notes	50,000	2.50%	03/31/27	48,941	48,145	
U.S. Treasury Notes	175,000	1.50%	08/15/26	171,897	167,524	
U.S. Treasury Notes	40,000	1.63%	02/15/26	40,388	38,857	
U.S. Treasury Notes	30,000	1.63%	05/15/26	29,928	28,956	
U.S. Treasury Notes	20,000	1.63%	08/15/29	20,172	17,751	
U.S. Treasury Notes	25,000	1.75%	11/15/29	24,751	22,171	
U.S. Treasury Notes	70,000	2.00%	11/15/26	68,101	67,183	
U.S. Treasury Notes	75,000	2.00%	11/15/26	70,409	71,982	
U.S. Treasury Notes	25,000	2.13%	05/15/25	24,745	24,804	
U.S. Treasury Notes	50,000	2.13%	05/15/25	49,402	49,609	
U.S. Treasury Notes	50,000	2.25%	02/15/27	50,112	47,983	
U.S. Treasury Notes	50,000	2.25%	02/15/27	47,042	47,983	
U.S. Treasury Notes	50,000	2.25%	11/15/25	49,783	49,145	
U.S. Treasury Notes	25,000	2.25%	11/15/27	24,355	23,637	
U.S. Treasury Notes	25,000	2.38%	03/31/29	24,941	23,073	
U.S. Treasury Notes	50,000	2.38%	04/30/26	48,519	48,789	
U.S. Treasury Notes	60,000	2.38%	05/15/27	59,196	57,460	
U.S. Treasury Notes	25,000	2.38%	05/15/29	24,913	23,044	
U.S. Treasury Notes	50,000	2.50%	02/28/26	47,964	49,019	
U.S. Treasury Notes	100,000	2.63%	01/31/26	95,238	98,307	
U.S. Treasury Notes	50,000	2.63%	07/31/29	50,011	46,387	
U.S. Treasury Notes	75,000	2.75%	02/15/28	74,088	71,614	
U.S. Treasury Notes	55,000	2.75%	02/28/25	55,018	54,861	
U.S. Treasury Notes	25,000	2.75%	05/31/29	24,890	23,374	
U.S. Treasury Notes	50,000	2.75%	07/31/27	49,691	48,154	
U.S. Treasury Notes	50,000	2.75%	07/31/27	48,113	48,154	
U.S. Treasury Notes	75,000	2.75%	08/15/32	71,553	66,512	
U.S. Treasury Notes	85,000	2.75%	08/31/25	84,727	84,166	
U.S. Treasury Notes	175,000	2.88%	05/15/32	170,193	157,168	
U.S. Treasury Notes	35,000	2.88%	07/31/25	35,094	34,728	
U.S. Treasury Notes	35,000	3.00%	07/15/25	34,602	34,774	
U.S. Treasury Notes	30,000	3.13%	11/15/28	29,530	28,707	
U.S. Treasury Notes	75,000	3.25%	06/30/29	73,640	71,567	
U.S. Treasury Notes	30,000	3.50%	01/31/28	29,877	29,312	
U.S. Treasury Notes	50,000	3.50%	01/31/28	49,534	48,854	
U.S. Treasury Notes	60,000	3.50%	02/15/33	59,299	55,817	
U.S. Treasury Notes	100,000	3.50%	09/15/25	98,831	99,468	
U.S. Treasury Notes	50,000	3.63%	05/15/26	49,339	49,588	
U.S. Treasury Notes	30,000	3.75%	04/15/26	29,956	29,810	
U.S. Treasury Notes	50,000	3.75%	06/30/30	50,000	48,369	
U.S. Treasury Notes	50,000	3.88%	11/30/27	49,831	49,436	

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Similar Party</u>	<u>Lessor, or</u>	<u>Including Maturity Date,</u>				<u>Value</u>
	<u>Similar Party</u>	<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
U.S. Treasury Notes		100,000	4.00%	01/15/27	99,738	99,508
U.S. Treasury Notes		35,000	4.00%	01/31/31	35,766	34,148
U.S. Treasury Notes		25,000	4.00%	02/15/34	24,519	23,934
U.S. Treasury Notes		135,000	4.00%	06/30/28	134,192	133,604
U.S. Treasury Notes		50,000	4.13%	01/31/25	49,425	49,989
U.S. Treasury Notes		50,000	4.13%	09/30/27	49,589	49,803
U.S. Treasury Notes		60,000	4.13%	10/31/27	59,578	59,763
U.S. Treasury Notes		50,000	4.13%	10/31/27	49,902	49,803
U.S. Treasury Notes		135,000	4.13%	11/15/32	133,298	131,668
U.S. Treasury Notes		25,000	4.38%	05/15/34	24,812	24,616
U.S. Treasury Notes		50,000	4.38%	08/15/26	49,816	50,093
U.S. Treasury Notes		25,000	4.38%	08/31/28	25,003	25,020
U.S. Treasury Notes		25,000	4.50%	05/15/27	24,921	25,125
U.S. Treasury Notes		50,000	4.63%	02/28/25	49,956	50,014
U.S. Treasury Tips		27,085	0.13%	07/15/30	26,306	24,412
U.S. Treasury Tips		58,886	0.13%	07/15/31	55,861	51,824
Total U.S. Government Securities					5,014,993	4,649,112
Corporate Bonds:						
Abbott Labs		25,000	2.95%	03/15/25	25,005	24,914
Abbvie Inc		25,000	4.50%	05/15/35	26,035	23,412
Air Prod & Chem		50,000	4.75%	02/08/31	49,310	49,632
Amazon.Com Inc		50,000	1.20%	06/03/27	49,738	46,354
American Express Co		75,000	3.95%	08/01/25	74,833	74,698
Amgen Inc		25,000	2.45%	02/21/30	27,109	22,105
Amphenol Corp		25,000	2.80%	02/15/30	24,371	22,611
Apple Inc		25,000	3.00%	11/13/27	24,956	24,139
Apple Inc		35,000	3.45%	02/09/45	34,350	26,811
AutoZone Inc		50,000	4.50%	02/01/28	49,901	49,548
Bank Of America Mtn		10,000	6.00%	10/15/36	11,750	10,383
Bristol-Myers		100,000	3.20%	06/15/26	99,800	98,226
Burlington Santa Fe		20,000	6.75%	03/15/29	24,796	21,438
Caterpillar Finl Mtn		25,000	1.10%	09/14/27	25,230	22,943
Caterpillar Finl Mtn		50,000	3.60%	08/12/27	48,273	48,939
Charles Schwab Corp		100,000	0.90%	03/11/26	99,165	95,666
Citigroup Inc		35,000	3.20%	10/21/26	34,810	34,037
Comcast Corp		50,000	3.25%	11/01/39	56,825	37,888
Cummins Inc		20,000	4.88%	10/01/43	20,230	18,330
D.R. Horton Inc		50,000	1.30%	10/15/26	49,560	47,043
Eaton Corp		25,000	4.00%	11/02/32	25,949	23,359
Eaton Corp		25,000	4.15%	11/02/42	24,925	21,079
Eli Lilly & Co		50,000	4.50%	02/09/27	49,640	50,119
Eog Resources Inc		35,000	4.15%	01/15/26	35,023	34,825
Fifth Third Bk Mtn		35,000	3.85%	03/15/26	36,231	34,560
Howmet Aerospace Inc		50,000	4.85%	10/01/31	50,096	48,999

See Independent Auditors' Report.

LOCAL UNION NO. 373 U.A. HEALTH AND WELFARE FUND
EIN #13-3593163
PLAN NO. 001- PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
Johnson & Johnson		10,000	4.38%	12/05/33	10,193	9,693
Kellogg Co		45,000	4.50%	04/01/46	45,947	37,891
Lockheed Martin Corp		50,000	4.45%	05/15/28	49,910	49,623
Lowe's Cos Inc		25,000	2.50%	04/15/26	22,658	24,355
Marriott Internation		50,000	5.00%	10/15/27	49,448	50,398
Marsh & McLennan		50,000	4.38%	03/15/29	49,728	49,102
Martin Marietta Mat		30,000	3.50%	12/15/27	28,636	28,960
Martin Marietta Mat		50,000	3.50%	12/15/27	48,065	48,266
McKesson Corp		50,000	4.90%	07/15/28	49,880	50,159
Merck & Co Inc		25,000	2.75%	02/10/25	25,004	24,953
Meta Platforms		35,000	4.80%	05/15/30	34,528	35,291
MetLife Inc		25,000	4.55%	03/23/30	24,906	24,648
Microsoft Corp		10,000	3.50%	02/12/35	10,112	9,061
Natl Rural Util Mtn		50,000	4.80%	03/15/28	50,520	50,088
NextEra Energy Cap		25,000	2.75%	11/01/29	25,481	22,672
Northern Trst Co		25,000	3.95%	10/30/25	24,588	24,849
Nucor Corp		50,000	2.00%	06/01/25	52,770	49,390
O'Reilly Automot		35,000	4.70%	06/15/32	35,290	33,811
Oracle Corp		25,000	6.13%	07/08/39	30,883	25,897
Parker-Hannifin Corp		50,000	4.25%	09/15/27	48,225	49,473
Parker-Hannifin Corp		50,000	4.25%	09/15/27	49,675	49,473
PepsiCo Inc		30,000	2.75%	04/30/25	29,841	29,836
Qualcomm Inc		50,000	2.15%	05/20/30	53,091	43,883
Roper Technologies		50,000	4.20%	09/15/28	48,380	48,811
Southern Power		25,000	5.15%	09/15/41	25,973	23,346
Starbucks Corp		50,000	2.00%	03/12/27	53,166	47,238
Sysco Corp		75,000	3.75%	10/01/25	74,592	74,513
T-Mobile USA Inc		40,000	4.75%	02/01/28	38,910	39,750
T-Mobile USA Inc		60,000	4.95%	03/15/28	59,676	60,028
Target Corp		50,000	2.25%	04/15/25	53,779	49,630
Texas Instrs Inc		25,000	3.65%	08/16/32	22,563	22,945
Thermo Fisher Scien		25,000	1.75%	10/15/28	24,292	22,483
Thermo Fisher Scien		50,000	1.75%	10/15/28	48,913	44,966
Union Pacific Corp		25,000	3.38%	02/01/35	24,405	21,690
US Bank Natl Mtn		25,000	2.80%	01/27/25	24,988	24,954
Verizon Comm Inc		25,000	4.27%	01/15/36	24,786	22,484
Walt Disney Company		50,000	2.00%	09/01/29	52,478	44,462
Wyeth		10,000	6.50%	02/01/34	11,746	10,882
Zoetis Inc		50,000	2.00%	05/15/30	52,050	43,018
Total Corporate Bonds					<u>2,567,987</u>	<u>2,435,030</u>
Mutual Funds:						
Vanguard Russell 1000 Gr-Is		3,617			<u>1,710,330</u>	<u>2,873,777</u>
Totals					<u>\$ 12,600,950</u>	<u>\$ 13,783,093</u>

See Independent Auditors' Report.

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.)
B This return/report is: [] a single-employer plan [] a DFE (specify)
[] the first return/report [] the final return/report
[] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here [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: HEALTH & WELFARE FUND OF LOCAL UNION 373 U.A.
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/02/1991
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES HEALTH & WELFARE FUND OF LOCAL UN
Mailing address (include room, apt., suite no. and street, or P.O. Box): P.O. BOX 58
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions): MOUNTAINVILLE NY 10953
2b Employer Identification Number (EIN): 13-3593163
2c Plan Sponsor's telephone number: 845-534-9522
2d Business code (see instructions): 238220

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, Date, and Name. Rows include Thomas Gandolfini (plan administrator), Kane P. Armistead (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2024) v. 240311