

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEAL
1b Three-digit plan number (PN) 501
1c Effective date of plan 10/01/1960
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) TRUSTEES OF PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEALTH FUND
11 GRISWOLD ST BINGHAMTON, NY 13904
11 GRISWOLD ST. BINGHAMTON, NY 13904
2b Employer Identification Number (EIN) 16-6053348
2c Plan Sponsor's telephone number 607-722-1883
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	543
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	336
	6a(2)	342
	6b	194
	6c	
	6d	536
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	34

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 4E 4L

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</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 _____

<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 PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEAL</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 TRUSTEES OF PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEALTH FUND</p>	<p>D Employer Identification Number (EIN) 16-6053348</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
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	SL10272	413	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 22648</p>	<p>(b) Total amount of fees paid 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
ENV INSURANCE AGENCY, LLC. 7789 OSWEGO ROAD LIVERPOOL, NY 13090

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22648			

(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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	(c) Amount	(d) Purpose	

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(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:				
	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) ▶

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	123254
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 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 PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEAL		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEALTH FUND		D Employer Identification Number (EIN) 16-6053348

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 AND 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	251	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.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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:				
	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) ▶

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	492273
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEAL	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEALTH FUND	D Employer Identification Number (EIN) 16-6053348	

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

VANGUARD

23-1945930

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

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

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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)

EXCELLUS BLUECROSS BLUESHIELD

165 COURT STREET
ROCHESTER, NY 14647

15-0329043

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	263898	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)

LABOR FIRST, LLC

1000 MIDLANTIC DRIVE, SUITE 100
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?
55	NONE	95958	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)

BLITMAN AND KING

16-1047304

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	47207	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)

O'SULLIVAN ASSOCIATES

20-8199367

(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	NONE	30000	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)

KEENAN & ASSOCIATES

95-2798626

(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?
22	NONE	29912	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)

SEGALL BRYANT HAMILL

540 WEST MADISON STREET SUITE 1900
CHICAGO, IL 60661

35-2679129

(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?
51	NONE	21252	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)

D'ARCANGELO & CO. LLP

13-2550103

(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	NONE	16450	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)

JOSEPH MCCARTHY

16-1120588

(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	NONE	8952	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<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 PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEAL	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEALTH FUND	D Employer Identification Number (EIN) 16-6053348

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1306347	2017943
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	878869	739888
(2) Participant contributions		
(3) Other	416532	283282
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	140524	125057
(2) U.S. Government securities	3535151	3585974
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	4049483	4343375
(B) All other	263191	206670
(4) Corporate stocks (other than employer securities):		
(A) Preferred		
(B) Common		
(5) Partnership/joint venture interests		
(6) Real estate (other than employer real property)		
(7) Loans (other than to participants)		
(8) Participant loans		
(9) Value of interest in common/collective trusts		
(10) Value of interest in pooled separate accounts		
(11) Value of interest in master trust investment accounts		
(12) Value of interest in 103-12 investment entities		
(13) Value of interest in registered investment companies (e.g., mutual funds)	3172215	3431045
(14) Value of funds held in insurance company general account (unallocated contracts)		
(15) Other		

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	3839	2367
f Total assets (add all amounts in lines 1a through 1e).....	1f	13766151	14735601
Liabilities			
g Benefit claims payable.....	1g	910476	241859
h Operating payables.....	1h	300276	111525
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1210752	353384
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12555399	14382217

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)	8247706	
(B) Participants.....	2a(1)(B)	594170	
(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)		8841876
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6688	
(B) U.S. Government securities.....	2b(1)(B)	109832	
(C) Corporate debt instruments.....	2b(1)(C)	158807	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	28329	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		303656
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	84103	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		84103
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3838289	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3827221	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		11068
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	177996	
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9418699

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6141001	
(2) To insurance carriers for the provision of benefits	2e(2)	565627	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6706628
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	355480	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	16450	
(5) Investment advisory and investment management fees	2i(5)	36265	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	22950	
(8) Legal fees	2i(8)	46210	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	407898	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		885253
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7591881

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1826818
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: **D'ARCANGELO & CO., LLP**

(2) EIN: **13-2550103**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

200 E. Garden St., P.O. Box 4300, Rome, N.Y. 13442-4300
315-336-9220 Fax: 315-336-0836

Independent Auditor's Report

Board of Trustees

Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund

Opinion

We have audited the accompanying financial statements of Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers, Pipefitters and Apprentices Local No. 112 Health 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. 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health 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 schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 generally accepted auditing standards. In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole.

D'Arcangelo + Co., LLP

October 9, 2025

Rome, New York



**PLUMBERS, PIPEFITTERS AND APPRENTICES
LOCAL NO. 112 HEALTH FUND**

EIN 16-6053348, PLAN 501

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i**

December 31, 2024

(a)	(b) and (c)	(d)	(e)
	CATEGORY & SECURITY DESCRIPTION	COST	MARKET VALUE
	Bank of America Investment, Account #8550586 Per Attached Schedule	\$ 9,002,956	\$ 8,634,056
	Bank of America Investment, Account #8511413 Per Attached Schedule	2,395,286	3,057,326
	Beacon Associates, LLC.	554	739
	Total Assets Held for Investment	\$ 11,398,796	\$ 11,692,121

**PLUMBERS, PIPEFITTERS AND APPRENTICES
LOCAL NO. 112 HEALTH FUND**

EIN 16-6053348 PLAN 001 12/31/24

**SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4i**

(a)	(b)	(c)	(d)
<u>Identity of Issuer</u>	<u>Security Description</u>	<u>Cost</u>	<u>Proceeds</u>

*None

SETTLEMENT DATE

P O R T F O L I O S U M M A R Y



AS OF 12/31/24

ACCOUNT
41-22-226-8550586

P & P 112 H/W PLAN (SBH)

PAGE 3

DESCRIPTION	BOOK VALUE	MARKET VALUE	% OF MARKET	UNREALIZED GAIN/LOSS	ACCRUED INCOME	MARKET YIELD	EST ANNUAL INCOME
CASH EQUIVALENTS	26,685.67	26,685.67	0.309	0.00	312.38	4.392	1,172.03
FIXED INCOME	8,976,269.86	8,607,370.58	99.691	-368,899.28	71,668.03	3.657	314,738.37
OTHER	0.00	0.00	0.000	0.00	0.00	0.000	0.00
TOTAL INVESTMENTS	9,002,955.53	8,634,056.25	100.000	-368,899.28	71,980.41	3.659	315,910.40
ACCRUED INCOME	71,980.41	71,980.41					
TOTAL ASSETS	9,074,935.94	8,706,036.66					

SETTLEMENT DATE

P O R T F O L I O S U M M A R Y

AS OF 12/31/24

ACCOUNT
41-22-226-8511413

P & P 112 H/W PLAN (MUTUAL FDS)

PAGE 3



DESCRIPTION	BOOK VALUE	MARKET VALUE	% OF MARKET	UNREALIZED GAIN/LOSS	ACCRUED INCOME	MARKET YIELD	EST ANNUAL INCOME
CASH EQUIVALENTS	98,371.35	98,371.35	3.218	0.00	370.54	4.356	4,285.06
FIXED INCOME	1,250,000.00	1,237,895.80	40.489	-12,104.20	4,520.89	4.151	51,379.64
EQUITIES							
OTHER	1,046,914.63	1,721,058.62	56.293	674,143.99	0.00	1.925	33,130.07
TOTAL INVESTMENTS	2,395,285.98	3,057,325.77	100.000	662,039.79	4,891.43	2.904	88,794.77
ACCRUED INCOME	4,891.43	4,891.43					
TOTAL ASSETS	2,400,177.41	3,062,217.20					

PLUMBERS, PIPEFITTERS
AND APPRENTICES

LOCAL NO. 112
HEALTH FUND

For the Year Ended
December 31, 2024

FINANCIAL STATEMENTS
AND SUPPLEMENTAL
SCHEDULES

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

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D'Arcangelo & Co., LLP

Certified Public Accountants & Consultants

200 E. Garden St., P.O. Box 4300, Rome, N.Y. 13442-4300
315-336-9220 Fax: 315-336-0836

Independent Auditor's Report

Board of Trustees

Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund

Opinion

We have audited the accompanying financial statements of Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Plumbers, Pipefitters and Apprentices Local No. 112 Health 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. 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health 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 Plumbers, Pipefitters and Apprentices Local No. 112 Health 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 schedules of Administrative Expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 generally accepted auditing standards. In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole.

D'Arcangelo + Co., LLP

October 9, 2025

Rome, New York

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments at Fair Value	<u>\$ 11,692,121</u>	<u>\$ 11,160,565</u>
Receivables		
Employers' Contributions	739,888	878,869
Accrued Interest	77,272	62,685
Due from Related Benefit Funds	<u>106,010</u>	<u>253,847</u>
Total Receivables	<u>923,170</u>	<u>1,195,401</u>
Other Assets		
Uninvested Cash	2,017,943	1,306,347
Prepaid Expenses	100,000	100,000
Property and Equipment - Net of Depreciation	<u>2,367</u>	<u>3,839</u>
Total Other Assets	<u>2,120,310</u>	<u>1,410,186</u>
Total Assets	<u>14,735,601</u>	<u>13,766,152</u>
Liabilities		
Accounts Payable	36,571	47,905
Reciprocal Payable	70,922	249,324
Payroll Taxes and Withholdings Payable	<u>4,032</u>	<u>3,047</u>
Total Liabilities	<u>111,525</u>	<u>300,276</u>
Net Assets Available for Benefits	<u>\$ 14,624,076</u>	<u>\$ 13,465,876</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Net Appreciation		
in Fair Value of Investments	\$ 189,064	\$ 426,931
Interest and Dividends	<u>387,759</u>	<u>307,296</u>
Total Investment Income	576,823	734,227
Investment Expenses	<u>(36,265)</u>	<u>(24,357)</u>
Net Investment Income	540,558	709,870
Employers' Contributions	8,244,506	8,397,176
Participants' Contributions	594,170	618,073
Settlements	<u>3,200</u>	<u>5,516</u>
Total Additions	<u>9,382,434</u>	<u>9,730,635</u>
Deductions		
Benefits Provided - Self Insured	6,809,619	6,745,740
Medicare Supplement Premiums	565,627	583,974
Claim Processing Fees	355,480	286,737
Stop Loss Insurance Premium	123,254	112,224
Administrative Expenses	<u>370,254</u>	<u>367,953</u>
Total Deductions	<u>8,224,234</u>	<u>8,096,628</u>
Net Increase	1,158,200	1,634,007
Net Assets Available for Benefits, Beginning of Year	<u>13,465,876</u>	<u>11,831,869</u>
Net Assets Available for Benefits, End of Year	<u>\$ 14,624,076</u>	<u>\$ 13,465,876</u>

The Accompanying Notes are an Integral Part of These Financial Statements.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Operations

The Fund is a multi-employer, collectively bargained, defined benefit health and welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Its purpose is to provide various health and death benefits to members whose employers are subject to union agreements requiring contributions to the Fund. The Fund office is located in Binghamton, New York. Contributing employers primarily represent plumbers, pipefitters, and apprentices in the southern tier region and Utica/Rome area of New York State.

Description of Plan

The following description of the Plumbers, Pipefitters and Apprentices Local No. 112 Health Fund provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan provides health and death benefits covering employees of employers with union agreements providing for health fund contributions to the Plan. In addition, certain other members and their dependents may participate on a "self-pay" basis with rates varying with the benefits offered. The rates are adjusted and approved annually by the Board of Trustees.

Health Reimbursement Arrangement - Effective January 1, 2019 the Plan was amended to include a new Health Reimbursement Arrangement (HRA). The hourly contribution rate is adjusted and approved annually by the Board of Trustees. Effective January 1, 2020, once participants have at least \$100 in their HRA, they are able to use the funds for the reimbursement of eligible out-of-pocket medical care expenses as defined in Section 213(d) of the Internal Revenue Code that are incurred by themselves, and their eligible spouses and dependents. If participants are not available for work in Covered Employment and there are no contributions or distributions from their account for a period of 12 consecutive months (unless they retire and are eligible for retiree coverage from the Plan or become disabled as defined in the SPD), their HRA balance will be forfeited. However, if they return to Covered Employment within 36 months of the forfeiture, their balance will be reinstated. The total HRA balance held by the Fund was \$1,865,770 and \$1,471,236 at December 31, 2024 and 2023, respectively.

Eligibility - To be eligible for benefits based on covered employment, bargaining unit employees who are employed by a contributing employer are covered for succeeding quarters determined by the number of credited hours for which contributions were paid on their behalf during the quarters of the preceding year. When retired, a plan member must satisfy the following requirements:

1. Must be receiving a pension from the Plumbers, Pipefitters and Apprentices Local No. 112 Pension Fund;

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

2. Must have participated under the health plan immediately preceding the effective date of pension, for at least 30 of the 60 consecutive months immediately preceding the effective date of pension; and
3. Must make the required monthly contribution.

If the member retires due to disability, coverage will continue at no cost to the disabled participant for 24 months beginning with the month in which his pension begins. At the end of the 24 months, provided that he then qualifies for Medicare, coverage may continue subject to contributions.

Benefits – The Plan provides self-insured health benefits (hospital, surgical, major medical, prescription drugs, and vision) to eligible active participants and early retirees that aren't eligible for Medicare yet, including their spouses and dependents, Medicare supplemental benefits to eligible retired members, and death benefits. Benefits are processed through a third-party administrator, but the responsibility for payments to participants and providers is retained by the Plan. Medicare retirees are covered under a fully insured plan. Effective January 1, 2018, the Plan no longer offers any benefits for Substance Abuse.

Contributions – The Plan agreement provides that contributing employers make monthly contributions to the Plan for each hour worked to provide benefits for members. The rate (\$13.25 per hour, effective May 1, 2023, which increased to \$13.50 per hour, effective May 1, 2024), is established pursuant to collective bargaining agreements. Also, certain other members and their dependents may contribute specified amounts, determined by the trustees, to provide for various benefits. Effective May 1, 2021, \$0.80 per hour is allocated to participants' Health Reimbursement Accounts. This amount increased to \$1.00 per hour effective May 1, 2023.

Stop Loss Coverage – The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount, as well as its aggregate exposure for all claims).

In the event of Plan termination, the net assets of the Plan will be allocated as prescribed by ERISA and regulations pursuant thereto.

Basis of Accounting

The financial statements reflect the accrual basis of accounting in which revenue is recognized when earned or otherwise available, and expenses are recognized when incurred.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Leases

The leases of the Fund are with related parties with no stated term. The Fund does not include short term leases within the statements of net assets available for benefits since it has elected the practical expedient to not include these leases within the operating right of use asset and liabilities.

Investment Valuation and Income Recognition

Investments are recorded 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. See Note 3 for discussion of fair value measurements.

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 in the statements of changes in net assets available for benefits includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Property

The Fund will capitalize property that costs at least \$500 and has a useful life of 3 years or more. Property is recorded at cost and depreciated over estimated useful lives based on the straight-line method and is summarized as follows:

	December 31,	
	2024	2023
Furniture and Equipment	\$ 39,120	\$ 39,120
Accumulated Depreciation	<u>(36,753)</u>	<u>(35,281)</u>
Net Property	<u>\$ 2,367</u>	<u>\$ 3,839</u>

Depreciation expense for the years ended December 31, 2024 and 2023, was \$1,472 and \$2,893, respectively.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions, deductions, and changes in benefit obligations during the reporting period. Actual results could differ from those estimates.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employers' Contributions Receivable

The receivables are valued at cost and are based on actual subsequent collections that are for the prior period, therefore, no allowance for doubtful accounts is necessary.

Postretirement Benefits

Postretirement benefits are presented in accordance with authoritative literature for Accounting and Reporting by Health and Welfare Benefit Plans and FASB ASC 965.

NOTE 2 CONCENTRATIONS OF CREDIT RISK

Financial instruments which potentially subject the Fund to concentrations of credit risk are temporary cash investments and contributions. The Fund places cash in financial institutions which provide Federal Deposit Insurance Corporation (FDIC) coverage. During the year the balance may exceed FDIC coverage which management considers an acceptable business risk. At December 31, 2024 and 2023, the uninsured bank balances were \$1,786,828 and \$1,220,461, respectively.

Contributing employers primarily represent plumbers, pipefitters, and apprentices in the southern tier region and Utica/Rome area of New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required. During 2024 and 2023, contributions from three employers comprised approximately 32% and 32% of total employer contributions, respectively.

NOTE 3 FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board authoritative guidance on fair value measurements establishes a 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 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 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 Fund has the ability to access.

Level 2: Inputs to the valuation methodology include the following:

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

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

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 at amortized cost which approximates fair value.

U.S. Government and Agency Securities: Fair values of securities traded on a national securities exchange are based on the last reported sales price on the last business day of the year; bonds, notes, and government securities for which no sale was reported on that date are valued at the last reported bid price.

U.S. Municipal Bonds: Valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Corporate Debt Securities: Certain bonds are valued at the closing price reported in the active market in which the bond is traded. Other bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended 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.

Limited Liability Company: Beacon Associates LLC II (a limited liability company) is valued at fair value as determined by the investment manager. Fair value represents the Fund's proportionate share of the net asset value of the investment company's underlying assets. The Trustees are responsible for oversight of investment valuation policies and procedures. The Trustees are provided with information sufficient to evaluate and determine fair values such as support from the investment manager, quarterly capital reports, and most importantly annual independent audits and appraisals.

All assets have been valued using a market approach unless otherwise stated.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 3 FAIR VALUE MEASUREMENTS (Continued)

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 Fund 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 Board of Trustees is charged with oversight of the investments. In determining the reasonableness of the valuation methodology, the Trustees along with the assistance of the investment advisor, evaluate a variety of factors including review of existing contract terms, interest rates, and industry market developments.

The following tables set forth by level, within the fair value hierarchy, the Fund's assets measured at fair value on a recurring basis as of December 31, 2024 and 2023:

2024 Fair Value Measurements at Reporting Date Using the Above Criteria				
Investments	Total	(Level 1)	(Level 2)	(Level 3)
Short-Term Investments	\$ 125,057	\$ 125,057	\$ 0	\$ 0
U.S. Government and Agency Securities	3,585,974	0	3,585,974	0
U.S. Municipal Bonds	339,441	0	339,441	0
Corporate Debt Securities	4,681,955	0	4,681,955	0
Mutual Funds	2,958,955	2,958,955	0	0
Limited Liability Company (a)	739	0	0	0
Total	\$ 11,692,121	\$ 3,084,012	\$ 8,607,370	\$ 0

2023 Fair Value Measurements at Reporting Date Using the Above Criteria				
Investments	Total	(Level 1)	(Level 2)	(Level 3)
Short-Term Investments	\$ 140,524	\$ 140,524	\$ 0	\$ 0
U.S. Government and Agency Securities	3,535,151	0	3,535,151	0
U.S. Municipal Bonds	391,336	0	391,336	0
Corporate Debt Securities	4,386,547	0	4,386,547	0
Mutual Funds	2,706,453	2,706,453	0	0
Limited Liability Company (a)	554	0	0	0
Total	\$ 11,160,565	\$ 2,846,977	\$ 8,313,034	\$ 0

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of the net assets available for benefits.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 4 BENEFITS PROVIDED

The Fund pays benefits for hospital, medical, surgical, x-ray, lab, prescription drugs, vision, and death on a self-insured basis. Benefits for Medicare eligible participants are provided through a Medicare Supplement Plan with United Healthcare and a Medicare Part D Prescription Drug Plan provided through Express Scripts. Labor First provides customer service and administrative services for these benefits, which are provided through insurance policies with the providers.

Self-insured benefits provided to members during 2024 and 2023 are summarized as follows:

	<u>2024</u>	<u>2023</u>
Hospital, Medical, Surgical, X-ray and Lab Benefits	\$ 5,074,200	\$ 5,143,505
Prescription Drugs	<u>1,510,643</u>	<u>1,432,899</u>
Total Self-Insured Benefits Provided	6,584,843	6,576,404
HRA Claims	<u>224,776</u>	<u>169,336</u>
Total Benefits Provided	<u>\$ 6,809,619</u>	<u>\$ 6,745,740</u>

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 provides for a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to the benefit established by the law. The federal subsidy included in the law results in a reduction of prescription drug costs amounting to \$0 in both 2024 and 2023.

NOTE 5 BENEFIT OBLIGATIONS

Postretirement Benefits

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

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 5 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.

For measurement purposes, a 6.0% annual rate of increase in the per capita cost of covered health care benefits was assumed for both 2024 and 2023. The rate was assumed to decrease gradually to 3.0% by 2029 and to remain at that level thereafter.

The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

Weighted-Average Discount Rate	5.25% (Previously, 4.75% was used)															
Actuarial Method	Projected Unit Credit															
Mortality	PRI-2012 Blue Collar (Sex Distinct) using Scale MP-2021 generational mortality improvement															
Retiree Contributions	Effective 1/1/2017: <table><thead><tr><th>Group</th><th>Single</th><th>Family</th></tr></thead><tbody><tr><td>Self-Pay</td><td>\$ 200.00</td><td>\$ 400.00</td></tr><tr><td>Retiree (aged 55-65)</td><td>\$ 200.00</td><td>\$ 400.00</td></tr><tr><td>Retiree 65+</td><td>\$ 100.00</td><td>\$ 200.00</td></tr><tr><td>Widow</td><td>\$ 340.00</td><td>N/A</td></tr></tbody></table>	Group	Single	Family	Self-Pay	\$ 200.00	\$ 400.00	Retiree (aged 55-65)	\$ 200.00	\$ 400.00	Retiree 65+	\$ 100.00	\$ 200.00	Widow	\$ 340.00	N/A
Group	Single	Family														
Self-Pay	\$ 200.00	\$ 400.00														
Retiree (aged 55-65)	\$ 200.00	\$ 400.00														
Retiree 65+	\$ 100.00	\$ 200.00														
Widow	\$ 340.00	N/A														
	Retirees over 62 as of 1/1/2017 are grandfathered at the over 65 rate.															
Administrative Expenses	5%															
Spouses	65% of retirees with covered spouses. 20% of retired members have a spouse that elects coverage upon death.															
Eligibility at Retirement	5% of active members assumed to be ineligible for coverage.															
Turnover Table	Table T-2															

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 5 BENEFIT OBLIGATIONS (Continued)

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

Other Plan Benefits

Plan obligations at December 31 for health claims incurred by active participants but not reported at that date, and accumulated eligibility of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the Plan's benefit obligations at present value, based on a 4.75% discount rate for the year ended December 31, 2023 and a 5.25% discount rate for the year ended December 31, 2024. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

Benefit obligations at December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable		
Health Claims Payable and Claims Incurred But Not Reported	\$ <u>241,859</u>	\$ <u>910,477</u>
Postemployment Benefit Obligations, Net of Amounts Currently Payable		
Accumulated Eligibility Credits	<u>2,457,051</u>	<u>2,178,608</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Retired Participants	10,225,186	10,693,982
Other Participants Fully Eligible for Benefits	7,364,704	5,872,998
Participants Not Yet Fully Eligible for Benefits	<u>9,889,902</u>	<u>10,379,195</u>
Total Postretirement Benefit Obligations, Net of Amounts Currently Payable	<u>27,479,792</u>	<u>26,946,175</u>
Total Benefit Obligations	<u>\$ 30,178,702</u>	<u>\$ 30,035,260</u>

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 5 BENEFIT OBLIGATIONS (Continued)

The changes in benefit obligations for the years ended December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable		
Balance at Beginning of Year	\$ 910,477	\$ 881,834
Claims Reported and Approved for Payment and Estimated Unreported	6,141,001	6,774,383
Claims Paid	<u>(6,809,619)</u>	<u>(6,745,740)</u>
Balance at End of Year	<u>241,859</u>	<u>910,477</u>
Postemployment Benefit Obligations, Net of Amounts Currently Payable		
Balance at Beginning of Year	2,178,608	1,894,834
Changes in Accumulated Eligibility Credits	<u>278,443</u>	<u>283,774</u>
Balance at End of Year	<u>2,457,051</u>	<u>2,178,608</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at Beginning of Year	26,946,175	28,172,950
Increase Due to Benefits Accumulated	1,113,940	1,212,052
(Decrease) Due to Net Benefits and Costs Paid	(1,196,997)	(1,197,498)
Increase Due to the Passage of Time	1,304,415	1,009,711
(Decrease) Due to Changes in Assumptions	(939,473)	(4,341,992)
Experience (Gain) Loss	<u>251,732</u>	<u>2,090,952</u>
Balance at End of Year	<u>27,479,792</u>	<u>26,946,175</u>
Total Benefit Obligations at Year End	<u>\$ 30,178,702</u>	<u>\$ 30,035,260</u>

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point each year, that would increase the benefit obligations as of December 31, 2024 and 2023, by \$5,240,880 and \$5,570,766, respectively.

Change in Actuarial Assumptions

According to the accounting standard, the discount rate is required to reflect the current level of interest rates. The discount rate used last year was 4.75%. The discount rate used for this year is 5.25%.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 6 RELATED-PARTY TRANSACTIONS

The Fund has common trustees with and shares certain administrative expenses with the Plumbers, Pipefitters and Apprentices Local No. 112 Pension Fund (Pension Fund), Plumbers, Pipefitters and Apprentices Local No. 112 Annuity Fund (Annuity Fund), Plumbers, Pipefitters and Apprentices Local No. 112 Educational and Apprenticeship Fund (E&A Fund) and Plumbers, Pipefitters and Apprentices Local No. 112 Employers Cooperative Trust Fund (ECT). Such shared expenses include office supplies, telephone, insurance, postage, depreciation, and trustee expenses.

The Health Fund has an administrative personnel services agreement with the Pension Fund under which the Fund Administrator is to provide administrative and supervisory services to the Health Fund. The salary, benefits, and payroll tax expenses for the Fund Administrator are paid directly by the Pension Fund and reimbursed by the Health Fund at 40% of the total. The shared administrator costs allocated to the Health Fund were \$71,920 and \$68,908 for the years ended December 31, 2024 and 2023, respectively.

The Health Fund is liable under a lease agreement to the E&A Fund for its share of office space. The lease term is one year and can be terminated annually by either party to the agreement. Unless terminated, the lease is automatically renewed for an additional year. Rent expense was \$9,967 for both of the years ended December 31, 2024 and 2023.

The Health Fund reimburses the E&A Fund for workers' compensation insurance premiums, on a prorated basis, calculated using each Fund's share of salary expense.

The Pension Fund collects monthly settlement proceeds from a former contributing employer, subsequently allocating each Fund's share of the monthly remittance. The Pension Fund also collects contributions from employers and reciprocating locals and subsequently remits them to the applicable Funds. In addition, the Pension Fund acts as partial paymaster for certain shared expenses and is subsequently reimbursed by the related Funds.

Net amounts owed from the related benefit funds and Union at December 31, 2024 and 2023 are detailed in the table below:

	<u>2024</u>	<u>2023</u>
Annuity Fund	\$ 11,390	\$ 11,332
E&A Fund	8,041	9,598
ECT	11,390	11,332
Local 112 Union	4,342	4,292
Pension Fund	<u>70,847</u>	<u>217,293</u>
Total	<u>\$ 106,010</u>	<u>\$ 253,847</u>

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 7 PENSION PLANS

The Fund contributes to a multiemployer defined benefit pension plan under the terms of collective-bargaining agreements that cover its employees. The risks of participating in a multiemployer plan is different from single-employer plans in the following aspects:

- a. Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- c. If the Fund chooses to stop participating in the multiemployer plan, the Fund may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Fund’s participation in the multiemployer defined benefit pension plan for the years ended December 31, 2024 and 2023, is outlined in the table below. Unless otherwise noted, the most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the plan’s year-end at December 31, 2023, and December 31, 2022, respectively. The zone status is based on information that the Fund received from the plan and is certified by the plan’s actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The “FIP/RP Status Pending/Implemented” column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

<u>Pension Fund</u>	<u>EIN/Pension Plan Number</u>	<u>Protection Act Zone Status</u>		<u>FIP/RP Status Pending/Implemented</u>	<u>Contributions</u>		<u>Surcharge Imposed</u>	<u>Expiration Date of Collective Bargaining Agreement</u>
		<u>2023</u>	<u>2022</u>		<u>2024</u>	<u>2023</u>		
Local 112 Pension Fund	16-6052007/001	Green	Yellow	Yes	\$ 35,720	\$ 35,235	No	4/30/25

The Fund also contributes to the Plumbers, Pipefitters and Apprentices Local No. 112 Annuity Fund. The rate contributed ranged from \$3.20 to \$3.52 per hour for office staff and \$5.00 to \$5.50 per hour for management, with a rate increase typically occurring on May 1 of each year. Total contributions for 2024 and 2023 were \$11,536 and \$10,710, respectively.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 8 TAX STATUS

The United States Treasury Department originally advised on July 27, 1962 that the Fund constitutes a tax-exempt organization and is, therefore, exempt from Federal income taxes under provision of Section 501(c)(9) of the Internal Revenue Code. The Plan obtained its latest determination letter dated January 19, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 9 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 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits		
Per the Financial Statements	\$14,624,076	\$13,465,876
Benefit Obligations Currently Payable	<u>(241,859)</u>	<u>(910,447)</u>
Net Assets Available for Benefits Per Form 5500	<u>\$14,382,217</u>	<u>\$12,555,429</u>

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

	<u>2024</u>	<u>2023</u>
Claims Paid Per the Financial Statements	\$ 6,809,619	\$ 6,745,740
Benefit Obligations Currently Payable at End of Year	241,859	910,447
Benefit Obligations Currently Payable at Beginning of Year	<u>(910,447)</u>	<u>(881,834)</u>
Claims Paid Per Form 5500	<u>\$ 6,141,031</u>	<u>\$ 6,774,353</u>

NOTE 10 RISKS AND UNCERTAINTIES

Contributions Receivable – Contributing employers primarily represent plumbers, pipefitters, and apprentices in the southern tier region and Utica/Rome area of New York State. Contributions are pursuant to collective bargaining agreements, and no collateral is required. However, in most situations a bond must be posted as stipulated in the collective bargaining agreement.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 10 RISKS AND UNCERTAINTIES (Continued)

Investments – The Fund may invest in various types of investment securities. Investment securities are exposed to various market risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment 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 plan benefits.

Benefit Obligations – The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates 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.

NOTE 11 INVESTMENTS

Beacon Associates LLC II (a limited liability company) indirectly owned assets held at Bernard Madoff Investment Securities, LLC (Madoff). On December 11, 2008, Bernard L. Madoff was charged with criminal and civil securities fraud including investment advisor fraud, money laundering, filing false statements, and theft. On March 12, 2009, Bernard Madoff admitted to eleven felony counts which stem from a Ponzi scheme he developed utilizing client assets.

Investments held indirectly with Beacon were revalued based upon estimates provided by Beacon Andover Group.

The Fund continues to receive settlement proceed distributions from Beacon as Beacon receives court ordered distributions and judgments from the Madoff Bankruptcy Trustee. The Fund received distributions from Beacon amounting to \$2,381 and \$1,156 during the years ended December 31, 2024 and 2023, respectively.

NOTE 12 PLAN AMENDMENT AND RESTATEMENT

During the year ended December 31, 2023, the Plan formally adopted the following amendments:

1. March 22, 2023 – Part B, “Questions and Answers”, Question and Answer 11 (“Once covered, how does my coverage continue?”) and Question and Answer 13 (“When will my coverage stop?”) are revised to include the following sentence:

‘However, see Question and Answer 22 for what occurs for dependents if you die while covered.’

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

NOTES TO FINANCIAL STATEMENTS

NOTE 12 PLAN AMENDMENT AND RESTATEMENT (Continued)

2. June 1, 2023 – The Fund’s Third-Party Administrator and Medical Review Agency information on Page 14 is deleted and replaced with the information for Excellus BlueCross Blue Shield. Also, each reference to UMR as the Fund’s Third-Party Administrator is revised to reflect that Excellus BlueCross Blue Shield is the Fund’s Third-Party Administrator. Finally, Exclusion 9 on page 58 and Exclusion 32 on page 60 are revised to replace “Medical Review Agency” with “Third-Party Administrator.”
3. June 1, 2023 – The entry for “Ambulance” on Page 42, the entry for “Inpatient, Physician Charge” under “Mental Disorder Treatment” on Page 46, the entry for “Emergency Care” under “Physician Care” on Page 47, and the entry for “In-Hospital/Facility Physician’s Care” under “Physician Care” on Page 48 are revised to read as follows:

“100% of Allowed Charges, Deductible does not apply.”

NOTE 13 SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 9, 2025, the date on which the financial statements were available to be issued.

PLUMBERS, PIPEFITTERS AND APPRENTICES

LOCAL NO. 112 HEALTH FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Administrative Expenses		
Administrator's Salary	\$ 42,795	\$ 40,600
Other Salaries and Wages	75,348	72,128
Payroll Taxes	10,368	9,056
Employees' Benefits	86,323	84,381
Rent	9,967	9,967
Office Supplies and Expense	12,545	16,739
Postage	2,517	1,505
Audit Fees	16,450	15,950
Actuarial Fees	22,950	35,250
Legal Fees	46,210	37,298
Conferences, Meetings, and Travel	15,205	7,490
Payroll Audit Fees	8,722	15,756
Insurance	15,965	15,965
UARS Reciprocity Fees	972	918
Affordable Care Act Fees	2,445	2,057
Depreciation	<u>1,472</u>	<u>2,893</u>
Total Administrative Expenses	<u>\$ 370,254</u>	<u>\$ 367,953</u>

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

Part II Basic Plan Information - enter all requested information

1a Name of plan PLUMBERS PIPE FITTERS & APPRENTICES LOCAL 112 HEAL	1b Three-digit plan number (PN) ► 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUSTEES OF PLUMBERS PIPE FITTERS & APPRENTICES LOC 11 GRISWOLD ST BINGHAMTON NY 13904	1c Effective date of plan 10/01/1960 2b Employer Identification Number (EIN) ** - ***3348 2c Plan Sponsor's telephone number (607) 722-1883 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.

SIGN HERE		Oct 7, 2025	DANIEL CROCKER - CHAIRMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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	5 543
---	--------------

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 336
a(2) Total number of active participants at the end of the plan year	6a(2) 342
b Retired or separated participants receiving benefits	6b 194
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 536
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 34
--	-------------

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 4E 4L

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) - Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information) - Number Attached 2
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **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 _____

**PLUMBERS, PIPEFITTERS AND APPRENTICES
LOCAL NO. 112 HEALTH FUND**

EIN 16-6053348 PLAN 001 12/31/24

**SCHEDULE OF REPORTABLE TRANSACTIONS
ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4j**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred</u>	<u>Cost of Asset</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain/(Loss)</u>

Single Transaction in Excess of 5% of Asset Value

****REFER TO ATTACHED REPORTS FOR TRANSACTIONS**

Series of Transactions in Excess of 5% of Asset Value

****REFER TO ATTACHED REPORTS FOR TRANSACTIONS**



BANK OF AMERICA

5 % R E P O R T B Y A S S E T - A G G R E G A T E

SETTLEMENT DATE

01/01/24 THROUGH 12/31/24

ACCOUNT
41-22-226-8550586

P & P 112 H/W PLAN (SBH)

VALUATION 8,466,836.50 THRESHOLD PAGE 198 NET GAIN/LOSS 423,341.82

BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	01/02/24	2,570.640	-2,570.64	.00	.00	2,570.64	2,570.64	.00
	PUR	01/03/24	316.200	-316.20	.00	.00	316.20	316.20	.00
	SAL	01/08/24	-5,668.530	5,668.53	.00	.00	-5,668.53	-5,668.53	.00
	PUR	01/09/24	205.000	-205.00	.00	.00	205.00	205.00	.00
	SAL	01/10/24	-20,803.650	20,803.65	.00	.00	-20,803.65	-20,803.65	.00
	SAL	01/11/24	-20,921.900	20,921.90	.00	.00	-20,921.90	-20,921.90	.00
	PUR	01/12/24	636.320	-636.32	.00	.00	636.32	636.32	.00
	PUR	01/16/24	12,332.490	-12,332.49	.00	.00	12,332.49	12,332.49	.00
	PUR	01/17/24	1,766.500	-1,766.50	.00	.00	1,766.50	1,766.50	.00
	PUR	01/22/24	606.600	-606.60	.00	.00	606.60	606.60	.00
	PUR	01/23/24	1,187.500	-1,187.50	.00	.00	1,187.50	1,187.50	.00
	PUR	01/25/24	14,448.780	-14,448.78	.00	.00	14,448.78	14,448.78	.00
	PUR	01/29/24	15,861.870	-15,861.87	.00	.00	15,861.87	15,861.87	.00
	SAL	01/30/24	-4,978.030	4,978.03	.00	.00	-4,978.03	-4,978.03	.00
	SAL	02/01/24	-2,904.610	2,904.61	.00	.00	-2,904.61	-2,904.61	.00
	SAL	02/02/24	-41,543.670	41,543.67	.00	.00	-41,543.67	-41,543.67	.00
	SAL	02/05/24	-18,246.320	18,246.32	.00	.00	-18,246.32	-18,246.32	.00
	SAL	02/06/24	-3,084.590	3,084.59	.00	.00	-3,084.59	-3,084.59	.00
	PUR	02/08/24	59,249.690	-59,249.69	.00	.00	59,249.69	59,249.69	.00
	SAL	02/09/24	-64,965.550	64,965.55	.00	.00	-64,965.55	-64,965.55	.00
	SAL	02/14/24	-589.810	589.81	.00	.00	-589.81	-589.81	.00
	PUR	02/15/24	21,758.150	-21,758.15	.00	.00	21,758.15	21,758.15	.00
	PUR	02/16/24	854.000	-854.00	.00	.00	854.00	854.00	.00
	PUR	02/20/24	10,851.620	-10,851.62	.00	.00	10,851.62	10,851.62	.00
	SAL	02/21/24	-29,134.920	29,134.92	.00	.00	-29,134.92	-29,134.92	.00
	PUR	02/22/24	25,301.510	-25,301.51	.00	.00	25,301.51	25,301.51	.00
	SAL	02/23/24	-20,138.110	20,138.11	.00	.00	-20,138.11	-20,138.11	.00
	PUR	02/26/24	6,584.950	-6,584.95	.00	.00	6,584.95	6,584.95	.00
	PUR	02/27/24	4,706.680	-4,706.68	.00	.00	4,706.68	4,706.68	.00
	SAL	02/28/24	-9,978.250	9,978.25	.00	.00	-9,978.25	-9,978.25	.00
	SAL	02/29/24	-9,768.150	9,768.15	.00	.00	-9,768.15	-9,768.15	.00
	PUR	03/01/24	2,023.900	-2,023.90	.00	.00	2,023.90	2,023.90	.00
	PUR	03/04/24	2,060.620	-2,060.62	.00	.00	2,060.62	2,060.62	.00
	SAL	03/05/24	-10,149.170	10,149.17	.00	.00	-10,149.17	-10,149.17	.00
	PUR	03/06/24	3,388.470	-3,388.47	.00	.00	3,388.47	3,388.47	.00
	PUR	03/11/24	19,855.630	-19,855.63	.00	.00	19,855.63	19,855.63	.00
	SAL	03/12/24	-5,255.280	5,255.28	.00	.00	-5,255.28	-5,255.28	.00

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P & P 112 H/W PLAN (SBH)

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BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	03/13/24	4,908.180	-4,908.18	.00	.00	4,908.18	4,908.18	.00
	SAL	03/14/24	-38,246.480	38,246.48	.00	.00	-38,246.48	-38,246.48	.00
	PUR	03/15/24	26,599.420	-26,599.42	.00	.00	26,599.42	26,599.42	.00
	PUR	03/18/24	9,171.370	9,171.37	.00	.00	9,171.37	9,171.37	.00
	SAL	03/19/24	-9,985.140	9,985.14	.00	.00	-9,985.14	-9,985.14	.00
	PUR	03/20/24	33.000	-33.00	.00	.00	33.00	33.00	.00
	PUR	03/22/24	1,471.250	-1,471.25	.00	.00	1,471.25	1,471.25	.00
	PUR	03/25/24	15,724.970	-15,724.97	.00	.00	15,724.97	15,724.97	.00
	PUR	03/26/24	8.060	-8.06	.00	.00	8.06	8.06	.00
	PUR	03/27/24	-4,772.520	4,772.52	.00	.00	-4,772.52	-4,772.52	.00
	PUR	04/01/24	6,460.230	-6,460.23	.00	.00	6,460.23	6,460.23	.00
	PUR	04/02/24	478.500	-478.50	.00	.00	478.50	478.50	.00
	PUR	04/03/24	4,668.860	-4,668.86	.00	.00	4,668.86	4,668.86	.00
	SAL	04/04/24	-35,632.900	35,632.90	.00	.00	-35,632.90	-35,632.90	.00
	PUR	04/10/24	883.320	-883.32	.00	.00	883.32	883.32	.00
	PUR	04/12/24	26,952.580	-26,952.58	.00	.00	26,952.58	26,952.58	.00
	SAL	04/15/24	-14,708.240	14,708.24	.00	.00	-14,708.24	-14,708.24	.00
	PUR	04/16/24	457.060	-457.06	.00	.00	457.06	457.06	.00
	SAL	04/18/24	-5,237.480	5,237.48	.00	.00	-5,237.48	-5,237.48	.00
	PUR	04/22/24	1,203.000	-1,203.00	.00	.00	1,203.00	1,203.00	.00
	SAL	04/23/24	-5,243.810	5,243.81	.00	.00	-5,243.81	-5,243.81	.00
	PUR	04/25/24	48,091.990	-48,091.99	.00	.00	48,091.99	48,091.99	.00
	PUR	04/29/24	2,449.340	-2,449.34	.00	.00	2,449.34	2,449.34	.00
	PUR	05/01/24	4,447.750	-4,447.75	.00	.00	4,447.75	4,447.75	.00
	PUR	05/03/24	40,675.000	-40,675.00	.00	.00	40,675.00	40,675.00	.00
	SAL	05/06/24	-9,942.220	9,942.22	.00	.00	-9,942.22	-9,942.22	.00
	SAL	05/07/24	-44,753.990	44,753.99	.00	.00	-44,753.99	-44,753.99	.00
	SAL	05/08/24	-32,290.730	32,290.73	.00	.00	-32,290.73	-32,290.73	.00
	PUR	05/09/24	6,629.110	-6,629.11	.00	.00	6,629.11	6,629.11	.00
	SAL	05/10/24	-10,043.950	10,043.95	.00	.00	-10,043.95	-10,043.95	.00
	SAL	05/14/24	-6,591.820	6,591.82	.00	.00	-6,591.82	-6,591.82	.00
	PUR	05/15/24	84,761.460	-84,761.46	.00	.00	84,761.46	84,761.46	.00
	PUR	05/16/24	1,278.750	-1,278.75	.00	.00	1,278.75	1,278.75	.00
	SAL	05/17/24	-10,557.460	10,557.46	.00	.00	-10,557.46	-10,557.46	.00
	PUR	05/20/24	33.000	-33.00	.00	.00	33.00	33.00	.00
	SAL	05/23/24	-29,541.080	29,541.08	.00	.00	-29,541.08	-29,541.08	.00
	SAL	05/24/24	-28,864.710	28,864.71	.00	.00	-28,864.71	-28,864.71	.00



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BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	ANNUAL MARKET	PREVIOUS MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	05/28/24	30,488.890	-30,488.89	.00	.00	30,488.89	30,488.89	30,488.89	.00
	SAL	05/30/24	-22,530.440	22,530.44	.00	.00	-22,530.44	-22,530.44	-22,530.44	.00
	PUR	05/31/24	2,296.880	-2,296.88	.00	.00	2,296.88	2,296.88	2,296.88	.00
	PUR	06/03/24	21,357.890	-21,357.89	.00	.00	21,357.89	21,357.89	21,357.89	.00
	SAL	06/06/24	-18,262.840	18,262.84	.00	.00	-18,262.84	-18,262.84	-18,262.84	.00
	PUR	06/07/24	5,009.300	-5,009.30	.00	.00	5,009.30	5,009.30	5,009.30	.00
	SAL	06/11/24	-40,712.190	40,712.19	.00	.00	-40,712.19	-40,712.19	-40,712.19	.00
	SAL	06/12/24	-849.150	849.15	.00	.00	-849.15	-849.15	-849.15	.00
	SAL	06/13/24	-471.590	471.59	.00	.00	-471.59	-471.59	-471.59	.00
	PUR	06/14/24	112.020	-112.02	.00	.00	112.02	112.02	112.02	.00
	PUR	06/17/24	73,705.810	-73,705.81	.00	.00	73,705.81	73,705.81	73,705.81	.00
	PUR	06/20/24	33.000	-33.00	.00	.00	33.00	33.00	33.00	.00
	SAL	06/21/24	-10,355.900	10,355.90	.00	.00	-10,355.90	-10,355.90	-10,355.90	.00
	SAL	06/24/24	-40,047.160	40,047.16	.00	.00	-40,047.16	-40,047.16	-40,047.16	.00
	PUR	06/25/24	16,645.670	-16,645.67	.00	.00	16,645.67	16,645.67	16,645.67	.00
	PUR	07/01/24	1,309.160	-1,309.16	.00	.00	1,309.16	1,309.16	1,309.16	.00
	PUR	07/02/24	61,275.000	-61,275.00	.00	.00	61,275.00	61,275.00	61,275.00	.00
	PUR	07/08/24	437.500	-437.50	.00	.00	437.50	437.50	437.50	.00
	SAL	07/09/24	-20,047.460	20,047.46	.00	.00	-20,047.46	-20,047.46	-20,047.46	.00
	SAL	07/10/24	-11,108.120	11,108.12	.00	.00	-11,108.12	-11,108.12	-11,108.12	.00
	SAL	07/11/24	-20,454.400	20,454.40	.00	.00	-20,454.40	-20,454.40	-20,454.40	.00
	PUR	07/12/24	962.500	-962.50	.00	.00	962.50	962.50	962.50	.00
	PUR	07/15/24	9,889.080	-9,889.08	.00	.00	9,889.08	9,889.08	9,889.08	.00
	PUR	07/16/24	2,070.000	-2,070.00	.00	.00	2,070.00	2,070.00	2,070.00	.00
	SAL	07/17/24	-24,091.670	24,091.67	.00	.00	-24,091.67	-24,091.67	-24,091.67	.00
	SAL	07/18/24	-19,289.980	19,289.98	.00	.00	-19,289.98	-19,289.98	-19,289.98	.00
	PUR	07/22/24	606.600	-606.60	.00	.00	606.60	606.60	606.60	.00
	PUR	07/23/24	1,187.500	-1,187.50	.00	.00	1,187.50	1,187.50	1,187.50	.00
	PUR	07/25/24	30,021.180	-30,021.18	.00	.00	30,021.18	30,021.18	30,021.18	.00
	PUR	08/01/24	38,405.110	-38,405.11	.00	.00	38,405.11	38,405.11	38,405.11	.00
	SAL	08/05/24	-8,161.090	8,161.09	.00	.00	-8,161.09	-8,161.09	-8,161.09	.00
	PUR	08/06/24	6,378.520	-6,378.52	.00	.00	6,378.52	6,378.52	6,378.52	.00
	PUR	08/08/24	1,768.750	-1,768.75	.00	.00	1,768.75	1,768.75	1,768.75	.00
	PUR	08/09/24	1,462.500	-1,462.50	.00	.00	1,462.50	1,462.50	1,462.50	.00
	SAL	08/12/24	-38,772.000	38,772.00	.00	.00	-38,772.00	-38,772.00	-38,772.00	.00
	SAL	08/14/24	-9,730.150	9,730.15	.00	.00	-9,730.15	-9,730.15	-9,730.15	.00
	PUR	08/15/24	58,749.690	-58,749.69	.00	.00	58,749.69	58,749.69	58,749.69	.00



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BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	SAL	08/16/24	-4,317.190	4,317.19	.00	.00	-4,317.19	-4,317.19	.00
	SAL	08/19/24	-53,807.530	53,807.53	.00	.00	-53,807.53	-53,807.53	.00
	PUR	08/20/24	1,063.000	-1,063.00	.00	.00	1,063.00	1,063.00	.00
	SAL	08/21/24	-14,065.240	14,065.24	.00	.00	-14,065.24	-14,065.24	.00
	SAL	08/22/24	-14,069.280	14,069.28	.00	.00	-14,069.28	-14,069.28	.00
	PUR	08/26/24	37,403.430	-37,403.43	.00	.00	37,403.43	37,403.43	.00
	SAL	08/29/24	-14,657.050	14,657.05	.00	.00	-14,657.05	-14,657.05	.00
	PUR	09/03/24	3,648.610	-3,648.61	.00	.00	3,648.61	3,648.61	.00
	SAL	09/05/24	-10,506.540	10,506.54	.00	.00	-10,506.54	-10,506.54	.00
	SAL	09/06/24	-5,514.180	5,514.18	.00	.00	-5,514.18	-5,514.18	.00
	PUR	09/10/24	29,059.300	-29,059.30	.00	.00	29,059.30	29,059.30	.00
	PUR	09/11/24	15,605.280	-15,605.28	.00	.00	15,605.28	15,605.28	.00
	SAL	09/12/24	-19,979.200	19,979.20	.00	.00	-19,979.20	-19,979.20	.00
	SAL	09/13/24	-15,309.920	15,309.92	.00	.00	-15,309.92	-15,309.92	.00
	PUR	09/16/24	164,776.760	-164,776.76	.00	.00	164,776.76	164,776.76	.00
	SAL	09/17/24	-87,625.060	87,625.06	.00	.00	-87,625.06	-87,625.06	.00
	PUR	09/18/24	70,400.340	-70,400.34	.00	.00	70,400.34	70,400.34	.00
	PUR	09/19/24	5,893.080	-5,893.08	.00	.00	5,893.08	5,893.08	.00
	SAL	09/20/24	-37,843.630	37,843.63	.00	.00	-37,843.63	-37,843.63	.00
	PUR	09/23/24	1,471.250	-1,471.25	.00	.00	1,471.25	1,471.25	.00
	PUR	09/25/24	17,509.890	-17,509.89	.00	.00	17,509.89	17,509.89	.00
	SAL	09/26/24	-15,359.180	15,359.18	.00	.00	-15,359.18	-15,359.18	.00
	PUR	09/30/24	3,590.620	-3,590.62	.00	.00	3,590.62	3,590.62	.00
	PUR	10/01/24	38,931.750	-38,931.75	.00	.00	38,931.75	38,931.75	.00
	PUR	10/02/24	516.250	-516.25	.00	.00	516.25	516.25	.00
	SAL	10/04/24	-19,032.350	19,032.35	.00	.00	-19,032.35	-19,032.35	.00
	PUR	10/15/24	8,237.790	-8,237.79	.00	.00	8,237.79	8,237.79	.00
	PUR	10/16/24	568.750	-568.75	.00	.00	568.75	568.75	.00
	SAL	10/17/24	-34,472.460	34,472.46	.00	.00	-34,472.46	-34,472.46	.00
	PUR	10/21/24	9,356.510	-9,356.51	.00	.00	9,356.51	9,356.51	.00
	SAL	10/22/24	-2,250.970	2,250.97	.00	.00	-2,250.97	-2,250.97	.00
	PUR	10/25/24	17,102.030	-17,102.03	.00	.00	17,102.03	17,102.03	.00
	PUR	10/29/24	13,831.460	-13,831.46	.00	.00	13,831.46	13,831.46	.00
	PUR	10/30/24	669.010	-669.01	.00	.00	669.01	669.01	.00
	PUR	11/01/24	54,479.780	-54,479.78	.00	.00	54,479.78	54,479.78	.00
	SAL	11/04/24	-20,176.910	20,176.91	.00	.00	-20,176.91	-20,176.91	.00



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BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
FEDERATED HERMES GOVT OBLIGATIONS FD CL PREM	PUR	11/12/24	2,465.630	-2,465.63	.00	.00	2,465.63	2,465.63	.00
	SAL	11/13/24	-4,915.180	4,915.18	.00	.00	-4,915.18	-4,915.18	.00
	PUR	11/14/24	920.860	-920.86	.00	.00	920.86	920.86	.00
	PUR	11/15/24	50,272.640	-50,272.64	.00	.00	50,272.64	50,272.64	.00
	SAL	11/18/24	-3,585.110	3,585.11	.00	.00	-3,585.11	-3,585.11	.00
	SAL	11/20/24	-19,855.100	19,855.10	.00	.00	-19,855.10	-19,855.10	.00
	SAL	11/22/24	-20,114.350	20,114.35	.00	.00	-20,114.35	-20,114.35	.00
	PUR	11/25/24	25,380.920	-25,380.92	.00	.00	25,380.92	25,380.92	.00
	PUR	12/02/24	10,701.440	-10,701.44	.00	.00	10,701.44	10,701.44	.00
	SAL	12/03/24	-9,110.060	9,110.06	.00	.00	-9,110.06	-9,110.06	.00
	SAL	12/05/24	-5,087.400	5,087.40	.00	.00	-5,087.40	-5,087.40	.00
	PUR	12/06/24	1,706.250	-1,706.25	.00	.00	1,706.25	1,706.25	.00
	PUR	12/13/24	65,777.310	-65,777.31	.00	.00	65,777.31	65,777.31	.00
	SAL	12/16/24	-40,569.550	40,569.55	.00	.00	-40,569.55	-40,569.55	.00
	SAL	12/17/24	-85,011.850	85,011.85	.00	.00	-85,011.85	-85,011.85	.00
	SAL	12/18/24	-15,096.800	15,096.80	.00	.00	-15,096.80	-15,096.80	.00
	SAL	12/19/24	-16,262.620	16,262.62	.00	.00	-16,262.62	-16,262.62	.00
	SAL	12/20/24	-9,726.460	9,726.46	.00	.00	-9,726.46	-9,726.46	.00
	PUR	12/23/24	4,932.730	-4,932.73	.00	.00	4,932.73	4,932.73	.00
	PUR	12/26/24	18,019.500	-18,019.50	.00	.00	18,019.50	18,019.50	.00
	SAL	12/30/24	-8,593.950	8,593.95	.00	.00	-8,593.95	-8,593.95	.00
94 PURCHASES FOR			1,455,632.16	75 SALES FOR	1,523,848.21	ISSUE AGGREGATE TOTAL	2,979,480.37		
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY	PUR	01/10/24	19,430.940	-19,430.94	.00	.00	19,430.94	19,430.94	.00
	SAL	01/11/24	-19,430.940	19,430.94	.00	.00	-19,430.94	-19,430.94	.00
	PUR	01/16/24	1,766.500	-1,766.50	.00	.00	1,766.50	1,766.50	.00
	SAL	01/17/24	-1,766.500	1,766.50	.00	.00	-1,766.50	-1,766.50	.00
	PUR	02/07/24	19,038.950	-19,038.95	.00	.00	19,038.95	19,038.95	.00
	SAL	02/08/24	-19,038.950	19,038.95	.00	.00	-19,038.95	-19,038.95	.00
	PUR	02/21/24	14,408.380	-14,408.38	.00	.00	14,408.38	14,408.38	.00
	PUR	02/22/24	14,408.380	-14,408.38	.00	.00	14,408.38	14,408.38	.00
	PUR	03/14/24	16,396.590	-16,396.59	.00	.00	16,396.59	16,396.59	.00
	PUR	03/15/24	16,396.590	-16,396.59	.00	.00	16,396.59	16,396.59	.00
	SAL	03/25/24	-8,060	8,060	.00	.00	-8,060	-8,060	.00
	SAL	03/26/24	-8,060	8,060	.00	.00	-8,060	-8,060	.00
	PUR	04/09/24	883.320	-883.32	.00	.00	883.32	883.32	.00



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BROKER/PARTY ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	PREVIOUS ANNUAL MARKET	NET GAIN/LOSS
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY									
SAL 04/10/24			-883.320	883.32	.00	.00	-883.32	-883.32	.00
PUR 04/15/24			457.060	-457.06	.00	.00	457.06	457.06	.00
SAL 04/16/24			-457.060	457.06	.00	.00	-457.06	-457.06	.00
PUR 06/06/24			5,009.300	-5,009.30	.00	.00	5,009.30	5,009.30	.00
SAL 06/07/24			-5,009.300	5,009.30	.00	.00	-5,009.30	-5,009.30	.00
PUR 06/24/24			10,042.210	-10,042.21	.00	.00	10,042.21	10,042.21	.00
SAL 06/25/24			-10,042.210	10,042.21	.00	.00	-10,042.21	-10,042.21	.00
PUR 07/15/24			2,070.000	-2,070.00	.00	.00	2,070.00	2,070.00	.00
SAL 07/16/24			-2,070.000	2,070.00	.00	.00	-2,070.00	-2,070.00	.00
PUR 08/05/24			34,452.250	-34,452.25	.00	.00	34,452.25	34,452.25	.00
SAL 08/06/24			-34,452.250	34,452.25	.00	.00	-34,452.25	-34,452.25	.00
PUR 08/09/24			1,136.400	-1,136.40	.00	.00	1,136.40	1,136.40	.00
SAL 08/12/24			-1,136.400	1,136.40	.00	.00	-1,136.40	-1,136.40	.00
PUR 08/20/24			4,857.560	-4,857.56	.00	.00	4,857.56	4,857.56	.00
SAL 08/21/24			-4,857.560	4,857.56	.00	.00	-4,857.56	-4,857.56	.00
PUR 09/10/24			14,939.030	-14,939.03	.00	.00	14,939.03	14,939.03	.00
SAL 09/11/24			-14,939.030	14,939.03	.00	.00	-14,939.03	-14,939.03	.00
PUR 10/15/24			568.750	-568.75	.00	.00	568.75	568.75	.00
SAL 10/16/24			-568.750	568.75	.00	.00	-568.75	-568.75	.00
PUR 10/21/24			148.270	-148.27	.00	.00	148.27	148.27	.00
SAL 10/22/24			-148.270	148.27	.00	.00	-148.27	-148.27	.00
PUR 10/29/24			669.010	-669.01	.00	.00	669.01	669.01	.00
SAL 10/30/24			-669.010	669.01	.00	.00	-669.01	-669.01	.00
PUR 12/02/24			900.000	-900.00	.00	.00	900.00	900.00	.00
SAL 12/03/24			-900.000	900.00	.00	.00	-900.00	-900.00	.00
PUR 12/12/24			66,635.050	-66,635.05	.00	.00	66,635.05	66,635.05	.00
SAL 12/13/24			-66,635.050	66,635.05	.00	.00	-66,635.05	-66,635.05	.00
PUR 12/20/24			4,932.730	-4,932.73	.00	.00	4,932.73	4,932.73	.00
SAL 12/23/24			-4,932.730	4,932.73	.00	.00	-4,932.73	-4,932.73	.00
21 PURCHASES FOR			218,750.36	21 SALES FOR	218,750.36	ISSUE AGGREGATE TOTAL		437,500.72	

SETTLEMENT DATE

5 5 0 0 T R A N S A C T I O N R E P O R T

BANK OF AMERICA



01/01/24 THROUGH 12/31/24

ACCOUNT
41-22-226-8511413

P & P 112 H/W PLAN (MUTUAL FDS)

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DESCRIPTION	SHARES/ PAR VALUE	BOOK VALUE	VALUE LAST STATEMENT	PROCEEDS	REALIZED GAIN/LOSS
SALES					
INTEREST BEARING CASH					
BLF FEDFUND					
CUSTP NO: 092480700					
03/14/24 MONEY MARKET SALE	-281.840	-281.84	-281.84	281.84	0.00
04/03/24 MONEY MARKET SALE	-4,045.430	-4,045.43	-4,045.43	4,045.43	0.00
06/14/24 MONEY MARKET SALE	-289.230	-289.23	-289.23	289.23	0.00
09/16/24 MONEY MARKET SALE	-303.140	-303.14	-303.14	303.14	0.00
12/13/24 MONEY MARKET SALE	-310.990	-310.99	-310.99	310.99	0.00
TOTAL FOR ASSET	-5,230.630	-5,230.63	-5,230.63	5,230.63	0.00
BANK OF AMERICA TEMPORARY OVERNIGHT DEPOSIT - CUSTODY					
CUSTP NO: 99Z490478					
01/03/24 MONEY MARKET SALE	-355.940	-355.94	-355.94	355.94	0.00
02/02/24 MONEY MARKET SALE	-125.660	-125.66	-125.66	125.66	0.00
03/04/24 MONEY MARKET SALE	-136.850	-136.85	-136.85	136.85	0.00
04/02/24 MONEY MARKET SALE	-4,045.430	-4,045.43	-4,045.43	4,045.43	0.00
05/02/24 MONEY MARKET SALE	-139.200	-139.20	-139.20	139.20	0.00
06/04/24 MONEY MARKET SALE	-142.810	-142.81	-142.81	142.81	0.00
07/02/24 MONEY MARKET SALE	-440.560	-440.56	-440.56	440.56	0.00
08/02/24 MONEY MARKET SALE	-143.160	-143.16	-143.16	143.16	0.00

SETTLEMENT DATE

5 5 0 0 T R A N S A C T I O N R E P O R T

BANK OF AMERICA



01/01/24 THROUGH 12/31/24

ACCOUNT
41-22-226-8511413

P & P 112 H/W PLAN (MUTUAL FDS)

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DESCRIPTION	SHARES/ PAR VALUE	BOOK VALUE	VALUE LAST STATEMENT	PROCEEDS	REALIZED GAIN/LOSS
09/04/24 MONEY MARKET SALE	-295.180	-295.18	-295.18	295.18	0.00
10/02/24 MONEY MARKET SALE	-447.290	-447.29	-447.29	447.29	0.00
11/04/24 MONEY MARKET SALE	-145.830	-145.83	-145.83	145.83	0.00
12/03/24 MONEY MARKET SALE	-446.480	-446.48	-446.48	446.48	0.00
TOTAL FOR ASSET		-6,864.39	-6,864.39	6,864.39	0.00
TOTAL INTEREST BEARING CASH		-12,095.02	-12,095.02	12,095.02	0.00
TOTAL SALES		-12,095.02	-12,095.02	12,095.02	0.00
TOTAL TRANSACTIONS		-12,095.02	-12,095.02	12,095.02	0.00