

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER</u></p> <p><u>9525 SWEET VALLEY DRIVE</u> <u>VALLEY VIEW, OH 44125</u></p>	<p>1c Effective date of plan <u>03/30/1953</u></p> <p>2b Employer Identification Number (EIN) <u>62-1523674</u></p> <p>2c Plan Sponsor's telephone number <u>216-520-1644</u></p> <p>2d Business code (see instructions) <u>238100</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/12/2025	ROBERT ZAVAGNO JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	910
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)	535
	6a(2)	556
	6b	64
	6c	313
	6d	933
	6e	
	6f	933
	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	96

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4F 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 **03/01/2024** and ending **02/28/2025**

<p>A Name of plan BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND</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 JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER</p>	<p>D Employer Identification Number (EIN) 62-1523674</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
MEDICAL MUTUAL OF OHIO

(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
34-0648820	29076	175207	557	06/01/2024	05/31/2025

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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	504489
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. ▶

<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 **03/01/2024** and ending **02/28/2025**

<p>A Name of plan BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND</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 JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER</p>	<p>D Employer Identification Number (EIN) 62-1523674</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	G3301	581	03/01/2024	02/28/2025

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

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

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

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

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

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

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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
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	(c) Amount	(d) Purpose	

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

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	57563
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

A Name of plan BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER	D Employer Identification Number (EIN) 62-1523674	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

THE JAMES B OSWALD COMPANY

1100 SUPERIOR AVE
CLEVELAND, OH 44114

34-0445620

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	81955	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)

DGPERRY, PLLC

3711 STARRS CENTRE DRIVE
CANFIELD, OH 44406

83-3033790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31881	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)

FAULKNER, HOFFMAN AND PHILLIPS

20445 EMERALD PKWY 210
CLEVELAND, OH 44135

45-1540483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	33973	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)

LAUREL NIELSEN

62-1523674

(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?
50 15 30	EMPLOYEE OF PLAN SPONSOR	36006	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)

THE UNION LABOR LIFE INSURANCE

1625 EYE STREET N.W.
WASHINGTON, DC 20006

13-1423090

(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 53	NONE	5211	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)

SEGAL MARCO ADVISORS

1300 EAST NINTH ST
CLEVELAND, OH 44114-1593

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	14000	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)

ERICA KAWCZYNSKI

62-1523674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 30 50	EMPLOYEE OF PLAN SPONSOR	33172	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)

HORIZON ACTUARIAL SERVICES, LLC

8601 GEORGIA AVE, STE 700
SILVER SPRINGS, MD 20910

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	14000	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)

MEDICAL MUTUAL OF OHIO

P.O. BOX 951916
CLEVELAND, OH 44193

34-0648820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	250529	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)

BENESYS

700 TOWER DRIVE SUITE 200
TROY, MI 48098

38-2383171

(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?
50 64	NONE	27932	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)

BRICKLAYERS ALLIED CRAFTWORKERS

9525 SWEET VALLEY DR
VALLEY VIEW, OH 44125

(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?
50 99	NONE	10100	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)

FIFTH THIRD

1 SOUTH MAIN STREET
DAYTON, OH 45403

31-1051736

(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?
52 28 19	NONE	7500	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)

DENNIS RAHE

62-1523674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 30 50	EMPLOYEE OF PLAN SPONSOR	30674	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025	
A Name of plan BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER	D Employer Identification Number (EIN) 62-1523674

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1109707	139458
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	699185	600261
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	153546	184882
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	99245	2775814
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	33542	38246
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11980501	12640588
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	14075726	16379249
Liabilities			
g Benefit claims payable.....	1g	610000	696621
h Operating payables.....	1h	5266	6991
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	342722	369215
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	957988	1072827
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13117738	15306422

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)	8277390	
(B) Participants.....	2a(1)(B)	120995	
(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)		8398385
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	125809	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		125809
(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)	297197	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		297197
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		770549
c Other income	2c		353290
d Total income. Add all income amounts in column (b) and enter total	2d		9945230

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6590234	
(2) To insurance carriers for the provision of benefits	2e(2)	562052	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7152286
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)	98970	
(2) Contract administrator fees	2i(2)	250529	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	32563	
(5) Investment advisory and investment management fees	2i(5)	23486	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	14000	
(8) Legal fees	2i(8)	33973	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	150739	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		604260
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7756546

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2188684
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: **DGPERRY**

(2) EIN: **83-3033790**

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		600000
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.			

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 _____.

**BAC Local 23 North Shore Chapter
Health and Welfare Fund**

Financial Statements

For the Years Ended
February 28, 2025 and February 29, 2024



DGPerry
CPAs + Advisors

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Independent Auditors' Report

Board of Trustees and Management
BAC Local 23 North Shore Chapter
Health and Welfare Fund
Valley View, Ohio

Opinion

We have audited the accompanying financial statements of BAC Local 23 North Shore Chapter Health and Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations, as of February 28, 2025 and February 29, 2024, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended February 28, 2025 and February 29, 2024, 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 BAC Local 23 North Shore Chapter Health and Welfare Fund as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits for the year ended February 28, 2025 and February 29, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of BAC Local 23 North Shore Chapter Health and Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 BAC Local 23 North Shore Chapter Health and Welfare 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.

Auditors' 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 auditors' 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 BAC Local 23 North Shore Chapter Health and Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about BAC Local 23 North Shore Chapter Health and Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of February 28, 2025 and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in cursive script, appearing to read "D. G. Ferry".

Canfield, Ohio
December 09, 2025

BAC Local 23 North Shore Chapter Health and Welfare Fund

Statement of Net Assets Available for Benefits As of February 28, 2025

Assets				
	General Fund	Death Benefit Fund	General Claims Fund	Total
Investments at Fair Value				
Money market funds	\$ -	\$ 33,477	\$ -	\$ 33,477
Registered investment companies	7,692,919	4,947,669	-	12,640,588
Common stocks	-	38,246	-	38,246
Total Investments at Fair Value	7,692,919	5,019,392	-	12,712,311
Receivables				
Contractor contributions	600,261	-	-	600,261
Interfund receivable (payable)	24,905	(5,312)	(19,593)	-
Due from BAC Local 23 North Shore Chapter Pension Fund	120,090	-	-	120,090
Total Receivables	745,256	(5,312)	(19,593)	720,351
Property and Equipment				
Computer system	12,363	-	-	12,363
Software	90,992	-	-	90,992
Total Property and Equipment	103,355	-	-	103,355
Less: Accumulated Depreciation	(103,355)	-	-	(103,355)
Net Property and equipment	-	-	-	-
Prepaid Assets	64,792	-	-	64,792
Interest-bearing Cash				
Depository	359,303	-	-	359,303
Trust	2,383,034	-	-	2,383,034
Total Interest-bearing Cash	2,742,337	-	-	2,742,337
Non-interest-bearing Cash				
Administrative	94,263	-	-	94,263
Death benefit	-	25,602	-	25,602
General claims	-	-	19,593	19,593
Total Non-interest-bearing Cash	94,263	25,602	19,593	139,458
Total Assets	11,339,567	5,039,682	-	16,379,249
Liabilities				
Payable - administrative expenses	6,991	-	-	6,991
Withheld payroll taxes	3,974	-	-	3,974
Reciprocal contributions payable	257,575	-	-	257,575
Claims payable	95,621	-	-	95,621
Deposits due to related plans	107,666	-	-	107,666
Total Liabilities	471,827	-	-	471,827
Net Assets Available for Plan Benefits	\$ 10,867,740	\$ 5,039,682	\$ -	\$ 15,907,422

See Independent Auditors' Report and Notes to Financial Statements.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Statement of Net Assets Available for Benefits As of February 29, 2024

Assets				
	<u>General Fund</u>	<u>Death Benefit Fund</u>	<u>General Claims Fund</u>	<u>Total</u>
Investments at Fair Value				
Money market funds	\$ 68,408	\$ 30,837	\$ -	\$ 99,245
Registered investment companies	7,456,109	4,524,392	-	11,980,501
Common stocks	-	33,542	-	33,542
Total Investments at Fair Value	<u>7,524,517</u>	<u>4,588,771</u>	-	<u>12,113,288</u>
Receivables				
Contractor contributions	699,185	-	-	699,185
Interfund receivable (payable)	18,841	(3,789)	(15,052)	-
Due from BAC Local 23 North Shore Chapter Pension Fund	92,433	-	-	92,433
Total Receivables	<u>810,459</u>	<u>(3,789)</u>	<u>(15,052)</u>	<u>791,618</u>
Property and Equipment				
Computer system	12,363	-	-	12,363
Software	90,992	-	-	90,992
Total Property and Equipment	103,355	-	-	103,355
Less: Accumulated Depreciation	<u>(103,355)</u>	<u>-</u>	<u>-</u>	<u>(103,355)</u>
Net Property and equipment	-	-	-	-
Prepaid Assets	61,113	-	-	61,113
Interest-bearing Cash				
Depository	299,960	-	-	299,960
Trust	650,865	-	-	650,865
Total Interest-bearing Cash	<u>950,825</u>	<u>-</u>	<u>-</u>	<u>950,825</u>
Non-interest-bearing Cash				
Administrative	121,851	-	-	121,851
Death benefit	-	21,979	-	21,979
General claims	-	-	15,052	15,052
Total Non-interest-bearing Cash	<u>121,851</u>	<u>21,979</u>	<u>15,052</u>	<u>158,882</u>
Total Assets	<u>9,468,765</u>	<u>4,606,961</u>	<u>-</u>	<u>14,075,726</u>
Liabilities				
Payable - administrative expenses	5,266	-	-	5,266
Withheld payroll taxes	3,376	-	-	3,376
Reciprocal contributions payable	187,513	-	-	187,513
Deposits due to related plans	151,833	-	-	151,833
Total Liabilities	<u>347,988</u>	<u>-</u>	<u>-</u>	<u>347,988</u>
Net Assets Available for Plan Benefits	<u><u>\$ 9,120,777</u></u>	<u><u>\$ 4,606,961</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 13,727,738</u></u>

See Independent Auditors' Report and Notes to Financial Statements.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Statement of Changes in Net Assets Available for Benefits For the Year Ended February 28, 2025

	General Fund	Death Benefit Fund	General Claims Fund	Total
Additions to Net Assets				
Contractor contributions, net of reciprocity	\$ 8,277,390	\$ -	\$ -	\$ 8,277,390
Self pay contributions	120,995	-	-	120,995
Administrative assessments and other income	353,290	-	-	353,290
Transfer of contributions	(415,000)	2,968	412,032	-
Investment Income:				
Net appreciation (depreciation) in fair value of investments	346,737	423,812	-	770,549
Interest and dividends	297,197	125,809	-	423,006
Total Investment Income	643,934	549,621	-	1,193,555
Less: Investment expenses	(23,486)	-	-	(23,486)
Investment Income, net	620,448	549,621	-	1,170,069
Total Additions	8,957,123	552,589	412,032	9,921,744
Deductions from Net Assets				
Benefits paid:				
Medical claims	6,130,209	-	-	6,130,209
Life Insurance premiums	-	57,563	-	57,563
Reinsurance premium	504,489	-	-	504,489
Self-insured claims	-	56,993	412,032	469,025
Total benefits paid	6,634,698	114,556	412,032	7,161,286
Administrative Expenses:				
Actuary	14,000	-	-	14,000
Attorney	33,973	-	-	33,973
Audit and payroll compliance	32,563	-	-	32,563
Claims processing	250,529	-	-	250,529
Consultant - healthcare	85,593	-	-	85,593
Conventions and meetings	1,554	-	-	1,554
Insurance	9,397	-	-	9,397
Miscellaneous	4,799	-	-	4,799
Office salaries	91,589	-	-	91,589
Office supplies and equipment	29,709	-	-	29,709
Payroll taxes	7,381	-	-	7,381
PPACA fees	4,723	-	-	4,723
Printing and postage	4,864	-	-	4,864
Rent	10,100	-	-	10,100
Total administrative expenses	580,774	-	-	580,774
Expenses allocated to death benefit and general claims funds	(5,312)	5,312	-	-
Total Deductions	7,210,160	119,868	412,032	7,742,060
Net Change in Net Assets Available for Benefits	1,746,963	432,721	-	2,179,684
Net Assets Available for Benefits				
Beginning of Year	9,120,777	4,606,961	-	13,727,738
End of Year	\$ 10,867,740	\$ 5,039,682	\$ -	\$ 15,907,422

See Independent Auditors' Report and Notes to Financial Statements.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Statement of Changes in Net Assets Available for Benefits For the Year Ended February 29, 2024

	General Fund	Death Benefit Fund	General Claims Fund	Total
Additions to Net Assets				
Contractor contributions, net of reciprocity	\$ 7,443,423	\$ -	\$ -	\$ 7,443,423
Self pay contributions	97,630	-	-	97,630
Administrative assessments and other income	401,849	-	-	401,849
Transfer of contributions	(462,185)	5,669	456,516	-
Investment Income:				
Net appreciation (depreciation) in fair value of investments	430,232	546,543	-	976,775
Interest and dividends	301,764	113,107	-	414,871
Total Investment Income	731,996	659,650	-	1,391,646
Less: Investment expenses	(20,750)	(1,000)	-	(21,750)
Investment Income, net	711,246	658,650	-	1,369,896
Total Additions	8,191,963	664,319	456,516	9,312,798
Deductions from Net Assets				
Benefits paid:				
Medical claims	6,699,508	-	-	6,699,508
Life Insurance premiums	-	57,711	-	57,711
Reinsurance premium	472,571	-	-	472,571
Self-insured claims	-	35,600	456,516	492,116
Total benefits paid	7,172,079	93,311	456,516	7,721,906
Administrative Expenses:				
Actuary	7,000	-	-	7,000
Attorney	29,303	-	-	29,303
Audit and payroll compliance	32,026	-	-	32,026
Claims processing	245,261	-	-	245,261
Consultant - healthcare	79,568	-	-	79,568
Conventions and meetings	155	-	-	155
Insurance	17,202	-	-	17,202
Miscellaneous	3,872	-	-	3,872
Office salaries	65,596	-	-	65,596
Office supplies and equipment	29,390	-	-	29,390
Payroll taxes	5,254	-	-	5,254
PPACA fees	3,732	-	-	3,732
Printing and postage	4,634	-	-	4,634
Rent	9,000	-	-	9,000
Total administrative expenses	531,993	-	-	531,993
Expenses allocated to death benefit and general claims funds	(2,789)	2,789	-	-
Total Deductions	7,701,283	96,100	456,516	8,253,899
Net Change in Net Assets Available for Benefits	490,680	568,219	-	1,058,899
Net Assets Available for Benefits				
Beginning of Year	8,630,097	4,038,742	-	12,668,839
End of Year	<u>\$ 9,120,777</u>	<u>\$ 4,606,961</u>	<u>\$ -</u>	<u>\$ 13,727,738</u>

See Independent Auditors' Report and Notes to Financial Statements.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Statements of Benefit Obligations
As of February 28, 2025 and February 29, 2024

	2025	2024
Amounts Currently Payable		
Claims payable and claims incurred but not reported	\$ 601,000	\$ 610,000
Accumulated Eligibility Credits		
Accumulated Eligibility Credits	1,576,000	1,717,000
Dollar bank	13,097,000	12,734,000
Total Accumulated Eligibility Credits	14,673,000	14,451,000
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Retired participants	467,006	465,638
Fully eligible active and alternative participants	242,964	210,487
Other participants fully eligible for benefits	155,311	185,186
	865,281	861,311
Plan's Total Benefit Obligations	\$ 16,139,281	\$ 15,922,311

See Independent Auditors' Report and Notes to Financial Statements.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Statements of Changes in Benefit Obligations
For the Years Ended February 28, 2025 and February 29, 2024

	2025	2024
Amounts Currently Payable		
Balance at beginning of year	\$ 610,000	\$ 746,000
Claims reported and approved for payment, including benefits reclassified from benefit obligations	7,200,234	7,801,624
Claims paid	(6,599,234)	(7,191,624)
Balance at end of year	601,000	610,000
Accumulated Eligibility Credits		
Balance at beginning of year	14,451,000	14,275,000
Net change during the year attributed to:		
Accumulated eligibility credits	(141,000)	(87,000)
Dollar bank	363,000	263,000
Balance at end of year	14,673,000	14,451,000
Postretirement Benefit Obligations, Net of Amounts Currently Payable		
Balance at beginning of year	861,311	1,070,491
Increase (decrease) in postretirement benefits:		
Benefits earned	11,133	14,434
Interest	44,447	52,407
Benefit subsidies during the year	(51,610)	(73,581)
Changes in data	-	(145,502)
Changes in plan and assumptions	-	(56,938)
Balance at end of year	865,281	861,311
Plan's Total Benefit Obligations at End of Year	\$ 16,139,281	\$ 15,922,311

See Independent Auditors' Report and Notes to Financial Statements.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note A - Description of Plan

The following brief description of the BAC Local 23 North Shore Chapter Health and Welfare Fund (the "Plan") (formerly known as Bricklayers and Masons' Local Union No. 5, Ohio Health and Welfare Fund) is for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

In April 2023, the Bricklayers and Masons' Local Union No. 5 was merged into BAC Local 23 of the Ohio Valley effective April 2023 and the name of the Plan was changed to BAC Local 23 North Shore Chapter Health & Welfare Fund effective July 2023.

General

The Plan was formed under a collective bargaining agreement (CBA) between the Mason Contractors' Association of Cleveland, Ohio (Association) and the BAC Local 23 North Chapter (formerly known as Bricklayers and Masons' Local Union No. 5, Ohio of the International Union of Bricklayers and Allied Craftworkers) (Union). The Plan provides medical, health, dental, prescription, disability and life insurance benefits to all members of the Union employed in accordance with the terms of the CBA. The Plan is equally governed by trustees chosen by the Union and by the Contractors' Association, (collectively referred to the Board of Trustees). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility and Benefits

The Plan provides various health benefits (medical, dental and prescription drugs), life insurance and disability benefits to eligible active participants and their eligible dependents. During periods of unemployment, participants may continue to remain eligible for benefits through the use of Accumulated Eligibility Credits (AECs) as described in Note C, or self-contributions for times of unemployment (less than full time) and upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan also has a Supplemental Health Reimbursement Account (SHRA), in which eligible participants may use their dollar bank to pay for out-of-pocket health care expenses not covered by the Plan.

An employee who is a member in good standing with a participating Local is eligible to participate in the Plan on a three-month lag basis. Participants must work three months at the required minimum number of hours to earn coverage for the fourth month. Once an employee is participating in the plan, any hours in excess of the required minimum hours are banked. All hours are credited at the contribution rate paid in at. Refer to footnote C for further details on the Plan's Dollar Bank Account.

Normal retirement age for participants is 65 years or older with the completion of 10 ten years of credited service or 5 years future years of service. The minimum age for early retirement is 55 with the same service requirements and the participant must actually retire from the trade. When a participant retires, the retiree remains eligible for benefits under the Plan through the use of AECs, as described in Note C, and can make self-contributions once the AECs are exhausted. If the retiree is not eligible for Medicare coverage, they may continue to self-pay for 6 months, and then elect COBRA for 18 months until the age of 65, whichever comes first. In addition, a retiree who is eligible for Medicare and still has ACEs has the option to OPT out of the Plan and select their own Medicare Supplemental Plan and use ACEs to pay for coverage.

The Plan provides a Disability Retirement Premium Reimbursement of up to \$400 per month for eligible disabled participants who meet the following criteria: 1) they are a member in good standing, 2) they are receiving Disability Benefit through the Social Security Administration and are covered by Medicare, 3) they received contributions to the Plan for at least 60 months immediately prior to the disabling event, 4) they are paying for a Medicare Supplemental insurance policy, and 5) they are under the age of 65.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note A - Description of Plan (continued)

Eligibility and Benefits (continued)

The Plan fully insures its life insurance benefits with the purchase of insurance contracts. A maximum \$2,500 benefit is payable upon death to certain retirees, alternate fund members and future retirees who meet specified eligibility criteria. In addition, a lump sum death benefit of \$400 is payable to participants who were members of the Benevolent Association on September 30, 2010. Effective March 1, 2017, if death occurs on or before the 4th anniversary of commencement of pension benefits, and the member retired from active status and maintains membership in the local, then \$20,000 is paid instead of the amounts previously mentioned.

Contributions

Employers contribute a certain amount per hour worked pursuant to the current CBA between the Employers and the Local. Participants who have not met required hours as described in Eligibility and Benefits, who have previously qualified, are permitted to self-pay their premiums for a certain length of time as determined by the Plan Trustees. Participant contributions are allowed to provide COBRA benefits, and participants pay the full cost of such benefits. Employers are required to make monthly remittance reports and contributions covering their liability to the Plan for covered employees. Such contributions and related reports are due in the month subsequent to the month when the participating employees are paid. Assessments and legal action may be imposed on contractors for reports filed on a delinquent basis. Contributions held by, or owed to, other geographical plans, under reciprocity agreements, are recorded as receivables or payables. Cash is transferred from the General Fund to the General Claims Fund periodically to cover disbursements for self-insured claims and operating expenses. Contribution rates for the plan years ended February 28, 2025 and February 29, 2024, were as follows:

<u>Time Period</u>	<u>Rate Per Hour Worked</u>
May 1, 2024 - April 30, 2025	\$11.40
May 1, 2023 - April 30, 2024	\$9.95
May 1, 2022 - April 30, 2023	\$9.70

Contributions for health and welfare, union dues for journeyman and apprentice, local dues check-off, pension, industry fund, vacation, apprentice fund, market advancement and local building fund are to be remitted at the same time by employers. These monies are deposited in an account in the name of the Plan, from which they are periodically distributed to the appropriate organization. This account is administered by the Plan.

Self-Insured Benefits

The claims for self-insured benefits are processed by the Plan's third-party claims processors under administrative services only (ASO) arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan. Ultimate responsibility for payments to providers and participants is retained by the Plan.

Stop Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits for individual claims over \$300,000. The insurance company's limit of expense per individual is unlimited.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note A - Description of Plan (continued)

Segregation of Assets and Activities

The Board of Trustees have chosen to segregate the assets and activities into three separate operating funds. The General Fund represents all assets and activities not otherwise reflected in the Death Benefit or the General Claims Fund. The Death Benefit Fund is financed from contractors' contributions in amounts determined by application of unit risk rates computed using actuarial principles. The General Claims Fund has been included in the accompanying financial statements to manage the payment of administrative expenses of the Fund.

Note B - Summary of Significant Accounting Policies

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared under the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include both interest-bearing and non-interest-bearing demand deposit accounts, which are classified as cash and cash equivalents on the Statement of Net Assets Available for Benefits and are not included in the Schedule of Assets (Held at End of Year).

In addition, the Plan maintains a trust account used to receive contributions and pay claims and administrative expenses. The trust account is used primarily for benefit payment and operational purposes and is not held for investment. Accordingly, funds in this trust account are also classified as cash and cash equivalents and not included in the Schedule of Assets (Held at End of Year).

Property and Equipment

Property and equipment are recorded at cost and depreciated on an accelerated method over the assets estimated useful life.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment custodians. See Note E for discussion of fair value measurements.

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

Employer Contributions and Receivable

Employer contributions receivable at year-end are based on actual contributions received subsequent to year-end. Delinquent employer contributions are not included in employer contributions receivable as management does not consider the delinquent amounts to be collectible. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note B - Summary of Significant Accounting Policies (continued)

Reciprocity Agreements

The Plan has signed reciprocity agreements with other locals providing that substantially all employer contributions due from or due to other locals are recorded as reciprocal contributions receivable or payable.

Payment of Benefits

Premiums paid are recorded as benefit claims in the accompanying statements of changes in net assets available for benefits. Medical and prescription drug claims are recorded when they are paid by the third-party processors. Death benefits are recorded when paid by the Plan. All claims are recorded as benefits claims paid in the accompanying statement of changes in net assets available for benefits. Claims paid by the claims processor prior to year-end or claim payments submitted to the Plan by the third-party claims processor that are not yet paid are recorded as an amount currently payable in the accompanying statements of benefit obligations. Premiums not yet paid at year-end are included as an amount currently payable in the accompanying statements of benefit obligations.

Stop Loss

Claims that were already paid from the Plan that exceeded the stop-loss coverage and are due to the Plan at year-end are recorded as a receivable. Premiums for stop-loss insurance are included as deductions on the statements of changes in net assets available for benefits. Stop-loss refunds of \$69,733 and \$121,530 are netted against medical claims paid as a deduction from the accompanying statements of changes in net assets available for benefits.

Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrators, the custodians, and professional service providers. These expenses are reported in administrative expenses on the statements of changes in net assets available for benefits and are allocated to the Death Benefit and General Claims Funds upon the approval of the Board of Trustees. Certain investment related expenses are included in net (depreciation) appreciation in fair value of investments.

Shared Expenses

For administrative convenience, the Plan routinely pays some expenses on behalf of the related Pension Fund. The Plan is subsequently reimbursed for these expenses. By action of the Board of Trustees, predominantly all other expenses are shared equally by the Funds.

Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits

Postretirement Benefit Obligations

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to members' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for 1) currently retired or terminated members and their beneficiaries and dependents and 2) active members and their beneficiaries and dependents after retirement from service with participating employers. Postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers, retiree premiums and from existing plan assets.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits (continued)

Postretirement Benefit Obligations (continued)

Prior to an active member's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that member's service in the industry rendered to the valuation date. A portion of the Plan's postretirement benefit obligation could be assumed by retiree premiums.

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

The following were significant assumptions used in the valuation as of February 28, 2025:

Weighted-average Discount Rate	5.25%
Average Retirement Age	Various rates ranging from 3.0% at age 55 to 100% at age 65
Mortality	The PRI-2012 Mortality table, with blue collar adjusted, with no assumption for future mortality improvement.

The following were significant assumptions used in the valuation as of February 29, 2024:

Weighted-average Discount Rate	5.25%
Average Retirement Age	Various rates ranging from 3.0% at age 55 to 100% at age 65
Mortality	The PRI-2012 Mortality table, with blue collar adjusted, with no assumption for future mortality improvement.

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. The actuary has informed the Plan that the health care cost-trend rate assumption is not applicable to the scheduled benefit allowance.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note C - Postretirement Benefit Obligations and Accumulated Eligibility Credits (continued)

Accumulated Eligibility Credits

The estimated liability for future payment of benefits and group insurance based on accumulated eligibility arises from hours accumulated by eligible participants sufficient to grant them benefit coverage in periods subsequent to the financial statement dates. Such estimated amounts are reported in the accompanying statements of benefit obligations. Actual results could differ from those estimates. The Dollar Bank program may be used in order to supply a Participant with the additional dollars needed in any one or more successive periods in order to remain eligible. Contributions that an Employer makes on a Participant's behalf are based on the number of hours worked each month and the hours more than the required minimum are credited to a Dollar Bank. Each employee can accumulate unlimited coverage in the Dollar Bank to be used for additional credits to remain eligible for the Plan. If contributions made on behalf of the Participant in a work month are less than the monthly cost of coverage for that corresponding benefit month, the additional amount needed will be deducted from the Participant's Dollar Bank, if available. If the amount credited to the Participant's Dollar Bank does not cover the monthly cost of coverage, the Participant may be eligible to make self-payment contributions for the difference.

The Dollar Bank is not a vested or an accrued benefit and may be lost under certain conditions determined by the Trustees. See Eligibility and Benefits in Note A for details on participant's coverage in the Dollar Bank. The value of the Dollar Bank is included on the statements of benefit obligations.

The Plan's excess of benefit obligations over net assets at February 28, 2025 and February 29, 2024, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. However, the Plan empowers the board of trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the board of trustees.

Note D - Claims Incurred but not Reported

Benefit obligations other than postretirement and postemployment benefit obligations include health claims currently payable, health claims incurred but not yet reported, and premiums payable. Claims paid by the claims processor prior to the year-end that are not reimbursed by the Plan as of year-end are recorded as claims payable and included in claims payable and claims incurred but not reported on the statements of benefit obligations. Premiums not yet paid by the Plan related to coverage at or before year-end are included in premiums due to insurers in the statements of benefit obligations. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Note E - Fair Value Measurements

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

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note E - Fair Value Measurements (continued)

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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 February 28, 2025 and February 29, 2024.

Money market funds: Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded, and reported as level 1.

Registered investment companies: Valued at the closing price reported on an actively traded exchange and are reported as level 1.

Common stocks: Valued at the closing price reported on the New York Stock Exchange reported as level 1.

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

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note E - Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2025 and February 29, 2024:

Fair Value Measurements as of February 28, 2025				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 33,477	\$ -	\$ -	\$ 33,477
Registered investment companies	12,640,588	-	-	12,640,588
Common stocks	38,246	-	-	38,246
Total assets at fair value	\$ 12,712,311	\$ -	\$ -	\$ 12,712,311

Fair Value Measurements as of February 29, 2024				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 99,245	\$ -	\$ -	\$ 99,245
Registered investment companies	11,980,501	-	-	11,980,501
Common stocks	33,542	-	-	33,542
Total assets at fair value	\$ 12,113,288	\$ -	\$ -	\$ 12,113,288

Note F - Plan Amendment and Termination

The Trustees reserve the right to amend or terminate the Plan at any time and for any reason. If the Plan is amended or terminated, active and retired members may not receive benefits as described in the Summary Plan Description. Members may be entitled to receive different benefits or benefits under different conditions. However, it is possible that members will lose all benefit coverage. This may happen at any time, even after retirement, if the Trustees decide to terminate the Plan coverage under the Plan. In no event will members become entitled to any vested rights under this Plan. These provisions cannot be modified in any manner except by resolution of the Board of Trustees.

Note G - Tax Status

The Plan has received an exemption letter from the IRS dated August 3, 1954, stating that the trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

Note H - Risks and Uncertainties

Investments

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note H - Risks and Uncertainties (continued)

Concentration of Cash

The Plan places its cash with financial institutions deemed to be creditworthy. Deposits in accounts are collectively insured by the Federal Deposit Insurance Corporation ("FDIC") up to a coverage limit of \$250,000 at each FDIC-insured depository institution. As a result, the Plan may have balances that exceed the insured limit.

Participating Employers

The Plan collects contributions under CBAs negotiated with companies located throughout northern Ohio. Its reported revenues depend in part on the level of employment and economic conditions affecting its employer companies as well as fluctuation in the market value of its investments.

During the years ended February 28, 2025 and February 29, 2024, there were no employers who represented more than 10% of total contributions to the Fund.

Actuarial Present Value of Benefit Obligations

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and member 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 I - Agency Agreement

Under an agency agreement with Charles Schwab, contributions received from contractors and members are deposited in a single cash account for subsequent allocation and transfer to the Health and Welfare Plan and other related Plans.

Note J - Party in Interest and Related Party Transactions

Certain plan transactions are with parties considered related parties or parties-in-interest as defined by ERISA. These include transactions with the plan's trustees, investment managers, custodians, and other service providers, as well as investments in collective or pooled investment funds that are managed by or affiliated with such service providers or employee organizations. All transactions with these parties were conducted in the ordinary course of the plan's operations and, to the best of management's knowledge, in compliance with ERISA's prohibited-transaction exemptions. Detailed listings of such investments are presented in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

The Plan has a three-year lease agreement, which runs through March 31, 2027, with the Union to lease the property at 9525 Sweet Valley Drive, Valley View, Ohio. The lease is paid monthly for \$1,700 and is split between the Pension Fund and the Health and Welfare Fund. Rent expense was \$10,100 and \$9,000 for the years ended February 28, 2025 and February 29, 2024, respectively.

The Plan has a receivable from the Pension Fund of \$120,090 and \$92,433 at February 28, 2025 and February 29, 2024, respectively, for their unpaid share of administrative expenses.

The Plan shares common governance with related organizations including the Association, the Union, BAC Local 23 North Shore Chapter Pension Fund, and BAC Local 23 North Shore Chapter Vacation and Savings Plan, all of which are tax-exempt.

BAC Local 23 North Shore Chapter Health and Welfare Fund

Notes to Financial Statements
For the Years Ended February 28, 2025 and February 29, 2024

Note K - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at February 28, 2025 and February 29, 2024 to Form 5500:

	2025	2024
Net assets available for benefits per financial statements	\$ 15,907,422	\$ 13,727,738
Less: benefit claims payable (current and incurred but not yet reported)	(601,000)	(610,000)
Net assets available for benefits per Form 5500	\$ 15,306,422	\$ 13,117,738

The following is a reconciliation of payments for benefit claims per the financial statements to the Form 5500 for the years ended February 28, 2025 and February 29, 2024:

	2025	2024
Total benefits paid per the financial statements	\$ 7,161,286	\$ 7,721,906
Add: benefit claims payable at February 28	601,000	610,000
Less: benefit claims payable prior year	(610,000)	(746,000)
Total benefit payments per Form 5500	\$ 7,152,286	\$ 7,585,906

Note L - Subsequent Events

Subsequent events have been evaluated through December 09, 2025, the date the financial statements are available to be issued.

**BAC Local 23 North Shore Chapter
Health and Welfare Fund**
EIN 62-1523674, PN:501

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of February 28, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money Market Funds			
	Federated Treasury Obligation Institutional Shares	33,477 Shares, Money Market Fund, Variable Interest Rate	\$ 33,477	\$ 33,477
			33,477	33,477
	Registered Investment Companies			
	Baird Aggregate Bond Fund Class Institutional	526,506 Shares	5,787,431	5,196,613
	PIMCO Income Fund Institutional Class	164,838 Shares	1,923,008	1,768,713
	Vanguard Total Stock Market Index Fund	24,012 Shares	1,206,210	3,424,321
	Vanguard Total International Stock Index Fund	67,494 Shares	1,786,039	2,250,941
			10,702,688	12,640,588
	Common Stocks			
*	KeyCorp	2,470 Shares	14,750	38,246
	Total Assets Held for Investment		\$ 10,750,915	\$ 12,712,311

* Party-in-interest

BAC Local 23 North Shore Chapter Health and Welfare Fund

EIN 62-1523674, PN:501

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended February 28, 2025

(a) Identity of Party Involved	(b) Description of Assets (Include Interest Rate and Maturity in Case of Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
None noted		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

See Independent Auditors' Report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

a single-employer plan a DFE (specify) _____

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

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

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

D Check box if filing under: Form 5558 automatic extension 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 BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND	1b Three-digit plan number (PN) ▶ 501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT BOARD OF TRUSTEES OF BAC LOCAL 23 NORTH SHORE CHAPTER 9525 SWEET VALLEY DRIVE VALLEY VIEW OH 44125	1c Effective date of plan 03/30/1953 2b Employer Identification Number (EIN) 62-1523674 2c Plan Sponsor's telephone number 216-520-1644 2d Business code (see instructions) 238100

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		12/9/25	ROBERT ZAVAGNO JR. Morgen Cost
	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

2024 Form 5500 *e-file* Signature Authorization

Joint Board of Trustees of BAC Local 23 North Shore Chapter
BAC Local 23 North Shore Chapter Health and Welfare Fund 501
9525 Sweet Valley Drive
Valley View, OH 44125

Employer Identification Number: 62-1523674

Client Identification Number: 01BRICK5HW

You, as plan administrator, are authorizing that DG Perry, PLLC electronically file the 2024 Form 5500 for BAC Local 23 North Shore Chapter Health and as an EFAST2 Service Provider.

Authorization

As plan administrator for BAC Local 23 North Shore Chapter Health and, I authorize DG Perry, PLLC to electronically file Form 5500 for the tax year 2024. I understand that a PDF copy of the first two pages of the manually signed form will be submitted to EFAST2 with the electronic file, and that the image of my signature will be included with the rest of the return / report posted by the Department of Labor on the internet for public disclosure.

Please sign and date below:

Plan Administrator Authorization



Date: 12/19/25

Federal Statements

FYE: 2/28/2025

**BAC Local 23 North Shore Chapter Health and
Plan: 501**

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	SEE ATTACHED SCHED		\$	\$