

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 22 HEALTH FUND
1b Three-digit plan number (PN) ▶ 501
1c Effective date of plan 01/01/1946
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 22 HEALTH FUND
420 W MERRICK ROAD VALLEY STREAM, NY 11580
420 W MERRICK ROAD VALLEY STREAM, NY 11580
2b Employer Identification Number (EIN) 13-1805529
2c Plan Sponsor's telephone number 516-872-6690
2d Business code (see instructions) 493100

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2179
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)	2179
	6a(2)	2172
	6b	
	6c	
	6d	2172
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	34

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan LOCAL 22 HEALTH FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 22 HEALTH FUND	D Employer Identification Number (EIN) 13-1805529	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE VANGUARD GROUP INC

23-1945930

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

FRED ALGER MANAGEMENT COMPANY LLC

13-2510833

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

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

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

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

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

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

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

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

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

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

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)

EASTERN STATES BOARD

46-2849057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	447905	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)

DICKINSON GROUP

20-1241472

(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 16 50	NONE	417311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM BLUE CROSS

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	302246	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)

JOE GIOVINCO

13-1805529

(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?
14 50	EMPLOYEE	139945	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)

MONICA ZAZA

13-1805529

(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?
14 50	EMPLOYEE	50265	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)

ATLANTA SOSNOFF CAPITAL LLC

13-3098640

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	47907	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)

ANTHONY MIRANTI

13-1805529

(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?
14 50	EMPLOYEE	45939	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)

D.D. SERVICES INC.

11-2705347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	42480	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BARNES, IACCARINO & SHEPHERD LLP

26-3858697

(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	40020	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)

NICOLE JEAN-CHARLES

13-1805529

(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?
14 50	EMPLOYEE	31516	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)

BRYAN C. MCCARTHY

1454 ROUTE 22, SUITE B101
BREWSTER, NY 10509

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19643	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)

BANK OF AMERICA NA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	10204	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)

QUAN-VEST CONSULTANTS, INC.

11-2559669

(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	9996	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)

WEAVER AND TIDWELL, L.L.P.

75-0786316

(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	9099	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)

LAWRENCE S. FISCHER, CPA

92 DOSORIS LANE
GLEN COVE, NY 11542

(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	7200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	WEAVER AND TIDWELL, L.L.P.	b EIN:	75-0786316
c Position:	ACCOUNTANT		
d Address:	1 PENNSYLVANIA PLAZA #2800 NEW YORK, NY 10119	e Telephone:	212-695-5003

Explanation: ACCOUNTANT WAS TERMINATED THROUGH NORMAL BIDDING PROCESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LOCAL 22 HEALTH FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 22 HEALTH FUND	D Employer Identification Number (EIN) 13-1805529

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	696506	532
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	647616	2224345
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	134409	161382
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	814534	1813755
(2) U.S. Government securities	1c(2)	5225102	5512006
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	383519	0
(B) All other	1c(3)(B)	5614824	6023323
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3321586	4035447
(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)	2191332	4194551
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2723716	2484797

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	26900	13450
f Total assets (add all amounts in lines 1a through 1e).....	1f	21780044	26463588
Liabilities			
g Benefit claims payable.....	1g	2450559	4361300
h Operating payables.....	1h	68450	23700
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		5920
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2519009	4390920
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19261035	22072668

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)	15749489	
(B) Participants.....	2a(1)(B)	117555	
(C) Others (including rollovers).....	2a(1)(C)	39760	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		15906804
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	71125	
(B) U.S. Government securities.....	2b(1)(B)	231411	
(C) Corporate debt instruments.....	2b(1)(C)	323011	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	76328	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		701875
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	43834	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	223300	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		267134
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	13079481	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12898571	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		180910
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	564455	
(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)		552343
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		18173521

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14650949	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14650949
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)	373270	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	7200	
(4) IQPA audit fees	2i(4)	9099	
(5) Investment advisory and investment management fees	2i(5)	57903	
(6) Bank or trust company trustee/custodial fees	2i(6)	10204	
(7) Actuarial fees	2i(7)	40000	
(8) Legal fees	2i(8)	40020	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	19643	
(11) Other expenses	2i(11)	153600	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		710939
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15361888

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2811633
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

LOCAL 22 HEALTH BENEFIT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024

LOCAL 22 HEALTH BENEFIT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Benefit Obligations	6
Statements of Changes in Benefit Obligations	7
Notes to Financial Statements	8
Supplemental Information	
Schedules of Benefits Paid	16
Schedules of Administrative Expenses	17
Schedule of Assets Held at End of Year	18
Schedule of Reportable Transactions	22

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 22 Health Benefit Fund

Opinion on the 2024 Financial Statements

We have audited the financial statements of the Local 22 Health Benefit Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 2024 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on 2024 Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental 2024 Schedule of Benefits Paid, the 2024 Schedule of Administrative Expenses, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

2023 Financial Statements

The financial statements of Local 22 Health Benefit Fund as of December 31, 2023, were audited by other auditors whose report dated January 23, 2025 expressed an unmodified opinion on those statements.

Novak Francella LLC

New York, New York
December 3, 2025

LOCAL 22 HEALTH BENEFIT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS		
Investments, at fair value		
United States Government and Government		
Agency obligations	\$ 5,512,006	\$ 5,225,102
Corporate obligations	6,023,323	5,998,343
Common stock	4,035,447	3,321,586
Mutual funds	4,194,551	2,191,332
Investment contract with insurance company	2,484,797	2,723,716
Short-term investments	1,813,755	1,511,040
Total investments	24,063,879	20,971,119
Cash	532	-
Prepaid expenses	11,144	22,694
Receivables		
Employer contributions	707,126	647,616
Participant agreement premiums	1,517,219	-
Accrued interest and dividends	132,056	111,715
Due from related organizations	18,182	-
Total receivables	2,374,583	759,331
Property and equipment, net of accumulated depreciation of \$56,958 and \$43,508 for 2024 and 2023, respectively	13,450	26,900
Total assets	26,463,588	21,780,044
LIABILITIES		
Accounts payable	23,700	68,450
Due to related organizations	5,920	-
Total liabilities	29,620	68,450
NET ASSETS AVAILABLE FOR BENEFITS	\$ 26,433,968	\$ 21,711,594

See accompanying notes to financial statements.

LOCAL 22 HEALTH BENEFIT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 1,297,708	\$ 1,804,105
Interest and dividends	969,009	756,207
	2,266,717	2,560,312
Less: investment expenses	(68,107)	(52,173)
Net investment income	2,198,610	2,508,139
Contributions		
Employer	10,316,817	10,053,876
COBRA participants	117,555	6,549
Severance	39,760	41,984
Total contributions	10,474,132	10,102,409
Participant agreement premiums	5,432,672	865,987
Total additions	18,105,414	13,476,535
DEDUCTIONS		
Benefits paid	12,740,208	11,678,683
Administrative expenses	642,832	940,209
Total deductions	13,383,040	12,618,892
NET INCREASE	4,722,374	857,643
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	21,711,594	20,853,951
End of year	\$ 26,433,968	\$ 21,711,594

See accompanying notes to financial statements.

LOCAL 22 HEALTH BENEFIT FUND
STATEMENTS OF BENEFIT OBLIGATIONS

DECEMBER 31, 2024 AND 2023

	2024	2023
AMOUNT CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Health claims payable	\$ 3,456,200	\$ 1,888,959
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Estimated health claims incurred but not yet reported	905,100	561,600
TOTAL BENEFIT OBLIGATIONS	\$ 4,361,300	\$ 2,450,559

See accompanying notes to financial statements.

LOCAL 22 HEALTH BENEFIT FUND

STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	\$ 1,888,959	\$ 2,142,305
Claims and premiums reported and approved for payment	14,307,449	11,425,337
Benefit and premiums paid	<u>(12,740,208)</u>	<u>(11,678,683)</u>
Balance at end of year	<u>3,456,200</u>	<u>1,888,959</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Balance at beginning of year	561,600	519,200
Net changes during the year	<u>343,500</u>	<u>42,400</u>
Balance at end of year	<u>905,100</u>	<u>561,600</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 4,361,300</u></u>	<u><u>\$ 2,450,559</u></u>

See accompanying notes to financial statements.

LOCAL 22 HEALTH BENEFIT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Local 22 Health Benefit Fund (the Plan) provides only general information. Participants should refer to their Plan's applicable Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer welfare benefit plan, established under the provisions of an Agreement and Declaration of Trust made as of January 1, 1946, as amended, between the Amalgamated, Industrial and Toy & Novelty Workers of America Local 223 - AFL-CIO (the Local), and contributing employers.

Effective January 1, 2019, the name of the Plan was officially changed from Sick Benefit Fund of Amalgamated, Industrial Toy & Novelty Workers of America Local 223 - AFL-CIO to the Local 22 Health Benefit Fund. During February 2017, the Local merged into Amalgamated Production & Service Employees Union Local 22 (collectively, Local 22). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Additionally, pursuant to participation agreements, covered employees of the Local 426 Health Benefit Fund (the "Local 426 Plan") are eligible to participate in the Plan.

Benefits

The Plan provides health benefits (medical, hospital, surgical, major medical, dental, prescription drugs, and optical), disability benefits and death benefits to eligible participants and their eligible covered dependents. In addition, the Plan offers COBRA to members separated from employment.

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

The Plan also provides hospital, medical, surgical, dental, prescription drugs and death benefits for eligible members and dependents of members of the Local 426 Plan pursuant to a participation agreement. Employee contributions received by the Local 426 Plan are paid to the Plan monthly to cover the cost of benefits provided.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

Contributions

Contribution rates have been established under collective bargaining agreements between the Local and the various employers. Each employer is required to contribute to the Plan at the rate(s) specified in the trust agreement.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investment Valuation and Income Recognition - Investments in U.S. Government and Government Agency obligations, common stock, corporate obligations, and mutual funds are carried at fair value which generally represents quoted market prices or net asset value of the fund as of the last business day of the fiscal year as provided by the custodian or investment manager or valued using pricing models maximizing the use of observable inputs for similar securities with similar credit ratings. The investment contract with insurance company is stated at estimated fair value as reported by the insurance company. Short-term investments are valued at cost, which approximates fair value.

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

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed over the estimated useful lives. Depreciation and amortization expense totaled \$13,450 for both the years ended December 31, 2024 and 2023.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Reclassifications - Certain prior year amounts have been reclassified to be in conformity with the current year presentation. These reclassifications did not change the total assets, liabilities or change in net assets from the totals previously reported.

NOTE 3. PRIORITIES UPON TERMINATION

Although it has not expressed any intent to do so, the Plan has the right to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the employers or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 4. TAX STATUS

The Plan received an exemption letter from the Internal Revenue Service (IRS) stating that the Plan is tax exempt under the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 or 2023 for unrelated business taxable income.

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

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

NOTE 5. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

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

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 5,512,006	\$ 2,076,161	\$ 3,435,845	\$ -
Corporate obligations	6,023,323	-	6,023,323	-
Common stock	4,035,447	4,035,447	-	-
Investment contract with insurance company	2,484,797	-	-	2,484,797
Mutual funds	4,194,551	4,194,551	-	-
Short-term investments	1,813,755	1,813,755	-	-
Total investments at fair value	\$ 24,063,879	\$ 12,119,914	\$ 9,459,168	\$ 2,484,797

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 5,225,102	\$ 2,253,555	\$ 2,971,547	\$ -
Corporate obligations	5,998,343	-	5,998,343	-
Common stock	3,321,586	3,321,586	-	-
Investment contract with insurance company	2,723,716	-	-	2,723,716
Mutual funds	2,191,332	2,191,332	-	-
Short-term investments	1,511,040	1,511,040	-	-
Total investments at fair value	\$ 20,971,119	\$ 9,277,513	\$ 8,969,890	\$ 2,723,716

The following table set forth a summary of changes in the fair value of the Plan's level 3 investment for the year ended December 31, 2024 and 2023:

	Level 3 Fair Value Measurements for 2024				
	Beginning balance	Purchases	Sales	Unrealized Gain/(Loss)	Ending balance
Investment contract with insurance company: Prudential Fixed Rate Fund	\$ 2,723,716	\$ 60,863	\$ (400,000)	\$ 100,218	\$ 2,484,797

	Level 3 Fair Value Measurements for 2023				
	Beginning balance	Purchases	Sales	Unrealized Gain/(Loss)	Ending balance
Investment contract with insurance company: Prudential Fixed Rate Fund	\$ 4,166,865	\$ 5,297	\$ -	\$ (1,448,446)	\$ 2,723,716

NOTE 5. FAIR VALUE MEASUREMENTS (continued)

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan’s Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs at December 31, 2024 and 2023:

Instrument	2024 Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Investment contract with insurance company: Prudential Fixed Rate Fund	\$ 2,484,797	Discounted cash flows	Composite market value factor	0.945272 - 1.018345	0.961913
			Earnings at Guaranteed Crediting Rate	Guaranteed Crediting Rate must be greater than or equal to contractual minimum crediting rate	N/A

Instrument	2023 Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Investment contract with insurance company: Prudential Fixed Rate Fund	\$ 2,723,716	Discounted cash flows	Composite market value factor	0.904550 - 1.057704	0.932039
			Earnings at Guaranteed Crediting Rate	Guaranteed Crediting Rate must be greater than or equal to contractual minimum crediting rate	N/A

The insurance contract with Empower Annuity Insurance Company of America (Empower) deposits all contributions from the Prudential Fixed Rate Fund into the general assets of Empower. Empower invests those general assets predominantly in privately placed securities and mortgages. The remaining portion of assets is invested in publicly traded bonds, real estate, common and preferred stock, and other types of equity investments, as well as short-term investments. Its market value represents contributions to the Fixed Rate Fund plus accumulated interest, less withdrawals adjusted to reflect market conditions as determined by Empower. Empower provides that the Plan can withdraw from the Fixed Rate Fund its contract’s share of the amount necessary to pay participants benefits under the Plan up to the value of amounts held in the Fixed Rate Fund. Withdrawals will be made following the date of the withdrawal request or on the date specified in the withdrawal request.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Administrative Expenses

The Plan shares office space with the Eastern States Joint Board (ESJB) and reimburses ESJB for their share of shared administrative expenses. Shared administrative expenses are allocated based on cost sharing agreements between the Plan and ESJB. The Plan reimbursed the ESJB for payroll and administrative expenses in the amounts of \$447,905 and \$690,325 for the years ended December 31, 2024 and 2023, respectively. At December 31, 2024, the Plan had a payable amount due to the ESJB for shared expenses in the amount of \$4,912.

At December 31, 2024, the Plan had a payable amount due to Local 22 Union in the amount of \$1,008 for employer dues deposited by the Plan.

At December 31, 2024, the Plan has a receivable in the amount of \$18,182 due from ESJB.

Benefits

Employees of the Plan and related organizations participate in the Plan. Contributions made to the Plan by ESJB on behalf of all employee groups were \$311,250 for the year ended December 31, 2024. Contributions made to the Plan by the Local 298 Health Benefit Fund I are \$13,696 for the year ended December 31, 2024.

Members of the Local 426 Health Benefit Fund also participated in the Plan. Contributions made to the Local 426 Health Benefit Fund by the employees are then transferred out to the Local 22 Health Benefit Fund as participant agreement premiums paid for insurance coverage. The premiums paid to Local 22 Health Benefit Fund were \$5,432,672 and \$865,987 for the year ended December 31, 2024 and 2023, respectively.

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 26,433,968	\$ 21,711,594
Claims incurred but not reported and health claims payable	<u>(4,361,300)</u>	<u>(2,450,559)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 22,072,668</u>	<u>\$ 19,261,035</u>

NOTE 7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (continued)

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

	<u>2024</u>
Benefits paid to or for participants per the financial statements	\$ 12,740,208
Add - amounts payable at end of year	4,361,300
Less - amounts payable at beginning of year	<u>(2,450,559)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 14,650,949</u>

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

NOTE 8. RISKS AND UNCERTAINTIES

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

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

For the years ended December 31, 2024 and 2023, approximately 41% and 40% of contribution income was received from one employer. Additionally, approximately 61% and 54% of employers' contribution receivable was received from one employer for the years ended December 31, 2024 and 2023, respectively.

The actuarial present value of benefit obligations is reported based on historical claim's experience and certain assumptions pertaining to interest rates, health care inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through December 3, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 22 HEALTH BENEFIT FUND

SCHEDULES OF BENEFITS PAID

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Hospital and medical	\$ 10,075,564	\$ 9,311,907
Prescription drugs	1,689,291	1,392,945
Benefit claims administrative fees	736,559	642,425
Public goods pool	120,603	155,289
Dental	80,196	105,590
Optical	20,050	29,059
Severance payments	<u>17,945</u>	<u>41,468</u>
Total benefits paid	<u><u>\$ 12,740,208</u></u>	<u><u>\$ 11,678,683</u></u>

LOCAL 22 HEALTH BENEFIT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Payroll and related expenses	\$ 277,787	\$ 338,707
Employee benefits	95,483	276,265
Office expenses	86,236	107,728
Legal fees	40,020	42,570
Actuary and consulting	40,000	47,332
Insurance	28,008	24,984
Professional trustee fee	19,643	18,000
Rent	16,480	17,126
Depreciation	13,450	13,450
Auditing fees	9,099	46,500
Printing	8,465	1,774
Accounting fees	7,200	4,800
Bank charges	961	973
	<u>642,832</u>	<u>940,209</u>
Total administrative expenses	<u>\$ 642,832</u>	<u>\$ 940,209</u>

LOCAL 22 HEALTH BENEFIT FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2024

Form 5500, Schedule H, Item 4i

EIN: 13-1805529
Plan No. 501

(a)	(b)	(c)	(d)	(e)			
Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value							
Identity of Issuer, Borrower, Identity of Issuer, Borrower,		Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(1) Short-term investments:</u>							
* Bank of America Money Market Savings Account	MMA	Demand	Var	%	176,698	\$ 176,698	\$ 176,698
Lending Club Business Interest Checking	MMA	Demand	Var		859,529	859,529	859,529
Lending Club Business Money Market	MMA	Demand	Var		777,528	777,528	777,528
Total short-term investments						<u>1,813,755</u>	<u>1,813,755</u>
<u>1c(2) United States Government and Government Agency obligations:</u>							
Federal Farm Credit Bank	Bond	05/06/39	6.250		5,000	5,009	5,009
Federal Farm Credit Bank	Bond	08/14/34	5.650		175,000	175,000	174,460
Federal Farm Credit Bank	Bond	11/16/35	1.830		250,000	250,250	183,703
Federal Farm Credit Bank	Bond	12/15/38	2.000		105,000	105,032	71,675
Federal Farm Credit Bank	Bond	04/25/39	6.220		110,000	110,176	110,179
Federal Farm Credit Bank	Bond	06/01/39	6.070		180,000	180,180	180,052
Federal Farm Credit Bank	Bond	11/29/39	5.870		125,000	125,125	124,568
Federal Farm Credit Bank	Bond	10/28/44	5.720		170,000	170,000	170,064
Federal Farm Credit Bank	Bond	11/14/44	5.950		5,000	5,000	4,994
Federal Home Loan Bank	Bond	02/13/34	5.250		100,000	100,000	100,403
Federal Home Loan Bank	Bond	05/23/34	5.920		190,000	190,095	190,399
Federal Home Loan Bank	Bond	12/27/35	5.750		235,000	235,000	235,000
Federal Home Loan Bank	Bond	11/22/39	5.750		125,000	125,000	124,728
Federal Home Loan Bank	Bond	12/06/40	5.900		150,000	150,150	149,652
Federal Home Loan Mortgage Corporation	CMO	11/15/28	2.000		2,064	2,020	2,051
Federal Home Loan Mortgage Corporation	MBS	01/31/31	3.000		937	989	899
Federal Home Loan Mortgage Corporation	MBS	01/01/32	4.000		15,589	16,749	15,257
Federal Home Loan Mortgage Corporation	Note	02/18/39	6.000		92,000	92,047	91,681
Federal Home Loan Mortgage Corporation	MBS	01/01/41	3.500		9,968	10,180	9,094
Federal Home Loan Mortgage Corporation	MBS	01/01/41	4.500		5,995	6,014	5,818
Federal Home Loan Mortgage Corporation	MBS	01/01/53	6.000		110,035	112,546	112,355
Federal Home Loan Mortgage Corporation	MBS	01/01/53	5.500		27,879	28,428	27,884
Federal Home Loan Mortgage Corporation	MBS	01/01/53	5.000		124,890	124,421	121,827
Federal Home Loan Mortgage Corporation	MBS	01/01/54	6.000		120,104	122,436	122,265
Federal Home Loan Mortgage Corporation	MBS	01/01/54	6.000		190,520	191,710	192,549
Federal Home Loan Mortgage Corporation	CMO	01/21/26	3.499		57,759	58,938	57,170
Federal Home Loan Mortgage Corporation	CMO	01/25/26	3.499		3,956	4,037	3,916
Federal Home Loan Mortgage Corporation	CMO	01/25/26	3.690		29,000	29,869	27,935
Federal Home Loan Mortgage Corporation	CMO	04/25/26	2.875		55,000	56,648	54,057
Federal Home Loan Mortgage Corporation	CMO	07/25/26	2.340		12,352	12,599	12,103
Federal Home Loan Mortgage Corporation	CMO	04/25/27	3.026		20,547	20,958	20,183
Federal Home Loan Mortgage Corporation	CMO	08/25/27	3.244		27,000	27,809	26,097
Federal Home Loan Mortgage Corporation	CMO	05/25/28	Var		35,000	35,941	34,116
Federal Home Loan Mortgage Corporation	CMO	04/25/29	2.939		69,000	71,069	64,201
Federal Home Loan Mortgage Corporation	CMO	04/25/29	2.939		5,000	5,150	4,652
Federal Home Loan Mortgage Corporation	CMO	12/15/42	2.000		18,449	17,826	17,265
Federal National Mortgage Association	MBS	01/01/29	3.800		67,768	70,373	65,424
Federal National Mortgage Association	MBS	01/01/29	3.490		25,000	25,781	23,842
Federal National Mortgage Association	MBS	01/01/30	3.000		9,237	9,138	8,940
Federal National Mortgage Association	MBS	01/01/30	3.500		10,303	10,273	10,243
Federal National Mortgage Association	MBS	01/01/40	4.500		10,943	10,987	10,543

(a)	(b)	(c)			(d)	(e)
Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value						
Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(2) United States Government and Government Agency obligations (continued):</u>						
Federal National Mortgage Association	MBS	01/01/53	6.000	% 163,841	\$ 164,967	\$ 165,514
Federal National Mortgage Association	MBS	01/01/53	6.000	72,029	73,424	72,900
Federal National Mortgage Association	MBS	01/01/53	6.000	87,550	89,028	88,055
Government National Mortgage Association	CMO	09/20/47	2.500	23,849	23,446	20,375
Government National Mortgage Association	CMO	01/20/48	2.500	21,000	20,088	16,931
Government National Mortgage Association	CMO	12/20/53	6.000	105,000	106,706	104,817
United States Treasury	Note	05/31/25	4.250	130,000	129,979	129,968
United States Treasury	Note	11/30/28	4.375	200,000	201,750	200,082
United States Treasury	Note	05/15/32	2.875	205,000	206,666	184,111
United States Treasury	Note	08/15/32	2.750	35,000	34,098	31,039
United States Treasury	Note	11/15/32	4.125	810,000	823,386	790,010
United States Treasury	Note	08/15/33	3.875	85,000	84,322	80,897
United States Treasury	Note	11/15/34	4.250	105,000	103,441	102,264
United States Treasury	Bond	05/15/42	3.250	105,000	98,667	85,406
United States Treasury	Bond	11/15/42	4.000	525,000	514,549	472,384
Total United States Government and Government Agency obligations					5,775,470	5,512,006
<u>1c(3) Corporate obligations:</u>						
AbbVie Inc.	Bond	03/15/44	5.350	65,000	64,910	63,362
Allstate Corp	Bond	08/15/53	Var	200,000	212,436	200,028
American Express Co	Bond	05/26/33	Var	205,000	203,179	199,889
Anheuser-Busch Companies Inc	Bond	01/15/33	5.950	75,000	82,510	78,224
Anheuser-Busch Companies Inc	Bond	04/01/36	5.750	105,000	110,094	107,098
Archer Daniels Midland	Bond	10/01/32	5.935	45,000	51,551	47,419
Autozone Inc.	Bond	02/01/33	4.750	70,000	69,954	67,159
Avnet Inc.	Bond	05/15/31	3.000	150,000	149,925	127,631
Bank of America Corp	Bond	02/07/30	Var	190,000	222,238	182,083
Bank of America Corp	Bond	08/15/35	Var	45,000	46,257	43,799
Brighthouse Financial Inc.	Bond	12/22/51	3.850	115,000	114,981	74,764
Bristol-Myers Squibb Co	Bond	11/15/33	5.900	65,000	64,901	68,200
Charles Schwab Corp	Bond	08/24/34	Var	105,000	104,740	110,242
Dominion Resources Inc.	Bond	06/15/38	7.000	90,000	138,072	100,177
Duke Energy Carolinas	Bond	02/01/30	5.450	145,000	144,536	129,057
Duke Energy Carolinas	Bond	06/01/37	6.100	208,000	294,088	216,555
Five Corners Funding Trust IV	Bond	02/15/53	5.990	125,000	125,313	126,136
Goldman Sachs Group Inc.	Bond	07/23/35	Var	180,000	180,000	176,640
Harris Corporation	Bond	04/27/35	4.854	75,000	95,476	71,324
HCA Inc.	Bond	11/06/33	7.500	105,000	117,905	116,401
JPMorgan Chase & Co	Bond	07/15/35	3.900	50,000	55,073	49,822
Kinder Morgan Energy Partners	Bond	03/15/35	5.800	125,000	164,277	125,748
Kinross Gold	Bond	09/01/41	6.875	100,000	138,996	105,403
Lowe's Companies Inc	Bond	09/15/44	4.250	210,000	185,900	162,668
Metlife Inc	Bond	12/15/34	5.300	5,000	4,979	4,981
Morgan Stanley	Bond	01/24/29	Var	160,000	148,318	154,298
National Rural Utilities Cooperative Finance Corp	Bond	04/30/43	Flt	168,000	172,824	166,341
Nationwide Mutual Insurance Company	Bond	12/01/31	8.250	100,000	121,355	112,098
Nationwide Mutual Insurance Company	Bond	04/01/33	7.875	130,000	184,001	143,873
Nextera Energy Capital	Bond	09/01/54	Var	70,000	70,000	71,245
Occidental Petroleum Corporation	Bond	09/15/36	6.450	94,000	116,653	96,231
Oglethorpe Power Corporation	Bond	12/01/42	4.200	183,000	196,634	145,030
Pfizer Investment Enterprises	Bond	05/19/43	5.110	90,000	88,200	84,484
Philip Morris International Inc	Bond	05/01/30	2.100	105,000	107,539	90,773
Puget Sound Energy Inc	Bond	09/15/51	2.893	200,000	200,000	122,134
Quest Diagnostic Inc	Bond	01/30/40	5.750	130,000	136,391	124,908
Raytheon Tech Corp	Bond	02/27/33	5.150	155,000	154,544	153,698
RTX Corp	Bond	03/15/34	6.100	50,000	49,906	52,650

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(3) Corporate obligations (continued):</u>						
Sierra Pacific Power Company	Bond	07/01/37	6.750	% 100,000	\$ 112,180	\$ 109,085
Simon Property Group LP	Bond	03/08/53	5.850	155,000	153,614	156,071
Tosco Corp	Bond	01/01/47	7.900	85,000	105,964	99,176
Truist Financial Corp	Bond	10/28/33	Var	210,000	214,074	218,660
Union Electric Company	Bond	03/15/25	5.450	175,000	174,815	167,568
Union Pacific Corp	Bond	02/01/44	4.821	155,000	144,088	134,627
United Parcel Service	Bond	04/01/40	5.200	185,000	189,151	180,186
United Technologies Corp	Bond	11/16/28	4.125	205,000	240,866	199,531
UnitedHealth Group Inc.	Bond	05/15/31	2.300	170,000	169,984	144,552
Voya Financial Inc.	Bond	01/23/48	Var	125,000	132,344	117,714
Waste Connection	Bond	05/01/29	3.500	100,000	108,149	94,501
Weyerhaeuser Company	Bond	03/15/32	7.375	22,000	30,519	24,490
Xcel Energy Inc.	Bond	03/15/34	5.500	105,000	104,636	104,589
Total corporate obligations					6,769,040	6,023,323
<u>1c(4)(b) Common stock:</u>						
AbbVie Inc.	Stock			379	58,506	67,348
Adobe Inc.	Stock			89	45,244	39,577
Air Products & Chemicals Inc.	Stock			65	20,683	18,853
Allstate Corporation	Stock			370	62,920	71,332
Alphabet Inc Class A	Stock			1,146	138,575	216,938
Amazon.com Inc.	Stock			1,085	155,125	238,038
American Express Company	Stock			270	49,510	80,133
Apple Inc.	Stock			959	147,909	240,152
Boston Scientific Corp	Stock			755	35,838	67,437
Broadcom Inc.	Stock			616	48,183	142,813
Coca-Cola Company	Stock			1,345	83,515	83,740
ConocoPhillips	Stock			470	42,093	46,610
Constellation Energy	Stock			220	42,399	49,216
Costco Wholesale Corp	Stock			92	44,719	84,297
CrowdStrike Holdings Inc.	Stock			130	40,431	44,481
Datadog Inc. Class A	Stock			145	16,532	20,719
Dick's Sporting Goods Inc.	Stock			215	27,592	49,201
Eaton Corp PLC	Stock			195	43,962	64,715
Eli Lilly & Co.	Stock			110	33,687	84,920
Exxon Mobil Corporation	Stock			725	63,743	77,988
Goldman Sachs Group Inc.	Stock			217	82,543	124,259
Home Depot Inc.	Stock			135	45,864	52,514
IBM Common Stock	Stock			385	56,751	84,634
Intuit Inc.	Stock			92	45,279	57,822
JPMorgan Chase & Co	Stock			550	73,721	131,841
KKR & Co Inc. Class A	Stock			499	55,214	73,807
Martin Marietta Materials Inc.	Stock			60	22,508	30,990
McDonalds Corporation	Stock			75	18,797	21,742
McKesson Corporation	Stock			65	34,875	37,044
Meta Platforms Inc.	Stock			231	65,087	135,253
Micron Technology Inc.	Stock			230	13,766	19,357
Microsoft Corporation	Stock			635	188,727	267,652
Morgan Stanley	Stock			483	37,583	60,723
Netflix Inc.	Stock			96	30,751	85,567
NVIDIA Corporation	Stock			1,670	36,389	224,264
Oracle Corporation	Stock			224	37,958	37,327
Palo Alto Networks Inc.	Stock			312	31,780	56,771
RTX Corp	Stock			640	64,622	74,061
Salesforce Inc.	Stock			217	71,804	72,550
The Charles Schwab Corporation	Stock			540	38,507	39,965

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Identity of Issuer, Borrower,	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>1c(4)(b) Common stock (continued):</u>						
ServiceNow Inc.	Stock			89	\$49,167	\$ 94,351
Shopify Inc. Class A	Stock			465	28,929	49,443
Tesla Inc.	Stock			175	40,847	70,672
TJX Inc.	Stock			262	31,905	31,652
T-Mobile US	Stock			350	49,612	77,255
United Rentals Inc.	Stock			94	44,485	66,217
UnitedHealth Group Inc.	Stock			89	37,565	45,022
US Bancorp	Stock			1,272	61,126	60,840
Vertex Pharmaceuticals Inc.	Stock			91	28,379	36,646
Vertiv Holdings Co.	Stock			235	20,413	26,698
Total common stock					2,646,120	4,035,447
<u>1c(13) Mutual funds:</u>						
* Alger Capital Appreciation Institutional Fund				38,408	1,559,601	1,777,519
Invesco QQQ Trust Series 1				240	101,856	122,695
* Vanguard Treasury Money Market Fund				1,125,949	1,125,949	1,125,949
* Vanguard Value Index Fund Admiral				17,692	1,026,525	1,168,388
Total mutual funds					3,813,931	4,194,551
<u>1c(15) Investment contract with insurance company:</u>						
* Prudential Fixed Rate Fund					2,583,183	2,484,797
Total investments					\$ 23,401,499	\$ 24,063,879

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

LOCAL 22 HEALTH BENEFIT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Line 4j

EIN: 13-1805529
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)	
* Bank of America Money Market Savings Account	\$ 6,248,614 N/A	N/A \$ 6,136,025	\$ 6,248,614 6,136,025	\$ 6,248,614 6,136,025	N/A -	
* Vanguard Treasury Money Market Fund	1,125,949	N/A	1,125,949	1,125,949	N/A	

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <hr/> <h2 style="text-align: center;">2024</h2> <hr/> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information							
1a Name of plan LOCAL 22 HEALTH FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN)</td> <td style="width:30%; text-align: center;">▶ 501</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">01/01/1946</td> </tr> </table>	1b Three-digit plan number (PN)	▶ 501	1c Effective date of plan	01/01/1946		
1b Three-digit plan number (PN)	▶ 501						
1c Effective date of plan	01/01/1946						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 22 HEALTH FUND 420 W MERRICK ROAD VALLEY STREAM NY 11580	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">2b Employer Identification Number (EIN)</td> <td style="width:30%; text-align: center;">13-1805529</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">516-872-6690</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">493100</td> </tr> </table>	2b Employer Identification Number (EIN)	13-1805529	2c Plan Sponsor's telephone number	516-872-6690	2d Business code (see instructions)	493100
2b Employer Identification Number (EIN)	13-1805529						
2c Plan Sponsor's telephone number	516-872-6690						
2d Business code (see instructions)	493100						

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		1/14/24	JOSEPH GIOVINCO
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	2,179
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	2,179
a (2) Total number of active participants at the end of the plan year	6a(2)	2,172
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	2,172
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	34

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS