

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ASSOCIATION MASTER TRUST
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1979
2a Plan sponsor's name (employer, if for a single-employer plan): ASSOCIATION MASTER TRUST
2b Employer Identification Number (EIN): 22-6315089
2c Plan Sponsor's telephone number: 973-379-1090
2d Business code (see instructions): 525100

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	10657
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	10657
	<b>6a(2)</b>	8528
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	8528
	<b>6e</b>	
	<b>6f</b>	8528
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>14</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 1158989474

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6315089</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**UNICARE LIFE AND HEALTH**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>52-0913817</b>	<b>80314</b>	<b>131215</b>	<b>8727</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	1331242
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	1331242
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	285551
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	-84961
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	200590
(4) Claims charged .....		<b>9b(4)</b>	200590
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		59310
(E) Taxes .....	<b>9c(1)(E)</b>		9478
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		68788
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	1061864
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	60249
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**DELTA DENTAL OF NJ, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1896118	55085	03930	3133	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1176591
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <span style="color: blue;">ASSOCIATION MASTER TRUST</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">ASSOCIATION MASTER TRUST</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">22-6315089</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
HORIZON HEALTHCARE SERVICES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	75824	229	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	392828
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	75825	56	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	85019
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	75826	87	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	124458
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	75965	1139	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1860426
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">ASSOCIATION MASTER TRUST</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">501</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">ASSOCIATION MASTER TRUST</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">22-6315089</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
HORIZON HEALTHCARE SERVICES, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	76077	418	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	616899
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b>		<b>D</b> Employer Identification Number (EIN) <b>22-6315089</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-0999690</b>	<b>55069</b>	<b>76078</b>	<b>241</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	362282
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	76080	146	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	222791
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	76081	731	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1164545
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	76181	2402	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3658612
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	76182	559	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	889884
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b>		<b>D</b> Employer Identification Number (EIN) <b>22-6315089</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**FLAGSHIP HEALTH SYSTEMS**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>22-2671069</b>		<b>03930</b>	<b>1</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	2546	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....	<b>9a(4)</b>		2546
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	1513	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	1	
	(3) Incurred claims (add (1) and (2)) .....	<b>9b(3)</b>		1514
	(4) Claims charged .....	<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	446	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>	64	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....	<b>9c(1)(H)</b>		510
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....	<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....	<b>9d(1)</b>		
	(2) Claim reserves .....	<b>9d(2)</b>		1
	(3) Other reserves .....	<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....	<b>9e</b>		

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

<p><b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6315089</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**HORIZON HEALTHCARE SERVICES, INC.**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0999690	55069	76185	23	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

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

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

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

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

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

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

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

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	21108
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

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

<b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6315089</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

WITHUM

ONE TOWER CENTER BOULEVARD  
EAST BRUNSWICK, NJ 08816

(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	CPA FIRM	82554	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)

CORPORATE TECHNOLOGIES

P.O. BOX 9022  
FARGO, ND 58106

(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?
70	IT SERVICES	103133	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)

DE LAGE LANDEN

P.O. BOX 41602  
PHILADELPHIA, PA 19101

(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	EQUIPMENT LEASE	15740	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)

GENOVA BURNS

494 BROAD STREET  
NEWARK, NJ 07102

22-2940404

(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	ATTORNEY SERVICES	60000	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)

MICHAEL COSLIT, ESQUIRE

1297 CENTENNIAL AVENUE  
PISCATAWAY, NJ 08854

26-2047211

(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	ATTORNEY SERVICES	36000	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)

MERCER HEALTH & BENEFITS

ONE UNIVERSITY SQUARE SUITE 100  
PRINCETON, NJ 08540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	389005	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)

PRINCETON PARTNERS

189 WALL STREET  
PRINCETON, NJ 08540

(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	MARKETING SERVICES	233450	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)

TOWNSQUARE MEDIA

109 WALTERS AVENUE  
EWING, NJ 08638

(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	RADIO ADS	8563	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)

SHORT HILLS PLAZA, LLC

636 MORRIS TURNPIKE, SUITE 3C  
SHORT HILLS, NJ 07078

(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	RENT EXPENSE	183049	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)

NEXTIVA

P.O. BOX 207330  
DALLAS, TX 75320

(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	TELEPHONE SERVICE	12106	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)

EBIX

PO BOX 654038  
DALLAS, TX 75265

77-0021975

(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?
70	COMPUTER SOFTWARE	220138	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)

1111

1235 NORTH LOOP WEST, SUITE 800  
HOUSTON, TX 77008

(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?
70	OFFSITE COMPUTER BACKUP	70897	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)

US BANK EQUIPMENT

PO BOX 790448  
ST. LOUIS, MO 63179

(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	EQUIPMENT LEASE	5756	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)

GREENBAUM, ROWE, SMITH, DAVIS

PO BOX 5600  
WOODBIDGE, NJ 07095

(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	ATTORNEY SERVICES	22236	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)

PITNEY BOWES

PO BOX  
BOSTON, MA 02298

(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	POSTAGE EXPENSE	50000	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)

PUBLIC STORAGE

1062 US HIGHWAY 22  
MOUNTANSIDE, NJ 07092

(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?
64	STORAGE FACILITY	6244	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)

SUMMIT HOSTING

2146 ROSWELL ROAD  
MARIETTA, GA 30062

(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?
70	COMPUTER SOFTWARE	8959	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)

WORLD INSURANCE

PO BOX 95000  
PHILADELPHIA, PA 19195

(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?
23	INSURANCE	207977	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)

THE HARTFORD

PO BOX 660916  
DALLAS, TX 75266

(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?
23	INSURANCE	9728	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)

VERIZON

PO BOX 16801  
NEWARK, NJ 07101

(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	TELEPHONES SERVICE	8366	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)

VERIZON WIRELESS

PO BOX 408  
NEWARK, NJ 07101

(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	TELEPHONES SERVICE	5960	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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ASSOCIATION MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ASSOCIATION MASTER TRUST</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6315089</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	200	200
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	373771	607786
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	6581014	7098525
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	18986322	6368614
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	19833204	34612483
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	53970	51150
f Total assets (add all amounts in lines 1a through 1e).....	1f	45828481	48738758
<b>Liabilities</b>			
g Benefit claims payable.....	1g	7535462	6402227
h Operating payables.....	1h	3839273	3552240
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1182232	1935964
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12556967	11890431
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	33271514	36848327

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	122427874	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		122427874
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	89268	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		89268
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1837140	
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		124354282

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	9668229	
(2) To insurance carriers for the provision of benefits .....	2e(2)	99925058	
(3) Other .....	2e(3)	2947730	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		112541017
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		1718800
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)	4614686	
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)	85079	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	1326	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	111710	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)	728	
(11) Other expenses .....	2i(11)	1704123	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		6517652
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		120777469

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		3576813
<b>l</b> 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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**ASSOCIATION MASTER TRUST**  
**Financial Statements**  
**December 31, 2024 and 2023**  
**With Independent Auditor's Report**

**Association Master Trust**  
**Table of Contents**  
**December 31, 2024 and 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Association Master Trust:

### Opinion

We have audited the financial statements of Association Master Trust (the "Trust"), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are required to be independent of Association Master Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibility of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting standards generally accepted in the United States of America. Management is also responsible 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 Association Master Trust's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

### Auditor's Responsibility for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Association Master Trust's internal controls. 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 Association Master Trust'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 Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Withum Smith & Brown, PC*

April 16, 2025

**Association Master Trust**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Cash and cash equivalents	\$ 6,127,649	\$ 18,752,382
Investments, at fair value	34,612,483	19,833,204
Statutory deposit - cash account	241,165	234,140
Health care fees receivable	607,786	373,771
Return premium receivable	1,061,864	1,133,245
Refunds receivable	2,883,227	2,980,462
Property and equipment, net	51,150	53,970
Working capital deposit	2,149,049	2,295,673
Security deposits	21,915	21,915
Prepaid expenses	131,592	52,282
Right-of-use assets	850,878	97,437
Total assets	<u>48,738,758</u>	<u>45,828,481</u>
<b>Liabilities</b>		
Claims payable	6,402,227	7,535,462
Accounts payable and accrued expenses	1,833,440	2,692,964
Due to related sub-trusts	1,718,800	1,146,309
Health care fees received in advance	1,082,919	1,084,402
Leases liabilities	853,045	97,830
Total liabilities	<u>11,890,431</u>	<u>12,556,967</u>
Net assets available for benefits	<u>\$ 36,848,327</u>	<u>\$ 33,271,514</u>

The Notes to Financial Statements are an integral part of these statements.

**Association Master Trust**  
**Statement of Changes in Net Assets Available for Benefits**  
**Year Ended December 31, 2024**

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**Additions**

Contributions and premiums	
Insurance and contribution billings to participating employers	\$ 122,427,874
Investment income	
Net appreciation in fair value of investments	1,837,140
Interest	89,268
	<u>1,926,408</u>
	<u>124,354,282</u>

**Deductions**

Program expenses	
Administrative costs	2,947,730
Insurance costs	9,668,229
Claims expense, net of reinsurance recoveries of \$6,145,174	99,925,058
	<u>112,541,017</u>

General and administrative expenses	
Salaries and employee benefits	4,614,686
Field expenses	39,254
Office expenses	149,561
Rent expense	183,378
Equipment maintenance and rental	26,352
Advertising	286,270
Professional fees	588,269
Insurance expense	216,837
Computer expenses	391,949
Depreciation	17,355
Affordable Care Act fees	1,923
Miscellaneous expenses	1,818
	<u>6,517,652</u>

Investment income allocated to sub-trusts	<u>1,718,800</u>
	<u>120,777,469</u>

Net change in net assets available for benefits 3,576,813

**Net assets available for benefits**

Beginning of year	<u>33,271,514</u>
End of year	<u>\$ 36,848,327</u>

The Notes to Financial Statements are an integral part of this statement.

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**1. DESCRIPTION OF TRUST**

The following brief description of Association Master Trust (the “Trust”) is provided for information purposes only. Participants should refer to the Trust agreement for a more complete description of the Trust’s provisions. During 2020, the Trust began doing business as Association Member Trust.

**General**

The Trust was adopted on October 19, 1978. The Trust is a multiple employer welfare arrangement (“MEWA”), qualifying under Section 419 of the Internal Revenue Code, whereby multiple employers join together to insure and self-insure certain life, medical and disability benefits for their employees. The Trust is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

As allowable under New Jersey statute, each participating employer in the Trust must be a member of an association, having a minimum of 100 or more persons, organized, and maintained in good faith for purposes other than that of obtaining insurance. The association must have been in active existence for more than one year and have a constitution or bylaws that provide that the association holds regular meetings (not less than annually) to further the purposes of the members, to collect dues or solicit contributions from members and the members have voting privileges and representation on the governing board and committees. Each participating employer must have at least one or more employees and at least one or more employer members must be domiciled in New Jersey or have its principal headquarters or administrative offices located in New Jersey.

The sponsoring trade associations consist of the following as of December 31, 2024: New Jersey Dental Association, New Jersey Building Material Dealers Association, New Jersey Business and Industry Association, Fuel Merchants Association of New Jersey, New Jersey State League of Master Plumbers, New Jersey Gasoline, Convenience Store, and Automotive Association, New Jersey Motor Truck Association, New Jersey State Funeral Directors Association, New Jersey Warehousemen and Movers Association, Air Conditioning Contractors of America North Jersey Chapter, Irrigation Association of New Jersey, New Jersey Veterinary Medical Association, Plumbing, Heating, Cooling Contractors – New Jersey Association, Metropolitan Furnishings Association of New Jersey, New Jersey Builders Association, New Jersey Landscape Contractors Association and New Jersey Independent Electrical Contractors Association.

**Contributions**

Contributions, in the form of health care fees, are made by employers on a monthly basis. Health care fees are determined on the basis of experience audits by the trustees and consultants. The participating employers determine the amount, if any, that employees are responsible for paying to the employer for coverage under the Trust. Health care fees receivable are amounts due to the Trust from employers for benefits provided to covered employees under the Trust and are included in receivables. Management believes that the historical loss information it has compiled is a reasonable basis on which to determine expected credit losses for health care fees receivable held at December 31, 2024 and 2023 because the composition of health care fees receivable at that date is consistent with that used in developing historical credit-loss percentages. Due to prompt payment and an absence of any significant bad debts since its inception, management has not found it necessary to establish an allowance for doubtful accounts.

Under the terms of the trust agreement, contributions into the Trust may only be used to pay benefits, insurance premiums and administrative expenses relating to the operation of the Trust.

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Benefits**

The Trust is designed to provide certain medical, dental and life benefits to employees of members of the various trade associations, via individual group trusts established by these trade associations. Employees may elect to cover eligible dependents under the Trust's provisions.

The Trust will pay benefits only for the expenses incurred while coverage is in full force. No benefits are payable for expenses incurred before coverage began or after coverage is terminated, even if expenses were incurred as a result of an accident, injury or disease that occurred, began or existed while coverage was in force. The individual group trust and the association sponsoring it are not responsible for the obligations of any other individual group trust.

**Eligibility**

The eligibility of employers and employees shall be determined in accordance with the provisions of each individual group trust agreement and the Trust.

**2. SUMMARY OF ACCOUNTING POLICIES**

**Basis of Accounting**

The Trust's financial statements have been prepared on an accrual basis of accounting and include a statement of net assets available for benefits, a statement of changes in net assets available for benefits, information regarding the Trust's benefit obligations as of the end of the Trust year and information regarding the effects, if significant, of certain factors affecting the year-to-date change in the Trust's benefit obligations.

**Advertising**

Advertising expenses are charged to operations when incurred.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. The significant estimate that is made by management and included in these financial statements is the accrual of unpaid claims (see Note 7). Actual results could differ from those estimates.

**Concentration of Credit Risk**

Two participating associations' members accounted for approximately 40% (individually 29% and 11%) of the Trust's health care fees for of the year end December 31, 2024. Two participating associations' members accounted for approximately 40% (individually 30% and 10%) of the Trust's health care fees for of the year end December 31, 2023. Four participant associations' members accounted for 58% (individually 24%, 12%, 12%, and 10%) and three participant associations' members accounted for 54% (individually 26%, 15%, and 13%) of the Trust's health care fees receivable as of December 31, 2024 and 2023, respectively.

**Concentrations of Cash Balances**

The Trust has significant cash balances at financial institutions which throughout the year regularly exceed the federally insured limit of \$250,000. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Trust's financial condition, results of operations, and cash flows.

**Cash and Cash Equivalents**

The Trust's policy is to consider investments with a maturity of three months or less at time of acquisition to be cash equivalents.

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Property and Equipment**

Property and equipment are stated at cost. Depreciation and amortization are provided under the straight-line method based upon the following estimated useful lives:

<u>Description</u>	<u>Estimated Life (Years)</u>
Computers and equipment	5
Furniture and fixtures	5-10
Leasehold improvements	5-10

Major replacements of, or improvements to, property and equipment are capitalized. Minor replacements, repairs and maintenance are charged to expense as incurred. Upon retirement or sale, the costs of the assets disposed of and the related accumulated depreciation and amortization are removed from the accounts, and any resulting gain or loss is recorded in operations.

**Investments**

Investments are valued at their fair value in the statements of net assets available for benefits based on quoted market prices. Unrealized gains and losses are included in the statement of changes in net assets available for benefits under net appreciation in fair value of investments.

The pronouncement relating to fair value measurements defines fair value, establishes a framework for measuring fair value in accordance with accounting principles generally accepted in the United States of America, and expands disclosures about fair value measurements (see Note 6).

**Income Taxes**

The Trust is a qualified trust under the Internal Revenue Code. The trust is subject to tax on investment income and income not related to their tax exempt purpose. The Trust will not be subject to federal income tax to the extent it distributes all of its net investment income to the sub-trusts (see Note 8).

**Health Care Fees**

Health care fees written or assumed are earned in the month of coverage. Unearned health care fees are established and represent the portion of net contributions which is applicable to the unexpired terms of contribution coverage periods in force. The health care fees paid by subscribers prior to the effective date are recorded in the statements of net assets available for benefits as health care fees received in advance. Commissions and other acquisition costs incurred on the enrollment of new members are charged to income in the year incurred instead of being deferred and amortized against the related health care fees due to the month-to-month nature of the fees.

**Claims Payable**

Claims are recorded on the accrual basis of accounting, including a reserve for incurred but not reported claims ("IBNR"). The IBNR is estimated by the Trust's actuarial consultant in accordance with accepted actuarial principles using prior claims experience, current enrollment, health service costs, health service utilization statistics and other related information. Such estimate is reported in the accompanying statements of net assets available for benefits at present value.

There have been no changes made to this methodology in 2024 or 2023. The unpaid claims presented in these financial statements have not been discounted, due to the short-term nature of these claims.

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**Leases**

The Trust categorizes leases with contractual terms longer than twelve months as either operating or finance. Finance leases are generally those leases that allow the Trust to substantially utilize or pay for the entire asset over its estimated life. All other leases are categorized as operating leases. Leases with contractual terms of 12 months or less are not recorded on the statement of net assets available for benefits. The Trust had no finance leases during 2024.

Certain lease contracts include obligations to pay for other services, such as operations, property taxes, and maintenance. For leases of property, these other services are accounted for as a component of the lease if the amounts are fixed and determinable. For all other leases, the services are accounted for separately and the Trust allocates payments to the lease and other services components based on estimated stand-alone prices.

Lease liabilities are recognized at the present value of the fixed lease payments using a discount rate based on similarly secured borrowings available to the Trust. Right-of-use assets are recognized based on the initial present value of the fixed lease payments plus any direct costs from executing the leases. Lease assets are tested for impairment in the same manner as long-lived assets used in operations.

Options to extend lease terms, terminate leases before the contractual expiration date, or purchase the leased assets, are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease.

Costs associated with operating lease assets are recognized on a straight-line basis within general and administrative expenses over the term of the lease.

**3. REINSURANCE PROVISIONS**

The Trust entered into an insurance agreement for aggregate excess loss and individual excess loss with Horizon Blue Cross Blue Shield (“HBCBS”), which covers medical and prescription benefits. Under the terms of the agreement, the Trust has an aggregate deductible of approximately \$1,200 per member, per month for health and prescription claims. The agreement provides a per member deductible of \$300,000 for individual excess loss. The Trust will receive reimbursement for all claims, in any fiscal year, over the deductible.

For the years ended December 31, 2024 and 2023, total premiums paid for stop-loss coverage amounted to \$9,398,852 and \$9,179,467, respectively, and are included in administrative and insurance costs. Net recoveries under the stop-loss policy, which are included as a reduction in claim expense amounted to \$6,145,174 and \$9,722,765 for the years ended December 31, 2024 and 2023, respectively. At December 31, 2024 and 2023, amounts recoverable under the reinsurance contracts amounted to \$199,848 and \$513,084, respectively. Management believes that the historical loss information it has compiled is a reasonable basis on which to determine expected credit losses for reinsurance recoverable held at December 31, 2023 because the composition of reinsurance recoverable at that date is consistent with that used in developing historical credit-loss percentages. Due to prompt payment and an absence of any significant bad debts since its inception, management has not found it necessary to establish an allowance for doubtful accounts.

In addition, the Trust has entered into an agreement with the UniCare Life and Health Insurance Company (“UniCare”) to purchase certain life, accidental death and dismemberment insurance and disability insurance contracts to cover its participating members. For the year ended December 31, 2024, total premiums paid to UniCare for these coverages amounted to \$1,331,241. The Trust recorded a return premium from UniCare of \$1,061,864 and \$1,133,245 in 2024 and 2023, respectively, based upon experience ratings for the year ended December 31, 2024 and 2023, respectively.

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**4. WORKING CAPITAL DEPOSIT**

Under the terms of the administrative agreement with HBCBS (see Note 12), the Trust is required to maintain a working capital deposit with HBCBS equivalent to seven days of net projected claims expense. At December 31, 2024, the working capital deposit was comprised of \$1,551,632 for health related claims and \$597,417 for prescription related claims. At December 31, 2023, the working capital deposit was comprised of \$1,931,263 for health related claims and \$364,410 for prescription related claims.

**5. PROPERTY AND EQUIPMENT**

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

	<u>2024</u>	<u>2023</u>
Furniture and fixtures	\$ 90,796	\$ 86,012
Computers and equipment	196,818	187,067
Leasehold improvements	<u>49,114</u>	<u>49,114</u>
	336,728	322,193
Less: Accumulated depreciation	<u>(285,578)</u>	<u>(268,223)</u>
Property and equipment, net	<u>\$ 51,150</u>	<u>\$ 53,970</u>

Depreciation expense amounted to \$17,355 for the year ended December 31, 2024.

**6. INVESTMENTS**

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

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

*Level 2* - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities or identical assets in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

*Level 3* - Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

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

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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

The following investments consist solely of bonds from the U.S. government (Level 1) as of December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Actual cost	\$ 34,227,678	\$ 19,656,006
Gross unrealized gains	<u>384,806</u>	<u>177,198</u>
Fair market value	<u>\$ 34,612,484</u>	<u>\$ 19,833,204</u>

At December 31, 2024 and 2023, the amortized cost of investments was \$34,607,813 and \$19,834,403, respectively.

At December 31, 2024, the Trust's bond portfolios are all due in one year or less.

Actual maturities may differ from contractual maturities as borrowers may have the right to call or prepay obligations (with or without call or prepayment penalties). Also, changing interest rates, tax considerations and other factors may result in portfolio sales prior to maturity.

There were no gross realized losses on sales and maturities of investments in 2024. For 2024 and 2023, all net appreciation in fair value of investments relates to Treasury bills.

The following investments at December 31, 2024 represent 5% or more of the Trust's net assets.

Investments at fair market value as determined by quoted market price:

U.S. Treasury	<u>\$ 4,998,988</u>
U.S. Treasury	<u>\$ 4,979,523</u>
U.S. Treasury	<u>\$ 4,963,458</u>
U.S. Treasury	<u>\$ 4,946,711</u>
U.S. Treasury	<u>\$ 4,923,756</u>
U.S. Treasury	<u>\$ 4,907,509</u>
U.S. Treasury	<u>\$ 4,892,539</u>

**7. CLAIMS PAYABLE**

Medical delivery costs for health care services provided to enrollees are estimated by management through the use of an independent actuary, based upon actual claims data and provisions for incurred but not reported claims, and were estimated to be approximately \$6,402,000 and \$7,535,000 at December 31, 2024 and 2023, respectively. The Trust estimates the amount of the provision for incurred but not reported claims using actuarial methodologies based upon historical data, including the period between the date services are rendered and the date claims are received and paid. The estimates for submitted claims and incurred but not reported claims are made on an accrual basis and adjusted in future periods, as required. Management believes that the reserves for medical delivery costs are adequate to satisfy its ultimate claim liability. The Trust receives rebates which are included as a reduction in the outstanding liability.

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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This liability is subject to the impact of future changes in claim severity, frequency and other factors which may be outside of the Trust's control. Despite the variability inherent in such estimates, management believes that the liability for unpaid claims is adequate and includes a buffer for adverse claim developments. However, the Trust's actual future experience may not conform to the assumptions inherent in the determination of this liability. Accordingly, the ultimate settlement of these claims' expenses may vary significantly from the amounts included in the accompanying financial statements.

The breakdown of the reserve components is as follows at December 31, 2024 and 2023 (amounts are approximate):

	<u>2024</u>	<u>2023</u>
Medical	\$ 10,952,848	\$ 10,660,084
Pharmacy	(4,604,621)	(3,167,622)
Dental	<u>54,000</u>	<u>43,000</u>
	<u>\$ 6,402,227</u>	<u>\$ 7,535,462</u>

Claims payable represents the benefit obligations of the Trust as follows at December 31, 2024 and 2023 (amounts are approximate):

	<u>2024</u>	<u>2023</u>
Claims incurred but not reported	\$ 5,732,227	\$ 4,658,462
Claims reported but not issued	390,000	1,090,000
Claims issued but unfunded	<u>280,000</u>	<u>1,787,000</u>
	<u>\$ 6,402,227</u>	<u>\$ 7,535,462</u>

Activity in the claims payable balance for the years ended December 31, 2024 and 2023 is summarized as follows (amounts are approximate):

	<u>2024</u>	<u>2023</u>
Balance - January 1	\$ <u>7,535,462</u>	\$ <u>10,006,306</u>
Incurred related to		
Prior year	(766,000)	(4,089,000)
Current year	<u>100,691,058</u>	<u>101,673,576</u>
Total incurred	<u>99,925,058</u>	<u>97,584,576</u>
Paid related to		
Prior year	8,373,000	7,758,000
Current year	<u>92,685,293</u>	<u>92,297,420</u>
Total paid	<u>101,058,293</u>	<u>100,055,420</u>
Balance - December 31	<u>\$ 6,402,227</u>	<u>\$ 7,535,462</u>

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**8. INCOME TAXES**

The Trust is a qualified trust under the Internal Revenue Code. No income taxes were incurred or payments made in 2024, for taxable investment income earned in 2024. At December 31, 2024, there was no taxable income to the Trust as all income received was distributed to the sub-trusts and is included in the sub-trusts' taxable income. The Trust has no significant items which would result in a deferred tax asset or liability.

The Trust follows the accounting pronouncement dealing with uncertain tax positions and had no unrecognized tax provisions at December 31, 2024 and 2023. In addition, the Trust had no income tax related penalties or interest in these financial statements.

**9. RESTRICTED CASH**

The Trust is required under New Jersey statute to deposit and continuously maintain with a financial institution licensed in the state, cash or securities having an admitted asset value of not less than \$200,000. The deposit is for the benefit and protection of all covered members of the MEWA. Furthermore, the Trust is required and does maintain a cash reserve for unpaid losses in an amount established by a qualified actuary as being adequate to provide for all incurred losses, including unpaid claims. The deposit amounted to \$241,165 and \$234,140 as of December 31, 2024 and 2023, respectively, and is included in the statements of net assets available for benefits in the statutory deposit - cash account.

**10. RELATED PARTIES**

The Trust leases its current office space from Short Hills Plaza, which is an office building owned by a board member of the Trust. This lease was entered into on October 1, 2024 and expires on May 30, 2029 (see Note 11). Rent expense amounted to \$183,378 for the year ended December 31, 2024.

The Trust has historically distributed to its sponsoring sub-trusts income earned on its investments. At December 31, 2024 and 2023, investment income payable to the sponsoring sub-trusts was \$1,718,800 and \$1,146,309, respectively.

**11. LEASES**

The Trust leases its office facilities and certain office equipment under long-term, non-cancelable operating lease agreements. Under the office facilities lease the Trust pays a portion of certain direct operating costs in addition to rental payments. The leases expire at various dates through 2029.

Because the rates implicit in the leases are generally not available, the Company utilizes its incremental borrowing rate as the discount rate.

The following is a maturity analysis of the annual undiscounted cash flows of the operating lease liabilities as of December 31, 2024:

2025	\$	202,090
2026		203,281
2027		208,703
2028		195,765
2029		143,941
		<u>953,780</u>
Less: Imputed interest		<u>100,735</u>
Lease liabilities at December 31, 2024	\$	<u>853,045</u>

**Association Master Trust**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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Cash paid for the leases for the year ended December 31, 2024 was \$163,705.

Lease expense, including variable lease payments of \$19,344, was \$209,730 for the year ended December 31, 2024.

The weighted average remaining lease term associated with operating leases as of December 31, 2024 was 4.63 years. The weighted average discount rate associated with operating leases as of December 31, 2024 is 5%.

**12. ADMINISTRATIVE AGREEMENTS**

The trustees of the Trust have entered into written administrative services agreements with HBCBS and Delta Dental Plan of New Jersey ("Delta Dental"), whereby HBCBS and Delta Dental are to provide certain third party administrative functions on behalf of the Trust.

For the year ended December 31, 2024, approximately \$2,866,000 was paid to HBCBS and \$82,000 was paid to Delta Dental for these third party administrative services.

**13. RETIREMENT PLAN**

The Trust has a 401(k) Plan for all eligible employees. Employees may elect to defer up to 15% of their compensation to the maximum allowed by law. The Trust also maintains a profit sharing plan, with contributions determined annually by the Board of Trustees. Employer contributions of \$169,756 were made to the profit sharing plan for the year ended December 31, 2024.

**14. RISKS AND UNCERTAINTIES**

Investments, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with such investments, it is reasonably possible that changes in the values will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**15. TRUST TERMINATION**

Should the Trust terminate at some future time, the net assets of the Trust will be allocated based upon Trust provisions.

**16. SUBSEQUENT EVENTS**

The Trust has evaluated subsequent events occurring after the statement of net assets available for benefits date through the date of April 16, 2025, which is the date the financial statements were available to be issued. Based upon this evaluation, the Trust has determined that no subsequent events have occurred which require disclosure in the financial statements.

## **SUPPLEMENTARY INFORMATION**

**Association Master Trust**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2024**

<u>Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
U.S. Treasury	5,000,000, 0.00%, due 01/02/2025	\$ 4,895,168	\$ 4,998,988
U.S. Treasury	5,000,000, 0.00%, due 02/06/2025	4,904,646	4,979,523
U.S. Treasury	5,000,000, 0.00%, due 03/06/2025	4,890,205	4,963,458
U.S. Treasury	5,000,000, 0.00%, due 04/03/2025	4,896,883	4,946,711
U.S. Treasury	5,000,000, 0.00%, due 05/15/2025	4,881,272	4,923,756
U.S. Treasury	5,000,000, 0.00%, due 06/12/2025	4,880,754	4,907,509
U.S. Treasury	5,000,000, 0.00%, due 07/10/2025	<u>4,878,750</u>	<u>4,892,539</u>
		<u>\$ 34,227,678</u>	<u>\$ 34,612,484</u>

See Independent Auditor's Report.

**Association Master Trust**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
<b>Category (i) transactions:</b>						
U.S. Treasury bill	0.00% 1/9/2024	\$ 4,914,573	\$ 5,000,000	\$ 4,914,573	\$ 4,914,573	\$ 85,427
U.S. Treasury bill	0.00% 2/13/2024	4,912,349	5,000,000	4,912,349	4,912,349	87,651
U.S. Treasury bill	0.00% 3/19/2024	4,914,026	5,000,000	4,914,026	4,914,026	85,974
U.S. Treasury bill	0.00% 4/16/2024	4,915,058	5,000,000	4,915,058	4,915,058	84,942
U.S. Treasury bill	0.00% 5/9/2024	4,919,795	5,000,000	4,919,795	4,919,795	80,205
U.S. Treasury bill	0.00% 6/6/2024	4,901,350	5,000,000	4,901,350	4,901,350	98,650
U.S. Treasury bill	0.00% 7/18/2024	4,896,010	5,000,000	4,896,010	4,896,010	103,990
U.S. Treasury bill	0.00% 8/1/2024	4,906,026	5,000,000	4,906,026	4,906,026	93,974
U.S. Treasury bill	0.00% 9/5/2024	4,899,409	5,000,000	4,899,409	4,899,409	100,591
U.S. Treasury bill	0.00% 10/10/2024	4,893,386	5,000,000	4,893,386	4,893,386	106,614
U.S. Treasury bill	0.00% 10/8/2024	4,915,187	5,000,000	4,915,187	4,915,187	84,813
U.S. Treasury bill	0.00% 11/12/2024	4,916,179	5,000,000	4,916,179	4,916,179	83,821
U.S. Treasury bill	0.00% 12/5/2024	4,905,357	5,000,000	4,905,357	4,905,357	94,643
U.S. Treasury bill	0.00% 1/2/2025	4,895,168	N/A	4,895,168	4,895,168	-
US Treasury bill	0.00% 2/6/2025	4,904,646	N/A	4,904,646	4,904,646	-
US Treasury bill	0.00% 3/6/2025	4,890,205	N/A	4,890,205	4,890,205	-

See Independent Auditor's Report.

**Association Master Trust**  
**Schedule H, Line 4j - Schedule of Reportable Transactions**  
**Year Ended December 31, 2024**

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(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
U.S. Treasury bill	0.00% 4/3/2025	4,896,883	N/A	\$ 4,896,883	\$ 4,896,883	-
U.S. Treasury bill	0.00% 5/15/2025	4,881,272	N/A	4,881,272	4,881,272	-
U.S. Treasury bill	0.00% 6/12/2025	4,880,754	N/A	4,880,754	4,880,754	-
U.S. Treasury bill	0.00% 7/10/2025	4,878,750	N/A	4,878,750	4,878,750	-

See Independent Auditor's Report.

**Form 5500 Part 1, Line A, Multiple-Employer Plan**  
**Multiple-Employer Plan Participating Employer Information**  
**Plan Name: Association Master Trust**  
**Plan Number: 501**  
**EIN Number: 22-6315089**  
**12/31/2024**

<u>NAME OF PARTICPATING EMPLOYER</u>	<u>EIN No.</u>	<u>PERCENTAGE OF TOTAL CONTRIBUTION</u>
EGIZI FUNERAL HOME	010649383	0.0374%
AJD BUILDERS LLC	010660437	0.0199%
GLEN D GOLDSTEIN DMD LLC	010786532	0.0119%
MASSEY MORGAN FINANCIAL	020558252	0.0168%
ALL WEEK PLUMBING & HEATING INC	020568070	0.0745%
THOMAS E NICHOLSON JR. DMD PC	020616333	0.0243%
SUPPLY & INSTALL LLC DBA MEMBER REBATE PROGRAM	020627231	0.0704%
JMC PRODUCTS CORP	020635218	0.0952%
CREEKS EDGE ANIMAL HOSPITAL	XXXXXXXX	0.0052%
LETTINI & SONS INC	020703056	0.0187%
MARK C TILGHMAN FUNERAL HOME LLC	020715029	0.0183%
ANDY MILLER GLOBAL SALES INC	020750630	0.0403%
GRANO CHIRO CTR OF ANDOVER DBA GRANO PAIN RELIEF	020799913	0.0069%
RICHARDSON & CHOI, LLC	024481694	0.0199%
VOX COMMUNICATIONS CORP	030372617	0.0293%
FREE FLO SEWER & DRAIN SVC INC	030453389	0.0118%
MARREK CONSTRUCTION COMPANY	030456412	0.0348%
ALEXANDER PLUMBING AND HEATING	030460333	0.0566%
EDDIE O'S PLUMBING & HEATING, LLC	030533239	0.0135%
SPORT PROS USA, INC	030591271	0.0857%
TAYLOR OIL NORTHEAST - CT, INC	043137240	0.1067%
TAYLOR OIL NORTHEAST, INC	043137240	0.0976%
CONSTRUCT OIL CO	043387523	0.0146%
WEST ORANGE ANIMAL HOSPITAL,PA	XXXXXXXX	0.0239%
HY VIZ, INC	043658858	0.0160%
INFINITY SOURCING SERVICES LLC	043675164	0.0222%
MARTINSVILLE AUTO REPAIR	043682315	0.0083%
EDWARD J. BALLING DMD & ASSOCIATES PC	043716375	0.0303%
PRH INC T/A LAYTON FUNERAL HOME	043732988	0.0213%
MOMMASAID, LLC	043758175	0.0128%
DABDA LLC	045071178	0.0093%
SOUTH JERSEY WATER TEST LLC	050527527	0.0538%
TOP BRASS PLUMBING & HEATING, LLC	050567554	0.0328%
UNDERGROUND SPRINKLER COMPANY	050572935	0.0586%
DPH DESIGNS LLC	050573144	0.0257%
MEDIA SHOP INC DBA JOSEPH JACOBS ORG	050574365	0.0319%
HILLER PSYCHOTHERAPY, LLC	050645983	0.0094%
MW CONSULTING	051484117	0.0215%
CHRISTOPHER LAMORTE, DMD	051840506	0.0025%
STEPHEN PICCIURRO dba SEPAMT	059500365	0.0088%
KEYSTONE DEVELOPMENT GROUP LLC	061529244	0.0267%
K Z V ENTERPRISES, LLC	061611874	0.0598%
PETER ENGLISHMAN & SONS INC	061613385	0.0143%
GERARD KEAN P & H, LLC	061654278	0.0165%
CHIROPRACTIC WELLNESS CTR OF WYCKOFF	061710803	0.0164%
ROBERT T. MARTINI DDS.PA	061748339	0.0355%
DONNA MARIE DEGHEITTO DMD	061832660	0.0103%
VERBER & SULLIVAN HOME DESIGN LLC	062549067	0.0068%

COLONIAL CHIROPRACTIC	068629144	0.0104%
MITCHELL FREEDMAN	072565347	0.0090%
BEAUTIFULLY DONE PAINTING	079580814	0.0208%
MYW CONSULTING DBA MICHELLE WASSERLAUF	079683758	0.0188%
RACHEL MALER LCSW	079763677	0.0081%
NATURALLY ORIGINAL INC	084077059	0.0082%
DAVID R LIEBES DDS	085523952	0.0298%
GARCON PROPERTIES, LLC	092504399	0.0212%
JORDANA SKURKA LLC	099661280	0.0268%
YOSSI MULLER NUTRITION	099780261	0.0357%
DEBRA COHEN / RIVERFRONT PEDIATRIC DENTISTRY	100741709	0.0275%
ABNER HERRMAN & BROCK INC	100939773	0.0249%
TRI-COUNTY VETERINARY HOSP LLC	108137401	0.0867%
ESSENTIAL COMMUNICATIONS DBA PROTECH INDUSTRIES	112970604	0.0519%
GERI CARE PHARMACEUTICALS CORP.	112998171	0.2179%
ELECTRONICS EMPORIUM DBA RENTALS BY US	113178514	0.0340%
POWER VISION, INC	113198137	0.0512%
QUESTA TECHNOLOGY INC	113444243	0.0148%
SCHULLER & SCHULLER DDS PC	113512698	0.0210%
INDUSTRIAL BEARING TECHNOLOGY	113547366	0.0210%
AFTEK LLC	113654825	0.0207%
DEREK R NOONAN, DMD LLC	113677115	0.0018%
DENTAL FOCUS, LLC	113807175	0.0304%
JASMINE ALONI- COHN LCSW	117664037	0.0041%
DR DANIELLE AGER, DC	119468430	0.0105%
LESLIE BECKER-PHELPS, PHD	125505355	0.0093%
THE ZWAS GROUP LLC	126520195	0.0349%
ZEEVYAH BENOFF	128606614	0.0166%
MEREDITH ALVARO DBA M ALVARO CONSULTING	128640828	0.0118%
INDUSTRY PUBLICATION	13 0831295	0.0268%
ELLI SCHULMAN DDS	133390436	0.0295%
CHARSCHAN CHIRO & SPORTS INJURY ASSOC	133416194	0.0075%
HEIGHTS USA, INC.	133517939	0.0304%
METROPOLITAN SYSTEMS CONSULTING INC	133581961	0.0336%
ROBERT PARCHMENT P&H, INC	133837961	0.0104%
SANTA FE LEATHER DBA CLAVA	133925026	0.0213%
BURLINGAME INTERACTIVE, INC.	133934972	0.0228%
ROBERT A GOODMAN & CO	134035158	0.0304%
HY ENTERPRISES, INC	134060791	0.0349%
RIVERFRONT RECYCLING & AGGREGATE LLC	134209858	0.0950%
CPW PLUMBING & HEATING, LLC	134273312	0.0183%
SOMERSET HILLS EXXON	134282633	0.0724%
PLUMB MEDIC, INC	134283436	0.0003%
LOU PAGNOTTO'S SERVICE CENTER LLC	134290292	0.0179%
LEIB KLEIN ESQ	134290307	0.0223%
SMART WATER INC	134300018	0.0155%
TOWNE REALTY GROUP	134319106	0.0243%
DOOR WORKS	135503007	0.0089%
VICTORY WORLDWIDE TRANSPORTATION INC	135670760	0.0334%
MANOS CITO DBA BACK 9 RETIREMENT SOLUTIONS	137683407	0.0101%
WILLIAM TRAVISANO PLBNG & HTG	137725920	0.0286%
DAVID ZELNICK, VMD	138407198	0.0372%
GREGORY ERDMAN PLBNG & HTG	138628822	0.0353%
GATEWAY IRRIGATION	XXXXXXXX	0.0185%
SHANE MICHAEL ASSOCIATES	XXXXXXXX	0.0146%
PETER RAYMOND WELLS ARCHITECT LLC	XXXXXXXX	0.0109%
JOHN CARUSO BUILDERS LLC	XXXXXXXX	0.0290%
LAUREN KUTCH DBA LMK MEETINGS	XXXXXXXX	0.0105%
VETERINARY HOUSE CALLS	XXXXXXXX	0.0042%
JOSEPH JACOBOWITZ SALES	XXXXXXXX	0.0131%
ZIPF CONSTRUCTION, LLC.	XXXXXXXX	0.0116%

CLEVIS BEND LLC	XXXXXXXX	0.0054%
IL GRANDE & IL GRANDE	XXXXXXXX	0.0366%
ALGER VETERINARY SERVICES,LLC	XXXXXXXX	0.0119%
BARRY WARD P&H	XXXXXXXX	0.0196%
CHRISTY-ADAMS FUNERAL HOME	XXXXXXXX	0.0164%
KEARNS FUNERAL HOME	XXXXXXXX	0.0278%
THOMAS FOX DBA FINANCIAL WEALTH MANAGEMENT	XXXXXXXX	0.0041%
SARAH POMPHREY REAL ESTATE	XXXXXXXX	0.0091%
MIRIAM T FURLONG DMD PC	XXXXXXXX	0.0052%
PETER S FRANCO	XXXXXXXX	0.0079%
FRESCO REALTY, LLC	XXXXXXXX	0.0214%
SHARON WATERS	XXXXXXXX	0.0119%
MICHAEL S PETRUCCELLI BOND TRADER	XXXXXXXX	0.0103%
CAPSTONE CONSTRUCTION LLC	XXXXXXXX	0.0297%
HUBIT PLUMBING & HEATING	XXXXXXXX	0.0291%
STEFAN'S PURE BLENDS	XXXXXXXX	0.0207%
DR RICHARD T TELL	XXXXXXXX	0.0346%
ANIMAL GENERAL VETERINARY HOSPITAL	XXXXXXXX	0.0127%
G. THOMAS GENTILE FUNERAL HOME	XXXXXXXX	0.0372%
KAREN GREENBERG LCSW	XXXXXXXX	0.0153%
DARIUS JASINSKI, DPM DBA MEDICINE & SURGERY OF THE FOOT AND ANKLE	XXXXXXXX	0.0189%
MYLES A MAHER PROPERTY MANAGEMENT	XXXXXXXX	0.0304%
R F ELECTRIC	XXXXXXXX	0.0113%
N.S.J. PLB & HTG	XXXXXXXX	0.0201%
ZDENKA TICHA REAL ESTATE SALES	XXXXXXXX	0.0129%
HARRIS KIRSCH ASSOCIATES	XXXXXXXX	0.0318%
TOM ZAPCIC PHOTOGRAPHY	XXXXXXXX	0.0107%
GREGG KOBESKY-SNAP ON TOOLS	XXXXXXXX	0.0468%
GREG J CUMMINGS P&H	XXXXXXXX	0.0292%
MD STYLE, LLC	157848455	0.0668%
DAVID PASI FINANCIAL	158285758	0.0207%
QUENCH IRRIGATION INC.	158485510	0.0586%
LAW OFFICES OF RYAN GENTILE, ESQ	158720835	0.0055%
ELI GELBWACHS DBA LAKEWOOD FARMINGDALE RD ACQUISITIONS LLC	158749582	0.0198%
LAW OFFICE OF JOHN GREY JR LLC	158769672	0.0255%
POINT ONE CONSULTING CORP	161502783	0.0136%
ENVIRONMENTAL COMPLIANCE ASSISTANCE LLC	161722851	0.0239%
JOSHUA MCBRIDE DBA ALINE GROWTH	166684524	0.0081%
DALE PAVLOTZKY CPA	173541402	0.0029%
ROBERT H BENDE, DVM	XXXXXXXX	0.0013%
MYMD GROUP LLC	200036233	0.0270%
ALEXANDER H ANASTASIOU DMD	200042955	0.0175%
ALLIANCE HOMES/ KIRKENIR ASSOCIATES FAMILY LIMITED PARTNERSHIP	200111418	0.0176%
MCLAUGHLIN GROUP P&H, LLC	200150546	0.0292%
RJR MORTGAGE COMPANY,LLC.	200212304	0.0169%
JIM NUTTALL PLBNG & HTG	200306816	0.0146%
ZANYA SPA SALON CORP	200374543	0.0586%
HOLLY FINANCIAL GROUP LLC	200390863	0.0021%
KENNETH J OSKOWIAK & ASSOCIATES DMD, PC	200404223	0.0132%
CASHMAN LANDSCAPE MGMT DESIGN	200405542	0.0821%
MOHR PLUMBING & HEATING, LLC	200488722	0.0068%
LOU'S ELECTRIC, INC	200506021	0.0447%
WILMOE LLC	200582600	0.0369%
ASSOCIATION BUSINESS SOLUTIONS, INC	200656133	0.0096%
STRUCTURAL WORKSHOP, LLC	200756836	0.0586%
PERCEPTURE, INC.	200769377	0.0251%
VETERINARY BUSINESS ADVISORS INC	200776900	0.0680%
MAYWOOD DENTAL ASSOCIATES	200791338	0.0012%
HUDSON CAPITAL MANAGEMENT LLC	200827986	0.0933%
J&M HART LOGISTICS	200858443	0.0087%
TLC PET DOCTOR	20-0863728	0.0280%

RAVEN BEAUTY LLC	201028959	0.0280%
JERSEY HAULING, LLC	201036998	0.0623%
ABSOLUTE QI ACUPUNCTURE AND WELLNESS CENTER DBA RHONDA HOGAN	201037442	0.0149%
SAMUELLE KLEIN VON REICHE, PSYD, PA	201050329	0.0146%
BEATO HEALTH INC	201052177	0.0153%
CHAPELS OF EDEN LLC	201077428	0.0219%
KLG CONSULTING LLC	201150374	0.0190%
COWAN ELECTRIC INC	201217647	0.0361%
AMY K PELLICANO,DVM LLC/DBA OAKLAND ANIMAL HOSP	201245111	0.0709%
CITISCAPE BUILDERS GROUP, INC.	201254941	0.0292%
CHRISTOPHER R. WESTFALL, DMD LLC	201267026	0.0097%
GREGORY J GALLINA MD PC	201401413	0.0507%
CAMP STUFF 4 LESS LLC	201465729	0.0248%
POLO VETERINARY SERVICES PC	201631107	0.0794%
GERARD J MAKHOUL DMD LCC	201687221	0.0207%
VIRTUOSO ARCHITECTURE LLC	201691310	0.0326%
PERFECT CLIMATE HEATING & AC	201764575	0.0238%
PREMIER PROPERTIES & MANAGEMENT	201778817	0.0268%
DANIEL L. KOHN DDS PC	201843321	0.0211%
WANTAGE VETERINARY HOSPITAL	201846145	0.0195%
GRACE OTT CONSULTING LLC	201896308	0.0182%
R2MJ, LLC	201918367	0.0340%
REVOLUTION NJ, INC.	201918932	0.0200%
CLEARPOINT SERVICES LLC.	201923138	0.1152%
TITAN DEVELOPMENT & CONSTRUCTION MANAGEMENT LLC	201963838	0.0093%
TITAN DEVELOPMENT & CONSTRUCTION MGMNT, LLC	201963838	0.0131%
SUMMIT ORAL & MAXILLOFACIAL SURGERY, P.A.	202002079	0.0507%
METROPOLITAN ORTHOPAEDICS LLC	202008712	0.0255%
MERYL A. BAURMASH, DDS	202027008	0.0131%
CONSUMER EXPRESS LLC	202084244	0.0013%
BLACK OAK MANAGEMENT SERVICES, INC	202100512	0.1063%
LEVEL ONE CONSTRUCTION SERVICES LTD	202110873	0.2166%
WHITHAM-KANAPAU FUNERAL HOME	202175469	0.0124%
M.P.M. ASSOCIATES	202205917	0.0521%
AJ CRYSTAL LLC DBA LONGS AIR CONDITIONING AND HEATING	202258399	0.0546%
BIRCH TREE MEDICAL ASSOCIATES PA	202368836	0.0170%
WASHINGTON FAMILY DENTISTRY, LLC	202402354	0.0241%
COPPOLA BROTHERS LLC	202447237	0.0413%
UNITED CHECK CASHING	202480218	0.0146%
CALDWELL COUNSELING & CONSULTANCY	202563630	0.0392%
D B HEATING & COOLING INC.	202731656	0.0709%
KONOPKA AND MARSDEN AND SONS LLC	202748831	0.0340%
EFFICIENT AIR SERVICE LLC	202754088	0.1350%
AKTT FINANCIAL GROUP,LLC	202766036	0.0206%
JULIEN FINANCIAL, LLC	202767260	0.0346%
BC COMPLIANCE GROUP, LLC	202873269	0.0107%
ZIMMERMANN PLUMBING, LLC	202877738	0.0280%
SECURE CARD SERVICES	202880275	0.0279%
PARKSIDE DENTAL LLC	202989747	0.0161%
VERNON VETERINARY CLINIC	203012910	0.0004%
D.L. PARAGANO HOMES INC	203016291	0.0087%
BEEFERMAN HUBER LLC	203047920	0.1110%
GLOBAL POLYMERS SALES INC	203160504	0.0206%
KIDS SMILE, PC	203186004	0.0132%
ORAL AND MAXILLOFACIAL SURGERY OF WESTFIELD	203187397	0.0268%
MC LAUGHLIN FINANCIAL GROUP	203210208	0.0096%
MICHAEL A DE DOMINICIS INC	203252274	0.0278%
TERRANOVA FUNERAL HOME	203259479	0.0284%
LOONEY ADVERTISING	203334017	0.0816%
MICHAEL J FITZPATRICK DMD LLC	203428634	0.0413%
ALL JOBS CONSTRUCTION LLC	203435083	0.0241%

JAMIE GRILL PHOTOGRAPHY LLC	203483080	0.0198%
LEN DEVELOPERS	203501600	0.0104%
NJ SURGASSIST LLC	203618477	0.0208%
M3S SALES INC.	203777826	0.0035%
PROGRESSIVE PAYMENT SOLUTIONS INC.	203804869	0.0330%
SD MEDICAL	203818692	0.0235%
SEASONS MATTER, INC	203822253	0.0453%
NATIVE FIELDS LANDSCAPING LLC	203868905	0.0369%
MORRISTOWN LUMBER & SUPPLY CO	203964521	0.3000%
ERIC J. NEMETH, PC	203979408	0.0128%
TREMARCO SERVICES, LLC	204077178	0.0343%
CORRECTIVE CARE GROUP, PC	204142025	0.0180%
BETH EGAN LODGE DMD PA	204229599	0.0230%
CARUSO'S LAWN SERV & LANDSCAPING, LLC	204261226	0.0057%
STACY E OBERFIELD DDS LLC	204264332	0.0214%
DRAWING CONCLUSIONS,LLC	204281663	0.0044%
ABLE GROUP TECHNOLOGIES	204370063	0.0161%
TIM STEVENS PLB & HTG LLC.	204471038	0.0230%
TM TALENT, LLC	204511098	0.0030%
DEBLASI FUNERAL SERV INC DBA DAY FUNERAL HOME	204532933	0.0927%
ALC ELECTRICAL CONTRACTOR, INC	204549072	0.0333%
PARKER HOMESCAPE LLC	204653281	0.0254%
LEDGEWOOD TRANSMISSION	204709269	0.0399%
A & J LANDSCAPE DESIGN LLC.	204753307	0.0187%
GARDEN STATE ORTHODONTICS, PA	204941264	0.0088%
THE AIR EXCHANGE	204961877	0.0123%
EDDIE PROFESSIONAL OFFICE & HOME CLEANING LLC DBA ACCURATE PROCLEAN	204973166	0.0308%
MARK'S STUMP REMOVAL & TREE SERVICE	204978817	0.0093%
ACCESS MECHANICAL SERVICES, LLC	205069204	0.0015%
MONTVALE MOVING SERVICE	205177369	0.0285%
OCEAN COUNTY CREMATION SERVICE LLC	205203581	0.0557%
HOLLE FAMILY FUNERAL HOMES INC	205314502	0.0372%
GRANO CHIROPRACTIC CENTER	205317792	0.0176%
RED BANK WEALTH MANAGEMENT, LLC	205380362	0.0190%
ABNER HERRMAN & BROCK,LLC	205472473	0.0866%
EDEN MEMORIAL CHAPEL	205604723	0.0450%
ARIEN BAHAWDORY DMD LLC	205680219	0.0280%
IMPERIAL MEDICAL GROUP LLC	205719625	0.0194%
SHUKLA MEDICAL GROUP	205771107	0.0212%
WEST MAIN COMPLETE DENTISTRY	205803171	0.0285%
CABLING GUYS LLC	205808699	0.0438%
DR. MATOS'S GROWING SMILES, P.A.	205818780	0.0319%
SOLOMON WEALTH SOLUTIONS, LLC	205822977	0.0329%
CHESTER FAMILY DENTAL LLC	205861282	0.0123%
O.E.M. SALES TECHNOLOGIES, INC.	205877938	0.0209%
E RATE SOLUTIONS GROUP INC.	208030572	0.0382%
COMMONLAND AGENCY,LLC.	208105368	0.0251%
ANIMAL MANSION VETERINARY HOSPITALS	208184094	0.0090%
LANDSCAPE SOLUTIONS, LLC	208195351	0.0177%
VAIL SUPPLY COMPANY LLC	208212974	0.0138%
MCGREGOR APPRAISALS, LLC	208244619	0.0212%
MEDICAL ARTS CENTER	208306349	0.0387%
LEVY CHIROPRACTIC & FAMILY WELLNESS CENTER LLC	208319936	0.0025%
BROOK BROTHERS ENTERPRISES LLC	208369799	0.0085%
DAKOTA CAPITAL LLC	208392036	0.0420%
Yafa WALKIN DDS LLC	208397023	0.0150%
ALL SEASONS HVAC CONTRACTORS INC.	208403058	0.0024%
LISA J MCWHINNIE, PHD	208435956	0.0220%
MICHAEL GRIZZAFFI, DMD, PA	208444262	0.0256%
SUN DENTAL & ORTHODONTICS	208483756	0.0173%
ROBERT DOWNEY GENERAL CONTRACTOR LLC	208807739	0.0479%

HUNTERDON HILLS VET CORP.	208832809	0.0240%
JAMES CALLY DMD LLC	208835151	0.0346%
DAVID B HEERING DMD LLC	208843783	0.0423%
ELITE SPINAL LLC	208881321	0.0395%
BENEZRA CHIROPRACTIC WELLNESS CTR	208936358	0.0232%
MICHAEL LESSER	209403269	0.0193%
NJ BUSINESS & INDUSTRY ASSOCIATION	210506685	0.4515%
GLOBE PETROLEUM, INC	210580849	0.4574%
PETER LUMBER COMPANY	210620229	0.7253%
HOME BUILDERS LEAGUE OF SOUTH JERSEY	210649560	0.0221%
SHORE BUILDERS ASSOCIATION OF CENTRAL NJ	210657209	0.0091%
JOHN J HOMON SONS	210667153	0.0179%
NJGCA	210680635	0.0295%
WAINWRIGHT-BERNHARDT FUNERAL HOME	210694765	0.0130%
B & S TIRE & AUTO STORE	210697062	0.0559%
LAWRENCEVILLE FUEL CO	21-0716311	0.0600%
FRANCIONI,TAYLOR & LOPEZ FUNERAL HOME	21-0727350	0.0372%
NEW JERSEY ASSOCIATION OF SCHOOL ADMINISTRATORS	210745313	0.1522%
ELIYOHU D RIBIAT	216378707	0.0146%
ATOM STRATEGIC CONSULTING	218508681	0.0168%
KITCHEN & BATH ENT. INC.	22 3280618	0.1597%
GALLO BROS INC	220330360	0.0267%
CHARLES WASILEWSKI WORDS AND SON LC	220508000	0.0048%
CALIFON LUMBER CO INC	22-0803707	0.0304%
S. FRYCZYNSKI INC.	220928310	0.0059%
FUEL MERCHANTS ASSOCIATION	22-0928500	0.0204%
MONTANA MOUNTAIN DBA HFI	220972650	0.3739%
JAEGER LUMBER & SUPPLY CO INC	22-1016175	1.6491%
J W PIERSON CO	22-1200060	0.3234%
UNITED EXCAVATING CO INC	22-1346415	0.0386%
VIOLA BROTHERS	221358700	0.1235%
WOOLLEY FUEL CO INC	22-1391400	0.1956%
YALE HOOK & EYE CO, INC.	221393670	0.0067%
BIRCH LUMBER CO INC	22-1458075	0.1545%
JERSEY PLASTIC MOLDERS INC DBA PRIMO	221467994	0.0003%
BRF HOLDINGS, INC	22-1481927	0.0436%
PALISADE FURNITURE WHOLESAL	221489842	0.0001%
NJ ASSOC OF PLB HTG COOLING CONTR,INC	221505421	0.0113%
BEHNKE'S BUILDING SUPPLY CO. INC	22-1511029	0.1133%
PARAMUS BUILDING SUPPLY CO INC	22-1511029	0.3172%
JGE AMABILE AND SON,LLC	22-1512601	0.0335%
BURTON AGENCY INC	221534699	0.0403%
C A NIECE CO., INC	221539947	0.3608%
MANVILLE MASONS SUPPLY, INC.	221549839	0.0323%
MANVILLE MASONS SUPPLY, INC	22-1549839	0.0040%
VAN VARICK & SONS	221551327	0.1854%
CORONATION SHEET METAL CO.	221551962	0.0900%
NISCHWITZ & COMPANY	22-1606043	0.0173%
KOHLER FUNERAL HOME	221608653	0.0262%
FREDERICKS FUEL & HEATING SERVICE	221615691	0.3848%
AIROYAL COMPANY	221616522	0.0966%
L & L VAN LINES	22-161-9224	0.0280%
BROWNING-FORSHAY FUNERAL HOME	22-161-9412	0.0459%
EMPIRE LUMBER & MILLWORK CO.	22-1619942	0.2970%
PRECISION MULTIPLE CONTROLS, INC	221620215	0.0055%
HARRINGTON'S SERVICE INC	22-1628164	0.0359%
BORDUIN CO INC	22-1635149	0.0001%
THE MART, INC.	221638194	0.0525%
SYNOWIECKI FUNERAL HOME INC	221639353	0.0183%
ALLWOOD FUNERAL HOME	221641583	0.0474%
BOYS & GIRLS CLUB OF GARFIELD INC	221660518	0.0136%

GIACOBBE & SONS CONTRACTORS INC.	221660799	0.0281%
MAJOR PRINTING COMPANY	221664260	0.0198%
MATRIX CONTROLS CO INC	221664525	0.0303%
HENNING BUILDING SUPPLY	221665554	0.0068%
WILNER LIVERY SERVICE DBA HARRINGTON LIMO	221667979	0.0134%
M J NEILL INC	22-1669149	0.0320%
VICTORS AIR CONDITIONING INC	221669336	0.1742%
LIBERTY LAMP & SHADE	221691763	0.0276%
THOS. FINN, INC	221693246	0.0198%
JOSEPH R DEVANEY ELECTRICAL CONTR INC	221693611	0.0376%
C&S TOOL CO INC	221712040	0.0194%
RUPELL FUNERAL HOME	22-171-6286	0.0005%
CHARLES C DAE INC	221718707	0.0005%
KENNEDY & DECKER COAL CO	22-1732708	0.0208%
TUTTLE FUNERAL HOME	221733029	0.0904%
COMMUNITY MOBIL, INC.	22-1734276	0.0640%
ROCKET BUILDING SUPPLY COMPANY	221735669	0.0489%
PERROTTI'S EXXON	22-1737268	0.0206%
TAYLOR OIL CO. INC	221739466	0.4492%
PRINCETON CASE COMPANY, INC.	221751477	0.0282%
B & F AUTO	221756575	0.0564%
STEENLAND'S GAS	22-1756900	0.1043%
VANDER PLAAT-VERMEULEN FUNERAL HOME	22-1775610	0.0361%
MCCORRY BROTHERS FUNERAL HOME	221778041	0.0110%
JOSEPH A MAJKA & SONS INC	22-1779718	0.0548%
NEWRENT INC	221-802-053	0.0737%
VORHEES FUNERAL HOME	22-180-5235	0.0376%
MENDHAM PLYWOOD INC	22-1805683	0.0647%
T & R OIL INC./ TULLO BROTHERS	22-1820755	0.1758%
FAILLA MEMORIAL HOME	221822087	0.0002%
BRIAN COWAN'S AUTO CENTER	221822322	0.0355%
ATLAS OIL CORP C/O GARY EISENBUD	22-1824782	0.0442%
FAIRFIELD MAINTENANCE, INC.	22-1824783	0.1520%
BELLOMO FUEL SERVICE INC.	221826031	0.0740%
ALLIANCE COMM HEALTHCARE DBA HORIZON HEALTH CTR	221831695	0.2741%
HENDERSON'S SERVICE CENTER	221836571	0.0316%
C LEN SCHMIDT	22-1847218	0.0428%
TRAFFIC SAFETY & EQUIPMENT CO, INC	221850099	0.0687%
BUYUS FUNERAL HOME	22-1855605	0.0826%
EAST COAST TRUCK PARTS	221-857-964	0.0084%
DEMARCO-LUISI FUNERAL HOME	221859219	0.0501%
RIEGLER DODGE INC	221860840	0.0180%
CEDAR GROVE ANIMAL HOSPITAL	221863889	0.0470%
PINKAVA'S MOTOR CO INC	22-1869169	0.0590%
S & S SHELL INC	221899196	0.0338%
LYNRED USA, INC.	221899703	0.3632%
DENTE TRADING COMPANY, INC	221901771	0.0156%
HERR'S PLUMBING & HEATING	221903611	0.0294%
LEONARD H LASSIN DDS PA	221903614	0.0303%
MICHAEL MARRA, INC.	221905538	0.1896%
GLENN SERVICE	221906549	0.0696%
LEVER LOCK T/A WHEELS IN MOTION	221907467	0.0000%
WESTFIELD ASSOCIATES IN INTERNAL MEDICINE & GASTRO	221908639	0.0226%
ASSOCIATES IN PLASTIC & AESTHETIC SURGERY	221915969	0.0588%
BOLKEMA FUEL COMPANY INC.	22-1915980	0.2338%
TRANSPORT RESOURCES INC	22-1916461	0.2629%
HUTT & SHIMANOWITZ, P.C.	221917177	0.1025%
PETER G. CORNICK, DMD	221921192	0.0144%
GREENIDGE FUNERAL HOMES, INC.	221921868	0.0167%
HERMAN LIEDTKA, INC	221923789	0.1935%
UNION AUTO INC.	221924385	0.0802%

MARLBORO JEWISH CENTER	221927241	0.0212%
HIGHWOOD MOBIL SERVICE	22-1928059	0.0003%
CHATHAM MAINTENANCE ASSOC INC	22-1930-556	0.0298%
HART & ILIFF FUEL OIL	22-1943020	0.0897%
VALLEY PEDIATRIC ASSOCIATES, PA	221944090	0.1071%
ROBERGE ELECTRIC CO. INC.	221947386	0.0338%
K.L.K. TRUCKING CO INC	221949813	0.0262%
FRIEDRICH HEATING & AC INC	221951791	0.0699%
CHARLES F OBER & SON INC	22-1958353	0.0029%
ANTHONY BAILES, INC.	221959018	0.0492%
MARINELLA FUNERAL HOME	22-196-1808	0.0304%
J W BURNS & SONS OIL CO INC	22-1967316	0.0004%
CAGGIANO MEMORIAL HOME	221967608	0.0576%
LOUIS SUBURBAN CHAPEL, INC	221974607	0.1189%
EIGHTEEN LUMBER	221978479	0.1099%
UNION INTERNAL MEDICINE GROUP PA	221978640	0.1311%
MAIN FRIENDLY SERVICE INC	22-1980145	0.0019%
MAJESTIC OIL CO INC	22-1980812	0.0901%
SILVER LAKE AMOCO	22-1982240	0.0128%
MARIO S FIORENTINI DMD PA	221984774	0.0363%
RIVERTON DENTAL ARTS PC	221994808	0.0281%
VIC'S AUTO PARTS & SERVICE	221995881	0.0276%
DYKES LUMBER CO	22-2001740	1.5303%
REPROMATIC PRINTING CO, INC	222003403	0.0257%
CPT INTELLIGENT TECHNOLOGIES, INC	222003448	0.0718%
DAVID MITCHELL, INC	222005736	0.0402%
R&R IRRIGATION	22-2010679	0.0752%
BLUE RIDGE LUBER/POCONO SUMMIT	222012126	0.0566%
BLUE RIDGE LUMBER/BLAIRSTOWN	222012126	0.1710%
BLUE RIDGE LUMBER/BLAIRSTOWN	222012126	0.0477%
BLUE RIDGE LUMBER/BLAIRSTOWN	222012126	0.0783%
BLUE RIDGE LUMBER/EAST STROUDSBURG	222012126	0.1257%
BLUE RIDGE LUMBER/FAIR LAWN	222012126	0.1151%
BLUE RIDGE LUMBER/GRAND RENTAL	222012126	0.0641%
BLUE RIDGE LUMBER/HACKETTSTOWN	222012126	0.1599%
BLUE RIDGE LUMBER/KENVIL	222012126	0.2789%
BLUE RIDGE LUMBER/OGDENSBURG	222012126	0.0673%
WALLINGTON MOTOR LINES INC.	22-2015839	0.0099%
WILLIAM VAN DER EEMS, INC	222021144	0.0814%
LYMAN & RYERSON ELECTRIC, INC	222034001	0.0274%
DANGLER FUNERAL HOME	222035795	0.0151%
PASKAS FUNERAL HOME	222040861	0.0007%
W.B. STEWARD & SON	22-2043358	0.0337%
ALL IN THE FAMILY DENTAL CARE	222043406	0.1503%
NEFF & DOWNING MANAGEMENT SERVICES	222048517	0.0168%
DEGREE DAY SYSTEMS INC	22-2050378	0.0774%
PINKEL FUNERAL HOME	22-205-4848	0.0291%
STEVE PATRICK PLBNG INC	22-2055910	0.0004%
HAVEN ENGINEERING INC	222056878	0.0393%
PAMIC INDUSTRIES INC	222059445	0.0416%
BRANCH SERVICE CENTER	222062983	0.0174%
MARZAKS INC.	222066615	0.0238%
ORAL & MAXILLOFACIAL SURGERY OF CENTRAL NEW JERSEY	222068578	0.0837%
SEYMOUR KOSLOWSKY DDS PA	222083322	0.0132%
J & Z AUTO REPAIRS, INC	222084329	0.0209%
O'GORMAN MOTORS INC	222091307	0.0651%
D. C. EXPRESS, INC	22-210-7031	0.0698%
ASAH	222127488	0.0984%
WOODHAVEN LUMBER & MILLWORK, INC	222134614	3.5951%
BERMINGHAM FUNERAL HOME	222136132	0.0091%
MATERA'S NURSERY	222137772	0.0334%

GOFFLE BROOK FARM & GARDEN CENTER INC	222150745	0.0748%
DEE'S KITCHEN KING INC	222151341	0.0319%
THE DENTISTS OF WOODBRIDGE	222156002	0.0551%
CROSSROADS PLUMBING	222156960	0.0000%
DR ANTHONY R SCARPELLO, P.A.	222167849	0.0185%
VILLAGE LANDSCAPE CO.INC T/A GARDEN DESIGN	222171957	0.0018%
TOTAL ENERGY SERVICE, INC.	222172879	0.0311%
JULIUS E HOLLAND-MORITZ CO	222183976	0.0272%
CONCORDE INDUSTRIAL SUPPLY CO, INC.	222185027	0.0264%
SPRING MILLS VETERINARY HOSP	22-2194370	0.0197%
WUNDER ELECTRIC	222194585	0.0008%
MAHWAH SUNOCO	222195795	0.0083%
GLORIA ZASTKO REALTY, INC	222196840	0.0245%
LANDSCAPING BY D&G INC	222197498	0.0005%
ECONO PLUMBING & HEATING INC	22-2197848	0.0112%
STERLING VETERINARY ASSOCIATES	222206822	0.0297%
APACHE AUTO WRECKERS	222210635	0.0065%
APACHE AUTO WRECKERS	222210635	0.0062%
EARLE FUNERAL HOME	222215684	0.0328%
SPECIALTY ORTHOPAEDICS OF NJ, PA.	222218193	0.0032%
SKYLINE SERVICE CENTER	222225863	0.0585%
C&D COOLING & HEATING CO	222229426	0.0736%
EVESHAM VETERINARY CLINIC	22-2230206	0.3299%
CONCORD PLUMBING & HEATING, INC	222234168	0.0087%
BYRON'S PLUMBING & HEATING, INC	22-2236534	0.0810%
BRINKER ENTERPRISES, INC	222254499	0.0884%
LUDLOW HEATING & COOLING	22-2256602	0.3180%
LARRY GERBER, INC.	222258317	0.0296%
MTI INC	222259777	0.5194%
AMERTECH, INC.	222259885	0.0961%
PAUL SOVA DVM T/A BLUE CROSS DOG & CAT HOSP	22-2266601	0.0567%
HMS PAINT PRODUCTS	222270413	0.0249%
FUCILLO & WARREN FUNERAL HOME	22-2271486	0.0339%
PETROLEUM ENERGY PEOPLE,INC.	222279141	0.0243%
H A FERNOT CO INC	222282264	0.1837%
A-C LANDSCAPE, INC.	222293540	0.0016%
ENERGY KINETICS, INC.	222295271	0.4490%
J & C IRRIGATION	222296773	0.0490%
PHILIP FREZZO/TA ANIMAL CLINIC BAYONNE	222305390	0.1233%
INTER CITY TIRE & AUTO CENTER, INC	222309121	0.1054%
HEATHER BROSNAN DMD & MARGARET L CLARK DDS	222313355	0.0373%
WINKS QUALIFIED TRUCKING INC,GO ORGANIC LAWN	222323914	0.0693%
TLC AUTO SERVICE INC.	222324182	0.0131%
DON LONGO, INC	222324388	0.0260%
EVERGREEN FUNERAL HOME	22-2325741	0.0119%
STELRON COMPONENTS	222327392	0.2824%
REGISTRATION ELECTRIC SUPPLY CO., INC.	222331155	0.1554%
ENGINEERED HYDRAULICS INC	222331208	0.0059%
AL'S PLUMBING & HEATING, INC	222332074	0.0461%
FRANK DERISO & SONS, INC	222337562	0.1003%
DENSONS AUTO REPAIR	222340867	0.0755%
MV ENGINEERING, LLC.	222342801	0.0237%
WILLIAMSTOWN PEDIATRIC PRACTICE, PA	222357240	0.0126%
CENTRAL JERSEY PERIODONTICS & IMPLANTS	222358386	0.0400%
SPACCAVENTO AUTO SERVICE	222363801	0.0192%
T & J SERVICE CENTER	222370178	0.0238%
STECKEL'S INC.	222377242	0.0661%
COSIMO CARNEVALE, INC.	222377541	0.0324%
EMERSON ANIMAL HOSPITAL	222379255	0.0581%
SOMERSET HILLS VET SERVICE	222381430	0.0537%
WAYNE ANIMAL HOSPITAL	222386026	0.0042%

DEL VECCHIO PROVISIONS INC	222386670	0.0000%
MELVIN M. MAY ASSOCIATES INC	222389977	0.0209%
SYSTEM ONE ALARM SERVICES, INC	222392434	0.0351%
LINDEN WAREHOUSE & DISTRIBUTION-LWD	222393269	0.0056%
PETE'S AUTO SALES	22-2395402	0.0126%
ENGELWOOD CLIFFS EXXON	222397998	0.0243%
MICHAEL QUIGLEY PLBNG & HTG, INC.	222400075	0.0174%
RESTA'S MOBIL	222401773	0.0003%
KOCH-ALGER & ASSOCIATES	222408553	0.0379%
HIGGINS MEMORIAL HOME, INC	22-2411010	0.0819%
HEINE PLUMBING & WATER TREATMENT INC.	222411273	0.0162%
MEGRIC CORP	222411929	0.1418%
RICHARD PERELLO DDS	222413121	0.0187%
RICCIARDI FAMILY DENTISTRY	222414878	0.0073%
COSTELLO-KOYEN FUNERAL HOMES INC	222415268	0.0528%
BARRY A KAPLAN DMD	222417567	0.0183%
PRUDENT CORPORATION	22-242-0277	0.0579%
DAVID M. PRESS DMD PA	222426239	0.0222%
KREHEL AUTOMOTIVE REPAIR, INC	222428145	0.0509%
SUMMIT SYSTEMS INC	22-2428606	0.1538%
SCOTT D GALKIN DMD PA	222428857	0.0778%
DIXON BROS INC C/O JENNIFER PIERSON	222430859	0.4999%
MIDDLETOWN SPRINKLER COMPANY	222442073	0.0269%
R.PRESS INC T/A RIDGEWOOD PRESS	222445226	0.0533%
MARESCA LBR & BLDG MATERIALS	22-2452085	0.0846%
BARRY KAPLAN ASSOC T/A AIM CAPITAL	222457816	0.0212%
SHAPIRO & SHAPIRO CPAS	222468659	0.0342%
BLUE MIST LANDSCAPE IRRIGATION	22-247-8063	0.0239%
PEQUANNOCK AUTOMOTIVE	222489379	0.0373%
GEORGE E CONLEY ELECTRICAL CONTR.	222491738	0.0005%
HOMESTEAD LAWN SPRINKLER CO INC	222496225	0.0650%
T/A SPRING HOUSE IRRIGATION/TADCOR INC	222499604	0.0462%
BETTER AUTO CARE, INC.	222503921	0.0230%
VAN EMBURGH-SNEIDER FUNERAL HOME	222504703	0.0646%
STAR SPRINKLER SYSTEMS INC	222507709	0.0612%
MONTAGE ENTERPRISES INCORPORATED	222521362	0.0688%
TAYLOR RENTAL CENTER	222522052	0.1917%
PATTI & MIKATARIAN FUNERAL HOME	22-252-8300	0.0647%
GABRIEL'S LANDSCAPE DESIGN	222530806	0.0003%
LESTER MEMORIAL HOME	222540312	0.0070%
DEMARCO BROTHERS INC	22-2542212	0.2375%
KROBATSCH PLBNG & HTG CO, INC	222542300	0.0105%
WALTERS MANAGEMENT CO.,INC.	222544115	0.6023%
AUTO SUMSER INC.	222546385	0.0119%
LIBERTY CORNER EXXON	22-255-8404	0.0185%
HARBOR HILLS INC.	222558453	0.0093%
CMM CONSTRUCTION, INC	222565433	0.1311%
J & G SERVICE CENTER	22-2566326	0.0454%
BELASCO P&H, INC	222580664	0.0474%
WASHINGTON ANIMAL HOSP	222583675	0.0530%
GREEN MEADOWS LANDSCAPING INC	222586604	0.0242%
RUFFCUT PLUMBING	222588450	0.0596%
DAVE'S FRIENDLY SERVICE	222589273	0.0081%
THE MADONNA MULTINATIONAL HOME FOR FUNERALS	22-259-5478	0.0004%
SPIRITS CAFE INC	222601356	0.0178%
B.F. PLUMBING, INC	222616566	0.1880%
EVER-READY OIL CO. INC	222626858	0.3275%
REGENCY JEWELERS	222644075	0.0280%
NJ LANDSCAPE CONTRACTORS ASSOC	222644678	0.0163%
CANCER HOPE NETWORK	222647316	0.0039%
POLK BURNETT CO. INC DBA MCPEEKS TIRE & SERVICE	222648193	0.0214%

AIM OIL COMPANY, INC.	222650740	0.0287%
RIVERDALE POWER MOWER INC	222655930	0.0728%
NY-NJ TRAILER SUPPLY INC	222658200	0.0362%
C&M REFRIGERATION AC CORP	222661537	0.0445%
NORTH BRANCH CORP	222668792	0.0004%
LEONARD S MILLER, P.A.	22-2672564	0.0099%
HEALTHCARE CONSULTANTS	222675412	0.3772%
ALPHA OMEGA SOLUTIONS, INC	222678048	0.0785%
ROSS BROS INC	222683188	0.0193%
WHITEHOUSE VETERINARY HOSPITAL	22-2684112	0.1185%
PIM CORPORATION	222702021	0.1792%
CAMPUS S/C T/A CHATHAM EXXON	22-2702263	0.0176%
DTR AUTOMOTIVE CENTER	222703676	0.0020%
ROSS P KARLIN, DMD	222704935	0.0097%
ROBERTSON DOUGLAS GROUP INC	222705302	0.0461%
CENTRAL JERSEY IRRIGATION INC	222706074	0.0363%
GILLETTE SUNOCO	22-270-7191	0.0409%
LIBERTY BELL TRANSPORTATION CO. INC	222717297	0.0049%
SAL JACOBS PLUMBING, INC	22-2725123	0.0121%
FOWLER'S GULF	222725155	0.0412%
GREG & SONS AUTO SERV.	22-2725515	0.0409%
GRAY FOX ANIMAL HOSP	22-2732226	0.0720%
KEVIN L PARKS DC	222734492	0.0003%
PRO COUNT, INC.	222751440	0.0262%
MAXINE FEINBERG, DDS	222752948	0.0112%
EXCEL AIR INC.	222756606	0.0386%
CHARLES H BLOOM, DMD	222758483	0.0164%
HAMMONTON MOLD CO INC	222760728	0.0544%
LB REALTY/MSLCO	222765795	0.0346%
BOULEVARD VETERINARY CLINIC	22-2770666	0.1209%
RA MYER CORP DBA/RIDGEWOOD MOVING SERV	222773287	0.0451%
NORTHWEST OPTOMETRY GROUP, PA	222780791	0.0861%
LAWRENCE B SACHS ATTORNEY AT LAW	222781585	0.0148%
RIDGEHURST AUTO PARTS	222783477	0.1155%
INTEK AUTO LEASING INC	222784092	0.0560%
CDMA, INC	222793657	0.0200%
FASOLO ELECTRIC, LLC	222794080	0.0332%
EQUIPMENT BROKERS INC	222794382	0.0217%
FERRARA LANDSCAPE & DESIGN	222800829	0.0407%
ADVANCED ROOFING & SHEET METAL CO INC	222807600	0.0884%
MUCCIA PLUMBING & HEATING	22-2810580	0.0364%
ZLH ENTERPRISES	222814568	0.0122%
HISTORIC MORVEN INC	222817982	0.0495%
K M AUTOMOVIVE INC T/A ROCKAWAY SERVICE	222824096	0.0181%
JAICHELE COMPUTERS, INC	22-2825547	0.0010%
STATEWIDE MECHANICAL CO., INC	222825931	0.0460%
CROSS COUNTY TITLE AGENCY, INC.	222839099	0.0133%
JAMES J ECKERT, DDS	222841671	0.0417%
LEBER RIVERA FUNERAL HOME INC	222845008	0.1510%
T&R PIZZA, INC DBA DOMINICKS PIZZA	222850115	0.0143%
JOHN BURTON PLUMBING & HEATING	222852406	0.0456%
ANTHONY SAPIENZA DMD	222860420	0.0281%
HEWITT HOME HEATING, INC	222861469	0.0138%
P&G LIGHTING & SIGN SERVICE, INC	222862755	0.0598%
LAWNS BY YORKSHIRE, INC	222863729	0.0385%
NAIOP NEW JERSEY CHAPTER INC	222864482	0.0908%
GARDEN STATE MICRO INC	222866183	0.0121%
SHEEHAN VETERINARY CENTRE	222866773	0.0849%
RAIMONDI HORTICULTURAL GROUP INC	222871868	0.0141%
MAC PEPE MECHANICAL, INC	222872754	0.0075%
PAUL COMMARATO PLUMBING & HEATING	222873035	0.0479%

GUTLEBER CONSTRUCTION INC.	222877107	0.0287%
AIELLO HARRIS ABATE LAW GROUP,PC	222878549	0.0786%
HIGH COUNTRY SPORTS INC	222888266	0.0629%
NJ FUNERAL DIRECTORS SERVICES, INC	222889933	0.3859%
MARIN MANAGEMENT CO	222890217	0.2792%
PERRY J CICCHINI D.C.P.A.	222891811	0.0150%
WYDOWN MANAGEMENT CORP	222891973	0.0294%
MORRIS REHABILITATION AND PHYSICAL THERAPY	222892495	0.0397%
SETH WALLERSTEIN, DMD	222893295	0.0362%
MICROGEN, INC.	222893534	0.0158%
MICHAEL RICCIARDONE, JR D.C.	222896646	0.0065%
MONOGRAM BUILDING & DESIGN CORP	222898989	0.0337%
ADARR INC T/A ROTO-ROOTER	222902105	0.0992%
NEW JERSEY WAREHOUSEMEN & MOVERS ASSOCIATION	222903787	0.0001%
EDEN VENTURES INC.	222913117	0.0061%
ELECON SVCS INC T/A ESPOSITOS ELECTRIC	222927241	0.5006%
LANOKA OAKS VETERINARY CTR	22-2928023	0.0905%
CAROL A BRUNING DMD	222933568	0.0043%
D & L AUTOMOTIVE	222937904	0.0211%
ROBBINSVILLE VET CLINIC	222-939-365	0.0178%
JOSEPH R HETMAN, INC	222943581	0.0100%
GPH BOILER & MECHANICAL SVCS, INC.	222945678	0.1473%
THE GUNDRUM SERVICE HOME FOR FUNERALS	222947864	0.0070%
A & S AUTO REPAIR	222961950	0.0003%
WAYNE WHOLESALE FERTILIZER CO	222975380	0.0241%
LANDSCAPEWORKS INC	222979591	0.0345%
D&J PLBG. & HTG.	22-2981618	0.0005%
A SPEEDY SEWER & DRAIN SVC COMPANY	222984889	0.0991%
RAINFLOW SPRINKLER SYSTEMS, INC	222987153	0.0363%
MANGIRO CONTRACTING CO INC	222988810	0.0175%
BOB'S EXPRESS & TRUCKING	22-2992046	0.0496%
JOHN PETERS PROFESSIONAL LIMOUSINES	223006280	0.0296%
JOSEPH RADA DDS	223006354	0.0205%
BIAGIOS FLORIST DBA VINCENT VIGNUOLO	223015812	0.0087%
ADVANCED CHIROPRACTIC ASSOCIATION	223016295	0.0481%
HOWARD KESSLER DC	223020484	0.0257%
A-VAN ELECTRICAL SUPPLY, INC.	223024053	0.0272%
BENHAMS SERVICE & GARAGE INC.	223025188	0.0694%
C J PLUMBING & HEATING INC	223029004	0.0500%
VINCENT F. CARUSO, DDS	223030621	0.0101%
TOSONE ELECTRIC, INC	223034006	0.0572%
KEVIN J CORRY DDS	223040425	0.0346%
ROBERT NASH DDS	223041758	0.0123%
SLYBAR SERVICES	223046221	0.0168%
WEST ESSEX SUNOCO,INC.	223048995	0.0162%
F/V WILLIAM & LAUREN, INC	223049920	0.0196%
PETRO SERVICE INC	22-3050022	0.1021%
MACIAG ELECTRIC, LLC	223052488	0.0180%
MARVINS AUTO CARE INC.	223056393	0.0655%
ROBEK CORP	223059783	0.0004%
DENTAL SEARCH INC	223060570	0.0455%
HOLIDAY SERVICE CTR, INC.	223062717	0.0192%
MILLSTONE GETTY	223064400	0.0003%
GOLDSTEIN FUNERAL CHAPEL INC	223065471	0.0218%
E & A FRIENDLY SERVICE	223065783	0.0531%
CONNOLLY & CO, CPAS	223066238	0.0354%
NEW JERSEY WATER ASSOCIATION	223067737	0.0908%
LAWRENCE J TOOHERS DMD	223069086	0.0416%
JACK DOLAN & SONS	22-3071483	0.3965%
SCIENTIFIC SALES, INC	223072695	0.0195%
M&M PLUMBING & HEATING	223073303	0.0053%

S.L.F INC. t/a CONSUMERS OIL	22-3075566	0.0842%
HARRY BARR PLUMBING, INC	223076592	0.0170%
BASKING RIDGE ANIMAL HOSPITAL	223077338	0.1066%
KEHAL PETROLEUM	223079269	0.0108%
DWORZANSKI & SON FUNERAL HOME	223080010	0.0136%
SILVER DENTAL ASSOCIATES, LLC	223080939	0.0209%
THE CENTER FOR INTEGRATIVE DENTISTRY	223081774	0.0314%
PORTER MARTIN SALMAN P.A.	223082656	0.0314%
JERALD BLUM DMD	223093657	0.0386%
DIVE IN POOLS REPAIRS, INC.	223094043	0.0094%
BELMONT CONSTRUCTION CORPORATION	223096792	0.0193%
AQUA PRO, INC.	223097038	0.0690%
TWIN BORO LUMBER & SUPPLY	223099972	0.0204%
GREGORY S. LISS D.D.S	223107553	0.0347%
INTELLIGEN, INC.	223107809	0.0639%
JOE THE PLUMBER, INC	223108083	0.0329%
KNEBLES AUTO SVC CTR INC.	223108123	0.0377%
H&S ENTERPRISES INC	22-312-3569	0.4254%
THEODORE P FAILLA, JR CPA	223123816	0.0108%
DAVID O KAHN DMD PA	223127237	0.0181%
OUTDOOR SPACE MGMT & DESIGN	223127321	0.0406%
PREFERRED MANAGEMENT, INC.	223127858	0.0007%
LAS ROSAS BANNWORTH FUNERAL HOME CORP	223128625	0.0299%
MARTIN BONTEMPO MATAcera BARTLETT INC.	223128852	0.1755%
JEFF BORST ELECTRICAL CONTRACTORS, LLC	223130951	0.0659%
ORTHO HAND & UPPER EXTREMITY CTR dba LANDMARK MED	223134827	0.0162%
CAMPBELL FUNERAL CHAPEL, INC.	223136851	0.0204%
WAYNE A ARMENTI DMD PA	223137192	0.0263%
MT LAUREL HOME FOR FUNERALS INC.	223138949	0.1203%
T K TRANSPORT INC.	22-3139473	0.2081%
TIMOTHY PETERS PLB & HTG	22-3145636	0.0243%
MIDDLETOWN MOBIL	223146168	0.2240%
GENERATION III, INC	223149764	0.0281%
SAUNDERS ELECTRIC, INC	223150154	0.0320%
ROBERT J INCOLLINGO ESQ	223150679	0.0003%
ALAMPI & ASSOC MGT. CORP.	22-3152878	0.0019%
TED M. ROSNER DMD, PA	223160368	0.0097%
HYDRO TEK LTD	223161013	0.0167%
JUDKINS COLONIAL HOME, INC.	223161053	0.0061%
THOMAS A. FOSTER DMD	223164255	0.0614%
RARITAN ROAD EXXON	22-3167294	0.0475%
ALL SYSTEMS SPRINKLER	223168016	0.0138%
LIFE'S WORK ASSOCIATES,LLC.	223180556	0.0223%
LIFESAVERS INC	223180556	0.0435%
ASSURED WATERPROOFING DBA EDWARD PASZOWSKI	223182401	0.0279%
TIM SCHAEFFER DEVELOPMENT CORP	223183270	0.0320%
MARSDEN & SONS ELECTRIC	223187595	0.1481%
VIRIDIAN INC	223191955	0.0338%
EASTERN ARMORED SERVICES, INC.	223193394	0.1221%
MADISON AVE GULF	223197054	0.1297%
CHIROPRACTIC FAMILY & SPORTS INJURY CENTER	223198122	0.0002%
ISRAEL ENGLARD DDS	223203584	0.0242%
TINDALL & RANSON, INC	223204157	0.0944%
GAIL GERARD CHILDERS DMD PA	223205603	0.0320%
ASSOCIATION ASSOCIATES	22-3206269	0.1283%
PAURAVI RAVAL DPMMS	223208867	0.0131%
KERRIGAN ELECTRIC, INC	223210371	0.0466%
CALLAN&MOELLER CONSTRUCTION,INC.	223211434	0.0705%
COVIELLO ELECTRIC SERVICE, INC	223224481	0.0654%
NOV-ELL SALES CORP	22-3228308	0.0910%
BLOOMINGDALE ANIMAL HOSPITAL	22-3229218	0.0580%

ANYTHING FLORAL INC	223231148	0.0177%
SIRIKE T. AASMAA, D.O, P.A	223232016	0.0272%
IORIO CONSTRUCTION CO	223232584	0.0415%
WEST JERSEY ENT.DBA HAYDEN'S AUTO & REPAIR	223232868	0.0282%
JOHN GARFIELD OD	223239900	0.0240%
MATTHEW N MCCARTHY PLBNG & HTG	223241260	0.0077%
T & D AUTO REPAIRS	22-3241640	0.0007%
DREYER'S LUMBER & HARDWARE, INC	223243151	0.3245%
TAMASIS AUTOMOTIVE	223243165	0.0177%
JAMES A CASELLA CPA	223246736	0.0249%
ILIFF-RUGGIERO FUNERAL HOME, INC	22-3248243	0.0655%
SIMON HOLDINGS, INC.	223249774	0.0290%
KINNELON VETERINARY HOSPITAL	223252002	0.0469%
GREGORY M SCHLETTER DMD	223255005	0.0212%
PETRONACI POOLS, INC	223255767	0.0288%
V.I.P. ANIMAL HOSPITAL	22-3262517	0.0335%
SNOOZZY CORPORATION	223264308	0.0345%
EDEN MONUMENTS, INC	223265217	0.0477%
LOUIS J MADDALENA	223268916	0.0184%
D.N. ROERIG, INC	223268962	0.0298%
C FRIEMAN CONSTRUCTION,INC.	223268999	0.0206%
D BURGO PLUMBING & HEATING, INC	223272384	0.0444%
NU-TEL COMMUNICATIONS OF NJ	223272615	0.0582%
HADDON ORTHODONTICS PC	223272790	0.0139%
HORIZON MEDICAL SPECIALTIES CORP.	223274070	0.0105%
GREENWOOD LAKE ANIMAL HOSPITAL LLC	22-3277198	0.0380%
CALIFON ANIMAL HOSPITAL	223279542	0.0866%
MC BRIDE FOLEY FUNERAL HOME	22-3286415	0.0272%
PATRICK MURPHY DBA IRISH LANDSCAPE DESIGN	223292097	0.0243%
KELLER DEVELOPMENT T/A AWARD SELF STORAGE	223294219	0.0506%
PAR CORPORATION,INC.	223296012	0.0511%
200 ANDERSON AVE CORP	223297569	0.0516%
RS DEVELOPMENT CORP.	223301492	0.0205%
MILLSTONE ANIMAL HOSPITAL, PA	223301732	0.0095%
M.C. CONTROLS, INC	223302620	0.0214%
GARDEN STATE VET SPECIALISTS	223304794	1.2711%
JOE SMOLARSKI & SON P&H, LLC	223306962	0.0136%
LEROY P. WOOSTER FUNERAL HOME LLC	223307306	0.1331%
MATTHEW M EICHEN DMD PA	223307544	0.0342%
JAMES BILLS & SON INC.	223311788	0.0215%
LASH ELECTRIC CO.	223314561	0.0106%
PAUL'S SERVICE	223316429	0.0159%
LINDA JAYE MOLEE DMD PC	223317540	0.0179%
KETUSKY FUNERAL HOME, INC.	223317671	0.0178%
ARACELI E ZIEMBA DMD LLC	223317717	0.0210%
METRO TAG & LABEL INC.	223318144	0.0197%
PETER F GAHM PLUMBING & HTG	223318210	0.0008%
DOMANSKI PLUMBING,HTG & CLG INC	223319098	0.0322%
WAYNE W. HOWELL, CPA	223321643	0.0261%
VMB PLUMBING & HEATING	223322148	0.0237%
FIORINO RISTORANTE	223327600	0.0588%
FIORINO RISTORANTE	223327600	0.0429%
MODERN TREND KITCHEN & BATH	223329308	0.0467%
PTI CONSULTANTS, INC.	223333058	0.0295%
TECHNICAL FIRE SERVICES, INC	223337502	0.0209%
NISCHWITZ, ASHBROOK ENERGIES, INC	223338975	0.0426%
DAVID CHODES, DDS, PC	223339240	0.0003%
CLAY TARGET SPORTS, INC	223340326	0.0211%
BROOKSIDE FRIENDLY SERVICE,INC.	223341402	0.0266%
FINE DENTAL CARE	223342014	0.0059%
BECKERMAN & BECKERMAN	223343070	0.0220%

GREEN EARTH LANDSCAPING & DESIGN, INC	223343352	0.0021%
OLIVERIE FUNERAL HOME	223345151	0.1583%
W & L ASSOCIATES LLC	223346780	0.0614%
WILLIAM PROCIDA INC	223346839	0.0416%
CARNESALE FUNERAL HOME	22-3347471	0.0715%
ARNOLDS PLUMBING & HEATING INC	223348820	0.0082%
CONCORD MUSICAL SUPPLIES	223352943	0.0148%
JERRY FRIEDMAN PC	223356237	0.0134%
POWER SOLUTIONS ELECTRICAL CONTRACTORS, INC	223359289	0.0243%
HEALTH FIRST PHARMACEUTICAL INC.	223359364	0.0248%
FLYING T INC T/A NJ TRUCK STOP	22-3365625	0.0434%
JANICE GATTO, ESQ	223370935	0.0213%
GRAYSTON INC	223372957	0.0745%
HECHT TRAILERS LLC	223374187	0.2207%
EAGLE ROCK EXXON	223374534	0.0583%
BREAKING NEWS NETWORK, INC	223376436	0.0408%
AIELLO,HARRIS PC	223378247	0.0228%
STEVE'S MARKET INC.	223378544	0.0358%
GANIC INC	223378943	0.0311%
DRESNER REALTY INVESTMENTS, INC.	223382148	0.0347%
GORGE POINT PLMBNG & HTG, INC	223383571	0.0002%
KIRTI TOLIA DDS PA	223387278	0.0055%
WATSON MORTUARY SERVICE, INC.	223387940	0.0622%
WHITE GLOVE MOVING & STORAGE	223389652	0.0581%
STEVE'S AUTO & TRUCK INC.	223390653	0.0143%
BEREZNY CHIROPRACTIC	223393234	0.0052%
MAINARDI MANAGEMENT CO	223395779	0.0330%
VINTONY MECHANICAL INC	223395800	0.0368%
ALPHAHIRE.COM DBA REALTIME SOFTWARE	223400484	0.0249%
TONY CAMPANA PLUMBING, INC	223402149	0.0272%
GREG TANZER SPRINKLERS	223403653	0.0785%
TRIAD SCIENTIFIC, INC.	223404706	0.0397%
SADDLE BROOK HOME CONSTRUCTION, INC	223405052	0.0068%
ARON REALTY LLC	223406719	0.0188%
NORTH JERSEY ORTHODONTICS	223408848	0.0212%
SOFTPRO INC	223410544	0.0009%
DADEKIAN COMMERCIAL REALTY INC	223412191	0.0444%
BURKE BUILT CONSTRUCTION,INC	223413854	0.0263%
DAVID P YOUNG DMD PA	223413900	0.0010%
BRANCBURG ANIMAL HOSP, PC	22-3414185	0.0103%
AJM,INC T/A ALL JERSEY MOVERS	22-341-4782	0.0119%
BARRY N. ARGIRO CPA	223415415	0.0265%
FORREST ELECTRIC, LLC	223416481	0.0297%
LAYTON'S HOME FOR FUNERALS	223417502	0.0790%
CORAGGIO BROTHERS, INC	22-3418109	0.0713%
MARIA GESUALDI ATTORNEY AT LAW	223419754	0.0197%
K&K ACCOUNTING SYSTEMS, INC.	223419878	0.0092%
GOLDEN CARRIERS	223424027	0.0682%
ATLANTIC FIVE REALTY INC	223425029	0.0209%
RAD CONSTRUCTION CONSULTANTS	223425041	0.0207%
LOCUST GROVE INC	223426686	0.0284%
EMPIRE FINANCIAL FUNDING, INC	223429087	0.0295%
ROBERT VAN RIPER INSURANCE AGENCY INC	223430931	0.0187%
LAW OFFICES OF FRANCIS J BRENNAN III	223430972	0.0607%
JAMES E HARK LANDSCAPING & DESIGN	223432187	0.0520%
AJW INC T/A WAYNE SHELL	223432754	0.0276%
TORBILT CONSTRUCTION	223434384	0.0285%
BROOKS CONTRACTING, INC.	223434770	0.0227%
CAMBERLY GARDENS	223436493	0.0496%
BIG A SERVICE CENTER INC.	223440465	0.0241%
BARRY D CHRISTEN P&H & WATERPUMPS	22-3441426	0.0142%

SEACOAST FAMILY CHIROPRACTIC P.C.	223441614	0.0444%
METRO MANAGEMENT PROPERTIES	22-3441819	0.0001%
AMERICAN LAWN SPRINKLER CO	22-3441948	0.0643%
T PALMER PLUMBING & HEATING	22-3443792	0.0297%
ATCO FAMILY DENTISTRY PA	223445190	0.0829%
ALL AMERICAN TURF INC	223448910	0.0204%
BYRAM ANIMAL HOSPITAL	223450601	0.0568%
DYKHOUSE CONSTRUCTION COMPANY INC	223450987	0.0325%
TOP TECH INC DBA PC WAREHOUSE	223452196	0.0261%
PRIDDY LEARNING ACADEMY INC	223452241	0.0202%
JOHN E. HERMANN FUNERAL SERVICE	223452263	0.0003%
DSJ BRANCHBURG PROPERTIES	223457594	0.0640%
CUDA METRO SALES	223459875	0.0032%
RANDOLPH DENTAL CARE	223460576	0.0183%
FALLONE PROPERTIES LLC	223462708	0.0544%
SCORDILIS FAMILY CHIROPRACTIC,PA	223463331	0.0445%
DOMINION FINANCIAL GROUP	223463451	0.0142%
AMERICON INC.	223464229	0.0264%
DCR LANDSCAPING & CONSTRUCTION INC	223464443	0.0951%
SCOVILLE GROUP	223466323	0.0216%
JP EQUIPMENT SERVICE & CO. LLC	223466883	0.2105%
JOHN BLOCK AND SON	223467915	0.0166%
SHORE POINT FUNERAL HOME	223471874	0.0410%
HOWARD B BOBROW DMD	223471996	0.0169%
VETERINARY CARE CENTER	223473354	0.0211%
COMMUNICATION COMPONENTS, INC	223473821	0.7755%
PROACTIVE HEALTHCARE COMMUNICATIONS INC.	223474053	0.0733%
M MILLER P&H DBA M MILLER PLBNG, HTG & DRAIN CLEANING	223475939	0.0437%
LAKEWOOD EXXON	223476403	0.0430%
MARIA MELANIA A. LIM, DDS	223476706	0.0261%
KENNETH ARIDA DDS PC	223477468	0.0107%
BOCK AUTOMOTIVE INC.	223478607	0.0397%
DUMONT ANIMAL HOSPITAL	22-3478835	0.0272%
NEW IMAGE DENTAL	223480122	0.0328%
SELLARI CHIROPRACTIC CENTER	223480163	0.0201%
HYDRACORE, INC.	223481123	0.0583%
ROBERT SILVERSTEIN DMD MS PA	223483597	0.0145%
BRAND PROPERTY MGMT INC	223483772	0.0687%
GAITA MEMORIAL HOME	223483905	0.0002%
HP INDUSTRIES	223484098	0.0155%
MIGLIACCIO FAMILY LTD PARTNERSHIP	223484958	0.0175%
D VILLANE CONSTRUCTION LLC	223485826	0.0582%
MICHAEL M FEA INC	223488801	0.0221%
STATEWIDE CONSTRUCTION CO INC	223491144	0.0469%
MICKEY REALTY, INC	223492022	0.0174%
PEDERSEN OIL COMPANY, INC.	223493331	0.0255%
GARDEN STATE IRRIGATION INC	22-3495197	0.0272%
D GORDON CONTROLS, INC.	223495633	0.0967%
ONTASH AND ERMAC,INC.	223495948	0.1561%
KEARNY DENTAL ASSOCIATES PA	223496444	0.0168%
WATERSHED INC	22-349-7117	0.0311%
ANTOINETTE MARIE TAUKE, DDS, LLC	223498193	0.0394%
SANSIMA CONSULTING GROUP, INC	223499202	0.0192%
BEAUMONT LANDSCAPING INC	223499724	0.0007%
JEPHENS TECHNOLOGIES INC.	223500267	0.0320%
WARREN TWP ANIMAL HOSPITAL	22-3503337	0.0198%
TRADING POST REALTY #1 LLC	223503394	0.0353%
FABIANO DESIGN	223504528	0.0898%
JAGER LANDSCAPING INC	223505791	0.0167%
KNOTTS COLONIAL FUNERAL HOME	223507281	0.0003%
BASIC REFRIGERATION & AC	223509638	0.0295%

JOSEPH F DELPRETE DMD PC	223514183	0.0216%
AGIS TRADING LLC	223515462	0.0198%
MORRIS & BERGEN COUNTY IRRIGATION	223-517-680	0.2438%
DION'S PLUMBING & HEATING, LLC	223518044	0.0318%
DRS. ZUNGER AND JAMES LLP	223520131	0.0533%
SEWALL ENTERPRISE T/A RADBURN CAR CARE CTR	223520479	0.0774%
PDQ AUTO SUPPLY OF MANVILLE	223521076	0.0184%
SPANO & SONS LANDSCAPE, INC	223523350	0.0340%
WOLF VETERINARY SERVICE	223525468	0.0922%
FARMACIA LATINA CORP	223526994	0.0307%
T&M MOLDS AND MODELS	223526994	0.0255%
KEVIN HILL P&H	223528640	0.0003%
THE LEHRER-GIBILISCO FUNERAL HOME	223528810	0.0528%
HARRINGTON MOVERS	22-353-1330	0.0210%
AIR PROFESSIONALS LLC	223531730	0.0851%
FELINE HEALTH CENTER	22-3533856	0.0184%
MIA FAMIGLIA INC	223536908	0.0136%
S.E.S. MARKETING, INC.	223537835	0.0136%
LINCOLNS P&H, LLC	223539147	0.0189%
TOWN & COUNTRY VET SERVICES	223539364	0.0485%
COMPLETE DENTAL CARE	223540812	0.0201%
RAINTREE VETERINARY HOSPITAL	22-3540957	0.0065%
CASTLE TECHNOLOGY	223541602	0.0115%
LAW OFFICE OF ROBERT D FARBER	223543852	0.0240%
B & B INDUSTRIES, LLC	223543964	0.0206%
A.C. HESSE CONTRACTORS LLC	22-3546792	0.0314%
FRIENDS OF YOGI, INC	223548871	0.0268%
BYRNE ELECTRICAL CONTRACTING, INC	223550568	0.0206%
LAWRENCE M BODENSTEIN DMD	223552135	0.0263%
PHAMILY MINERALS, LLC.	223554294	0.0213%
DANIEL B AND DIANE L JONAS FEIT DMD	223554766	0.0121%
MULTILINGUAL THERAPY ASSOCIATES, INC.	223555268	0.0615%
RICHARD S SKLAR CPA	223556100	0.0207%
SIERRA CONSTRUCTION GROUP, INC.	223556292	0.0095%
DRAGONETTI P&H, LLC	223556755	0.0318%
ATLANTIC PEDIATRIC DENTISTRY PC	223558846	0.0394%
ULTRA INVESTMENT GROUP, INC.	223559064	0.0327%
COLICCHIO CONSTRUCTION, LLC.	223559158	0.0262%
CAPITAL HARMONY WORKS DBA TRENTON MUSIC	223559611	0.0164%
ALL PETS VET HOSPITAL	22-3559674	0.0652%
NELSON ENGINEERING ASSOCIATES, INC.	223560038	0.1096%
BARNEGAT BAY CAPITAL MANAGEMENT, LLC	223560563	0.0199%
EDWARD J DEVELOPMENT INC	223561803	0.0364%
H&Y PROPERTIES, LLC	223563586	0.2006%
WHITLEY'S AUTO SPECIALISTS	223565007	0.0386%
KINDERGAN LANDSCAPING, INC	223566032	0.0142%
RHINO CHIROPRACTIC P.A DBA TOTAL LIFE CHIROPRACTIC & WELLNES	223568438	0.0301%
NATIONAL LAWN CARE, INC	223569346	0.0118%
DOLPHIN HOMES, LLC.	223570119	0.0301%
WALTER J TENCZA JR	223571694	0.0184%
BELLCAR ELECTRIC INC	223573606	0.0065%
STILES DENTAL CARE, PC	223575841	0.0693%
SPECTRUM DISTRIBUTORS, INC	223577070	0.0207%
MARK C LOSCHIAVO DMD PA	223577538	0.0224%
NEWTON GULF AUTO & TRUCK REPAIR, LLC	223578099	0.0142%
ADVANCED CHIROPRACTIC & WELLNESS CENTER	223578969	0.0326%
DARREN RAFFERTY, INC.	223579772	0.0382%
RUJACK INC T/A CLASSIC CLEANERS	223580848	0.0268%
K B ELECTRICAL SERVICE CO, INC	223581257	0.0282%
ALL CREATURES VET CARE	22-3581921	0.0138%
MERIDIAN PLUMBING & HEATING, LLC	223584083	0.0311%

P&P LANDSCAPING INC.	223585105	0.0378%
YEOU-LIN CHUANG DDS PC	223586375	0.0249%
HORN ELECTRICAL CONTRACTING, INC	223586985	0.0107%
SANDPIPER SALES, LLC	223588652	0.0194%
CORNERSTONE ARCHITECTURAL GROUP	22-3589085	0.0065%
RJN RESIDENTIAL INC	223589233	0.0239%
M&S GROUP LLC	223591194	0.0182%
BOYLE LOGISTICS INC	223593234	0.0095%
BOB TERRY DRYWALL, INC.	223593328	0.0103%
COHEN ORTHODONTICS, PA	223594462	0.0346%
CILLO CHIROPRACTIC, LLC	223594582	0.0097%
ROYSON FAMILY CHIROPRACTIC CENTER	223596741	0.0118%
MARC J WEINBERGER DMD PA	223598904	0.0216%
LIFE ENHANCEMENT FAMILY CHIROPRACTIC	223601922	0.0227%
MARTINO & FISHER, LLC	223603260	0.0207%
THANEXUS,INC.	223604702	5.1755%
J.T. MUGS, INC.	223606271	0.0172%
BRUCE C VANARSDALE FUNERAL HOME	223607374	0.0109%
NAT GRECO HOMES INC.	223607589	0.0310%
BUDD LAKE THREE INVESTORS, INC	223610679	0.0182%
TEBO ASSOC dba/NORTH ARLINGTON ARMS	22-3613672	0.1169%
RALPH ANTHONY AUTOMOTIVE	223615713	0.0309%
ALVAREZ FUNERAL HOME	223617100	0.0766%
BOB & PAUL II	223617837	0.0029%
CEDAR BRIDGE TIGER MART, INC	223618241	0.0016%
SHORE REAL ESTATE ACADEMY	223620185	0.0017%
RADIN CONSULTING INC	223620710	0.4866%
FLOORWORKS,INC.	223622175	0.0105%
METRO SCHOOL PLAN, INC	223622357	0.0017%
FABRI TRAK SYSTEMS, INC	223623904	0.0548%
GEORGE J LIKAKIS LLC	223626265	0.0099%
JOHN MORGAN THOMAS LANDSCAPE ARCHITECTS, PC	223630257	0.0049%
ENGLEWOOD CLIFFS VETERINARY,PA	223638384	0.0372%
MCCABE ENVIRONMENTAL SERVICES, LLC	223638400	0.0464%
DENTAL ART	223638417	0.0288%
AR PERIODONTICS PC	223638606	0.0283%
KULINSKI MEMORIALS INC	223640444	0.0394%
COOL EFFECTS, INC	223640829	0.0252%
TA SPRINKLER, INC	223641749	0.0209%
JEFFERSON STREET LLC	223641889	0.0210%
URBAN AUTO SPA LLC	223645176	0.0453%
FRONTIER FINANCIAL PLANNING & CAPITAL MGMNT INC	223645370	0.0250%
ALL STAR ELECTRICAL SERVICE, INC	223646006	0.0482%
RJP PLUMBING & HEATING, LLC	223647271	0.0128%
GAMMA CREATIVE, INC	223655210	0.0187%
D. PANETTA CONTRACTING LLC	223655877	0.0432%
WILSON-APPLE FUNERAL HOME LLC	223656260	0.0002%
CJ NESTI CONSTRUCTION, LLC	223659202	0.0243%
JPR GROUP, LLC	223659332	0.0009%
FIELD OF DREAMS	223659921	0.0149%
SOUTHSIDE GARAGE,INC.	223661260	0.0182%
PRINCETON LEGAL SEARCH GROUP LLC	223665656	0.0295%
KABOD PROPERTIES,LLC DBA CROSSROADS P&H	223670311	0.0361%
LARRY'S ROYAL FLUSH P&H, INC	223671165	0.0296%
FLANAGAN'S P&H, LLC	223671495	0.0212%
BRADFORD CROUCH PLBNG & HTG, LLC	223677526	0.0220%
RUMA FINANCIAL CORP/DBA LION MORTGAGE GROUP	223679876	0.0190%
FAMILY DENTISTRY BY DR MARIA M RINCON-LORENZO DDS LLC	223680968	0.0073%
NETCETRA, LLC	223682418	0.0027%
ROBERT J FERRARI INC	223687302	0.1192%
WALTON MEMORIAL HOME T/A JOHNSON AND WALTON	223687792	0.0238%

ADVANCED PSYCHOLOGICAL SPECIALTIES	223687852	0.0134%
ACCURATE PLUMBING	223688836	0.0181%
ENERGY PLUS LLC	223692778	0.0003%
ATCOM INC	223692971	0.0187%
HOWARD C KOTKIN DDS PC	223694384	0.0448%
R&M BUSINESS SERVICES LTD	223697393	0.0155%
MR. PLUMB, INC	223697569	0.0005%
INGENIOUS SCIENCE LLC	223697908	0.0252%
POTTER ARCHITECTS, LLC.	223697920	0.0644%
BROWN'S FUNERAL HOME, INC	223699209	0.0015%
VANDER PLAAT MEMORIAL HOME LLC	223699956	0.1755%
GENRON INC	223701436	0.0246%
COLLINS CALHOUN FUNERAL HOME	223703614	0.0003%
WILLIAM FAIVUS CPA	223704130	0.0241%
CURTIS W ADAMS DMD PC	223704252	0.0353%
LINWYCK GARDENS LLC	223706246	0.0349%
DOLPHIN EXPRESS, INC.	223708135	0.0070%
ALLERGY & ASTHMA CENTER, PC	223716166	0.0325%
EURO RESTORATION INC	223719194	0.0267%
DAVID SHAPIRO, DMD, PC	223719588	0.0187%
FINESTEIN & MALLOY LLC	223719915	0.0153%
VETERINARY HEART SOUNDS	223722634	0.0060%
ANTHONY & SON PLUMBING & HEATING INC	223729191	0.0209%
JOSEPH M. ARYAN, ESQUIRE, LLC	223735624	0.0592%
SHULMAN WELLNESS CENTER LLC	223737284	0.0313%
JERSEY JOB GUIDE	223738396	0.0377%
MIDDLE RIDGE INC	223743101	0.0549%
FRANK SCARTOZZI DDS	223745506	0.0534%
MASKAL ELECTRIC, INC	223746181	0.0171%
SPECTRUM POLY INC	223747771	0.0082%
GEORGE FRIENDLY SERVICE	223754661	0.0515%
AFFORDABLE QUALITY CLEANING LLC	223761567	0.0212%
M. DAVID DEMARCO FUNERAL HOME INC	223761910	0.0196%
DERMATOLOGY CENTER OF WASHINGTON TOWNSHIP	223765685	0.0994%
B K MOVERS, LLC	22-377-1606	0.0448%
ENGLEWOOD ENT	223771963	0.0740%
NEW JERSEY FAMILY PSYCHIATRIC GROUP	223772830	0.0340%
MCGOWAN WELL WATER COMPLIANCE,LLC.	223774267	0.0383%
LEIDER LANDSCAPING INC.	223775019	0.0520%
MARKS LAW FIRM PC	223775686	0.0398%
WEST ORANGE JEWELERS INC	223777262	0.0189%
ABERDEEN FUEL, LLC	223777918	0.0491%
CAMP NOFRESH LLC	223778883	0.0211%
STEPHENS LANDSCAPING	223779046	0.0088%
SHEENAN FUNERAL HOME	22-377-9302	0.0018%
ADLER FAMILY DENTAL	223780238	0.0136%
SCOTT GARDNER DC LLC	223781198	0.0174%
SANDRA RIZZO, ESQ	223781606	0.0195%
MONTCLAIR SUPPLY CORP C/O GHP BOILER SUPPLY	223784713	0.0379%
STAY COOL AIR CONDITIONING LLC	223784917	0.0204%
FRANCINE ESRIG & ASSOCIATES	223785793	0.0128%
RITA SOLANKI DDS LLC	223786834	0.0070%
ECJ INVESTMENTS	223788218	0.0198%
LARKIN CHIROPRACTIC	223790927	0.0212%
ROSEN KELLY CONWAY ARCHITECTURE DESIGNS	223791416	0.0532%
MAJORA FUEL, LLC	223793851	0.0241%
TRI STATE BEAUTY SUPPLY DBA SALON PERFORMANCE	223794971	0.0119%
M.D. PLUMBING & HEATING SVCS, LLC	223796749	0.0210%
FOCUSED SALES	223797377	0.0280%
MARK ROKOWSKY & ASSOCIATES	223798042	0.0077%
DIPTI MODI DDS, LLC	223803759	0.0106%

TAM INVESTMENTS LLC	223806709	0.0889%
QUICK INDUSTRIES LLC	223808004	0.0272%
LORI BLEEKER DMD PA	223808739	0.0308%
KLINE BROS LANDSCAPING INC	22-3810551	0.2066%
LUDWIG PLUMBING & HEATING, LLC	223812727	0.0210%
ADVANCED FAMILY DENTAL CARE, LLC	223813195	0.0532%
SOMERSET PEDIATRIC DENTAL	223826414	0.0212%
MATT SULLIVAN PLBNG & HTG, LLC.	223828737	0.0252%
PETICOTE VETERINARY CLINIC LLC	223832894	0.0895%
EYEWEAR UNLIMITED	223841440	0.0574%
MICHAEL D CHERREY CPA CFP	223841888	0.0255%
SUCCESS UNLIMITED II, INC.	223844856	0.0952%
GARGIULO BUILDERS, LLC.	223845774	0.0093%
DIZZINESS AND BALANCE CENTER	223846029	0.0091%
BOUCHER FUNERAL HOME	223850624	0.0058%
GRECZEK PLUMBING & HEATING	22-3882397	0.0372%
SUREPATH CONSTRUCTION SERVICES LLC	223949492	0.0537%
JHK MANAGEMENT	223950006	0.0223%
WRIGHT ONE CONSULTING LLC	223965003	0.0421%
CHIROPRACTIC WELLNESS SOLUTIONS, LLC	223977862	0.0134%
HISTORICAL SOCIETY OF PRINCETON	226074979	0.0268%
AK LEASHING LLC	226179737	0.0124%
BRANDON HOWARD MD PC LLC	226179737	0.0678%
DAY GLOBAL SALES, LLC	226179737	0.0267%
ROCKY MOUNTAIN ADVISORS, LLC	226179737	0.0362%
SEABOARD PROPERTIES, LLC	226237706	0.0438%
ANYTIME APPLIANCE REPAIR SERVICE NJ LLC	226315089	0.0346%
MUSICALLY YOURS	226315089	0.0311%
SPARTA DENTAL DESIGNS	226315089	0.0137%
ASSOCIATION MEMBER TRUST	22-6315089	0.5807%
21ST CENTURY ELECTRIC, INC	232645373	0.0302%
CARDO WINDOWS, INC.	251665690	0.2701%
ROBERTS FAMILY CHIROPRACTIC CENTER LLC	251905848	0.0015%
SIGNATURE SMILES LLC	260000894	0.0034%
C&C ELECTRICAL ENTERPRISES, LLC.	260151765	0.0202%
GLEN RIDGE COSMETIC & FAMILY DENTISTRY	260246321	0.0274%
MARTA GENERAL SURGERY, LLC	260419657	0.0331%
ANDY CHANG, DMD	260497010	0.0253%
MEZZY, LLC	260585177	0.0067%
GLASGOLD GROUP, LLC	260646977	0.0388%
HELIX DENTAL, LLP	260717084	0.0298%
GB SERVICES DBA GLAMOUR BOUTIQUE	260735148	0.0133%
GREENER BY DESIGN LLC	260826991	0.0771%
ENDOCRINOLOGY CONSULTANTS, PC	260870568	0.1035%
AMG DENTAL LLC	260891348	0.0447%
HERITAGE INVESTMENT PARTNERS, LLP	261101828	0.0270%
SWEENEY LIFE CELEBRATION STUDIO	261102773	0.0001%
MAJEK INVESTMENTS	261162998	0.0212%
VOLITION WELLNESS SOLUTIONS, LLC.	261171432	0.0305%
CRAFT WORKSHOP, LLC	261199862	0.0212%
WJ REGAN & COMPANY LLC.	261267519	0.0346%
DERKASCH DENTAL HEALTH ASSOCIATES PA	261305159	0.0381%
ADVANCED CENTER FOR ORTHODONTICS	261306530	0.0307%
GREATER TRENTON, INC	261307260	0.0264%
NIANTIC SYSTEMS	261359216	0.0216%
MICHAEL ROSENBERG	261386894	0.0297%
COHEN PSYCHIATRIC CONSULTING	261470154	0.0209%
MARCELLI FORMAGGI LLC	261628238	0.0296%
DIVERSIFIED WEALTH MANAGEMENT	261654166	0.0511%
FULL HOUSE EVENTS, LLC	261720592	0.0270%
TIMELESS SIGNATURES, LLC	261750030	0.0093%

C & H PLUMBING & HEATING, LLC	261756918	0.0023%
WOLF MEHLMAN PSYCHOLOGICAL SERVICES, LLC	261863813	0.0168%
OBJECTIVE INSIGHT	261874649	0.0093%
ORADELL SERVICE CENTER, INC.	261983903	0.0173%
LAW OFFICE OF MICHAEL E COSLIT LLC	262047211	0.0002%
JACK FROST HEATING & AIR CONDITIONING	262084224	0.0568%
MGP MANUFACTURING LLC	262109657	0.0142%
MCMULLEN'S PLBNG & DRAIN CLEANING	262133050	0.0076%
SPRINGFIELD AVE STATIONERS	262178487	0.0322%
AMBOY ORTHODONTICS, LLC	262184045	0.0370%
ZED CAPITAL LLC	262206990	0.0269%
JOSHUA DAVID HOME, LLC	262217529	0.0163%
SOUTH MOUNTAIN GROUP LLC	262244496	0.0017%
EUROSTYLE TRADING CORP.	262285920	0.0014%
JOHN J. HAEBERLE AIA LLC	262323868	0.0297%
MOUNTAINVIEW VETERINARY HOSPITAL	262350639	0.0123%
CENTER FOR ORAL & FACIAL SURGERY	262356677	0.0272%
SAG FOOD LLC	262423258	0.0294%
HI-TECH TRUCKING	262477321	0.0677%
MEI MAINTENANCE LLC	262528395	0.0358%
POMPTON DENTAL ARTS LLC	262871588	0.0221%
AMBULATORY SURGICAL CENTER OF SOMERSET	262892384	0.0484%
LEGACY TOWING LLC	262926586	0.0861%
STRATEGIC RESOLVE LLC	262935350	0.0207%
MYSTIC POOL & SPA SUPPLIES LLC	262952205	0.0064%
BLACKLEY FUNERAL HOME	262979891	0.0173%
B L PATRICK MD LLC	263074269	0.0427%
BROWN'S PLBNG & HTG	263084711	0.0092%
LEVINE PROPERTIES @ LEH LLC	263092849	0.0195%
JAVEN ENTERPRISES LLC	263127237	0.0553%
PREMIER IRRIGATION LLC	263304887	0.0392%
EPOCH EVERLASTING PLAY, LLC	263377379	0.6096%
PETER M DUCH MD, LLC	263475744	0.0282%
DISTINCTIVE OF ESSEX, LLC	263483205	0.0171%
ASTRO HOLDING COMPANY LLC	263556092	0.0627%
D.L.S REAL ESTATE SERVICES	263590861	0.0756%
OPEN BOOK CONSTRUCTION	263634560	0.0240%
HAZLET SERVICE INC.	263784922	0.0626%
BESTGUY MOVING SERVICES LLC	263812654	0.0548%
MTC EDUCATIONAL SVCS, LLC	263961904	0.0067%
ADVANCED SPINAL CARE & ASSOCIATES LLC	263998996	0.2083%
APPLIANCE FIXITMAN LLC	264029308	0.0177%
VISION CONSTRUCTION SERVICE LLC	264037084	0.0163%
NATALIE SVETLAKOV DDS PC	264056727	0.0126%
AGENS STONE, INC.	264100352	0.0065%
SPRING LAKE CAPITAL MANAGEMENT	264104482	0.0349%
FOUNDATION ENDODONTICS	264143481	0.0271%
AN UNLIMITED PORTFOLIO	264192370	0.0367%
NORTH JERSEY DENTAL GROUP, PA	264232080	0.0424%
MEHLING OFFICE MANAGEMENT	264232108	0.0933%
UNITED CABINET WORKS, LLC	264262125	0.0771%
KEVIN T. KUTYLA, ATTORNEY AT LAW, LLC	264266988	0.0020%
ALLSTATE SERVICES	264289808	0.0399%
DOOLEY FUNERAL HOME	264360657	0.0674%
MJE CREATIVE SERVICES, LLC	264412229	0.0207%
BOCA DENTAL PA	264693426	0.0193%
SUBURBAN DEVELOPMENT, LLC	264710557	0.0155%
TSB MAGAZINE, LLC	264719712	0.0163%
TWENTYTWO PUBLIC AFFAIRS	264719712	0.0063%
GREEN FLOW TECHNOLOGY, INC	264752754	0.0164%
PET REQUIEM LLC	264786243	0.0212%

CARING FAMILY MEDICAL, PC	264793049	0.0001%
DEL PRIORE INSURANCE SERVICES	264829905	0.0011%
PRIME TELECON CONSULTING, LLC	264839818	0.0223%
WILLIAM HUNTLEY PANICO LLC	270013278	0.0408%
NORTH JERSEY BUILDER'S GROUP LLC	270061369	0.0265%
QUALCARE DENTAL ASSOCIATES PA	270105962	0.0437%
GLOBELINK LOGISTICS	270155618	0.0198%
EXACT COLLISION	270193592	0.0422%
PETS ALOUD, LLC	270203410	0.0656%
D & J LANDSCAPING AND CONSTRUCTION	270245014	0.0028%
KUNAL FUEL LLC	270274623	0.0209%
MATTHEW S ROGERS ESQ	270281205	0.0155%
TIGER MOVING & STORAGE	270303280	0.0364%
LAW OFFICE OF AVRAM E FRISCH LLC	270341496	0.0198%
DOC EVENTS LLC	270407735	0.0495%
FOUR15 ADVISORS, LLC	270440633	0.0237%
ACCURATE TANK TESTING, LLC	270445376	0.1084%
TINERVIA PLUMBING & HEATING, LLC	270542356	0.0131%
JALBEN LLC	270625945	0.0216%
STICKLE-SOLTESZ FUNERAL HOME	270679046	0.0255%
MICHAEL'S CARPET & FLOORING LLC	270791209	0.0005%
INTERVENTIONAL PAIN MANAGEMENT ASSOC, LLC	270812616	0.0247%
THE WATHEN GROUP LLC	270824059	0.0008%
BUILDING SOLUTIONS LLC	270941460	0.0186%
PARKSIDE DENTAL AND PROSTHODONTICS	270975266	0.0139%
SNL DENTAL	270975266	0.0063%
NELSON ELECTRICAL CONTRACTING,LLC	270993841	0.0051%
KO GROUP, LLC.	271031136	0.0324%
STEVEN SENZ CPA LLC	271034543	0.0207%
NORTHERN VALLEY MOTORS, LLC	271062972	0.0329%
HELENE MILLER, MD LLC	271115748	0.0805%
MDR LLC	271139781	0.0213%
ROBERT K BONGIOVANNI, CPA	271214219	0.0274%
THOMAS C DAYON PLBNG & HTG, LLC	271312379	0.0382%
DANKIEWICZ LLC/DBA MORITZ FUNERAL HOME	271320606	0.0249%
PROFESSIONAL CONSTRUCTION CO, LLC	271324587	0.0318%
JC OFFICE CONSULTANTS LLC	271355225	0.0169%
GALLAS SURVEYING GROUP, LLC	271357059	0.3280%
NEW JERSEY NECK & BACK INSTITUTE	271359911	0.0553%
WEBSITE 2 MARKET, LLC. C/O STEVE MILLER	271362922	0.0170%
T. MOORE SALES & ASSOC, INC.	271392417	0.0251%
JTC EXPRESS, LLC	271406482	0.0007%
ERICA FERRY & ASSOCIATES LLC	271425114	0.0311%
TOTAL HOME INTERIORS LLC	271442964	0.0113%
DEMAREST AUTO SERVICE, INC.	271532905	0.0183%
KIRK FLORIST LLC	271618142	0.0297%
MARK SCALERA DBA BENEFITMARK	271656796	0.0113%
MBG THERAPY	271661289	0.0193%
LAZOG ELECTRIC LLC	271733065	0.0175%
PLUMBING WIZARD LLC	271771678	0.0093%
PLATINUM DENTAL GROUP LLC.	271849800	0.0207%
AMERICANCELOWRAP.COM	271853396	0.0433%
CB RICH CONSULTING LLC	272023954	0.0303%
THOMAS PLUMBING & HEATING, LLC	272068501	0.0241%
RAYMOND NEBIKER ELECTRIC, LLC	272199750	0.0277%
TFC, LLC	272229840	0.0187%
ARD FACILITIES/DBA PARAMOUNT GROUP	272233106	0.2070%
PROSPECT OF NJ CORP.	272573872	0.0375%
ENERGY ANALYSIS GROUP LLC	272766416	0.0525%
ROM KIDS PEDIATRIC PT DBA MAGICAL HANDS	272780597	0.0196%
EAST COAST AESTHETIC SURGERY	272844259	0.0205%

MATIS FUNERAL DBA PARSELS FUNERAL	272863989	0.0318%
AWAD AND KHOURY, LLP	272916077	0.0214%
PHILADELPHIA INVESTMENT PARTNERS,LLC.	272982037	0.0141%
TEXPA, LLC	273035040	0.0185%
R&C RESTORATION SERVICES LLC DBA PUROCLEAN	273150505	0.0259%
NORTH JERSEY FOR COGNITIVE BEHAVIORAL	273181977	0.0095%
B SPONTAK P&H, LLC	273269962	0.0267%
MAHA K. KAGA DMD LLC	273293423	0.0099%
PAKS RENOVATIONS CORP.	273326566	0.0632%
ZOOM ENTERPRISE LLC	273330949	0.0159%
PROTOSTATUS,LLC	273335105	0.0134%
BODNER PHYSICIANS SERVICES PA	273372057	0.0210%
ADVANCED SOIL TECH LLC	273424767	0.0527%
GCP LABORATORIES INC	273607173	0.3461%
NORTHEAST BOWIE SALES LLC	273625490	0.0007%
DIAGNOSTICS DIRECT LLC	273663327	0.0252%
PEDIATRICS ON PARK PC	273722452	0.0340%
MEENAKSHI JETLEY DMD, LLC dba STAR DENTISTRY	273751802	0.0310%
PARK VIEW VETERINARY HOSPITAL LLC	273761948	0.0179%
WARREN ORAL & MAXILLOFACIAL SURGERY ASSOCIATES, LLC	273766258	0.0765%
PARKWOOD HOLDINGS, LLC	273861719	0.0283%
PARKWOOD HOLDINGS, LLC	273861719	0.0239%
SPIKER FUNERAL HOME LLC	273904652	0.0124%
CAMBRIDGE CPM, LLC	273973443	0.0214%
SALEM COUNTY AUTO REPAIR,LLC	273981463	0.0236%
MAXIMUM HUMAN PERFORMANCE LLC	274038917	0.1861%
STRESS & ANXIETY SERVICES OF NJ	274131642	0.0427%
FAMILY AND COSMETIC DENTISTRY OF RANDOPLH	274302965	0.1071%
PSYCHOTHERAPY ASSOCIATES OF NJ	274357104	0.0195%
EPICUREAN CLEANING SERVICES LLC	274447264	0.0120%
FRANK J SCHWOER PHD & MARY CATHERINE AMBROSE LCSW	274462206	0.0111%
MEG BITTON PHOTOGRAPHY LLC	274649981	0.0451%
MONROE IRRIGATION LLC	274657492	0.0217%
ANIMAL HOSP OF CLINTON PERRYVILLE	275006659	0.0477%
PISTONE PLUMBING & HEATING, LLC	275061236	0.0167%
COASTAL MEDICAL SUPPLIES, LLC	275490450	0.0025%
ALL POINTS PRINTING & GRAPHICS	275573572	0.0291%
SURG-ELITE, PC	300000849	0.1463%
RELIABLE PLUMBING & HEATING	30-0002901	0.0203%
OMNITHERAPY CENTER, LLC	300018422	0.0187%
TERRERI CONSTRUCTION INC	300035677	0.0241%
CROSSROADS OF THE AMERICAN REVOLUTION ASSOC, INC	300083430	0.0189%
BITTONE EQUIPMENT SERVICE, LLC	300248546	0.0433%
SCOTT MAGLIOCHETTI, LLC	300304386	0.0223%
PEDIATRIC DENTAL ALLIANCE LLC dba MY FIRST DENTIST	300380778	0.0188%
OLDWICK ANIMAL HOSPITAL, LLC	300434890	0.0703%
FDR HITCHES	300689869	0.0466%
HORIZON FUNERAL & CREMATION SERV INC	300749772	0.0259%
JEFFREY A FLEISHER ARCHITECTS	311778075	0.0345%
ALVAREZ FUNERAL HOME, INC.	311789352	0.0396%
ADVANCED ELECTRIC DESIGN & SVC LLC	311819209	0.0005%
K & M AUTOMOTIVE REPAIR, LLC	320029034	0.0273%
NEOVISION CONSULTING INC	320057733	0.0311%
GRASSO & COMPANY LLC	320107125	0.0224%
DOT REEDER, INC	320219585	0.0192%
RJS ENVIRONMENTAL SERVICES LLC	320365875	0.0138%
JTM REAL ESTATE GROUP LLC	320368163	0.0323%
MAC COMMUNICATIONS INC	320475751	0.0367%
HYPOTHESIS DEPARTMENT	320616071	0.0007%
CORRADO & MARTELLA PC	323438601	0.0206%
ROBERT M DAVIS DMD LLC	331012092	0.0141%

SIERRA HOUSE	331021736	0.0152%
DAVID G LANNING, INC.	331036302	0.0483%
GLOBAL GREEN USA LTD	331096837	0.0574%
VASILE GREEN LANDSCAPE	331170987	0.0050%
DC GARBACCIO SALES LLC	331196497	0.0131%
LAKEWOOD FUNERAL HOME INC	342023030	0.0512%
WS CONSULTING LLC	342032442	0.0217%
SYNERGIC DESIGN LLC	342047278	0.0213%
INTEGRITY BUILDING GROUP LLC	352232276	0.0150%
UNIVERSAL RELOCATIONS INC	352434742	0.0379%
DOUGLAS I SCHWARTZ LLC	352716403	0.0270%
AARTI USA INC	364806810	0.0235%
SERVICE TECH APPLIANCE REPAIR, INC	371446410	0.0235%
KATHLEEN NITTOLO, REALTOR	371664425	0.0161%
GARDEN STATE FENCE LLC	371712115	0.0167%
PRINCETON PARTNERS, LLC	371975958	0.1259%
PALAZZO PLUMBING & HEATING OF NJ	383786930	0.0248%
HAROLD CHRISTEN PLUMBING, INC	383801257	0.0004%
LAW OFFICE OF CINDI BRANDT	383840388	0.0208%
PARAMUS MRI, LLC	384006349	0.0772%
KB PLUMBING & HEATING,LLC.	384041540	0.0414%
ARCUS INC	384081461	0.0315%
RATTY'S VETERINARY SERVICES,LLC	400480445	0.0280%
MARCUS WEATHER, INC.	412016352	0.0654%
ESSAY GROUP	412071521	0.2032%
RYAN'S SERVICECENTER	412161756	0.0529%
DIVERSITY MARKETING AND COMMUNICATIONS LLC	412189454	0.0189%
RSB ADVISORY LLC	412190606	0.0159%
JACKSON VETERINARY HOSPITAL,LLC	414328595	0.1051%
EVERGREEN LAWN SPRINKLERS LLC	421530953	0.0179%
HETHERINGTON INFORMATION SERVICES, LLC	431962651	0.0094%
SPREITZER & OLIVERI, LLC	431982343	0.0212%
GARAN ELECTRONICS & MFG, LLC	431998297	0.0171%
GLEN ROCK CONSTRUCTION,INC.	432015483	0.0207%
RENASCENT GROUP LLC	432029055	0.0279%
RI-BAR PROPERTIES,LLC	432047847	0.0277%
JFB ENTERPRISES, LLC	432067481	0.0060%
RIVER PET RESORT & REHAB INC	432083980	0.0164%
BAR NONE RECORDS	440000528	0.0059%
MLJ ADVISORY LLC	450275669	0.0012%
TYH SALES	450385292	0.0064%
TRI-STATE ELECTRICAL & MECHANICAL, LLC	450506009	0.0519%
URBAN AUTO SPA II LLC	450564976	0.0473%
TEKA EYEWEAR SOHO NY	450572254	0.0165%
STONE PARK MEDIA, LLC	450756369	0.0313%
ANTOCI ELECTRIC, LLC	450792227	0.0120%
U.S. HOME CAPITAL, LLC	450831882	0.0336%
ABA CONSULTANT LLC	450926634	0.0100%
WAYNE ANIMAL HOSPITAL	451044322	0.0480%
CLAIRE MCKINNEY PR, LLC	451106459	0.0183%
FORT LEE ANIMAL CLINIC	451425481	0.0120%
GREG COHEN PROMOTIONS	451514818	0.0364%
IZABELA FUNERAL SERVICE LLC	451594355	0.0082%
JOHNSON & SON	451809169	0.1112%
GLOBAL MANUFACTURING AND SALES	452008547	0.0202%
JT'S CONFECTIONS LLC	452036777	0.0502%
SEDGE REALTY LLC	452043867	0.0310%
TARDIO PLUMBING, LLC	452102896	0.0098%
CT MEDIA HOLDINGS, LLC	452345127	0.0492%
MGF HOLDINGS	452375085	0.0147%
AMERICAN DREAM HEATING & COOLING LLC	452395242	0.0119%

LIFE BALANCE COUNSELING	452459246	0.0068%
TIHUMA DIGITAL INC DBA IMEDIA INC	452504489	0.2988%
SR PLAY, LLC	452527592	0.0359%
LOWER WATT, LLC	452578498	0.0152%
THE LITTLE DAISY BAKE SHOP	452682029	0.0424%
JENNIFER LAYNE ACUPUNCTURE & WELLNESS LLC	452838187	0.0087%
CHAD HOTZ CONSTRUCTION	452867755	0.0428%
STAR PHYSICAL THERAPY	452879331	0.0295%
KIMBERLY S. GOLDENBAUM DMD	452891768	0.0170%
PENNINGTON VET CLINIC INC.	452918480	0.0228%
LAW OFFICE OF DANIEL J MCCAREY LLC	452923791	0.0237%
T.E.K.'S PLUMBING, HEATING & AIR,LLC	453207762	0.0295%
HORNROCK PROPERTIES LLC	453221794	0.0283%
INDUSTRIAL MACHINERY NJ LLC	453262680	0.0252%
PIERSON COMMERCIAL REAL ESTATE	453322687	0.0419%
RESOURCE COLLABORATIVE	453357413	0.0092%
NORTH STAR BUSINESS CONSULTING NJ	453478617	0.0180%
CENTRAL JERSEY TRAILER AND HITCH	453576142	0.0438%
NJ COALITION TO END HOMELESSNESS	453700939	0.0043%
TILL GARDENS, LLC	453840216	0.0242%
JONATHAN L PARKER & ASSOCIATES	454093200	0.0101%
ROCKAWAY ANIMAL HOSPITAL	454093348	0.2664%
PEACE OF MIND PLBNG & HTG, INC	454154903	0.0159%
HYESKY INC	454200549	0.0177%
PESCATORE & SAUTER, LLC	454250326	0.0061%
ALL FUR PAWS ANIMAL HOSP, LLC	454264684	0.0721%
FIT REHAB & TRAINING, LLC	454281639	0.0133%
CANTORBUILD LLC	454501624	0.0474%
ENGLISH GEORGIAN AMERICA, LLC	454548032	0.0448%
WILSON LAW GROUP LLC.	454630052	0.0025%
SHEFALI PILAR DDS LLC	454700125	0.0467%
RKC CONSTRUCTION CORP	454706815	0.0223%
CINDY HYMAN LCSW	454718752	0.0045%
SUSTAINABLE PRINCETON INC	454743353	0.0049%
S&HR ENTERPRISES LLC	454950646	0.0144%
LAW OFFICE OF JAMES T ELLIOTT, LLC	454992639	0.0138%
NATURES VISION LANDSCAPING,LLC	454993200	0.0068%
DEDICATED MODERN DENTISTRY	455079987	0.0161%
AMASI PLUMBING & HEATING, LLC	455268009	0.0097%
OCEAN CAPITAL EQUITIES	455297599	0.0786%
BLAICHER VETERINARY HEALTH CARE	455297605	0.0424%
OUTDOOR INNOVATIONS, LLC	455310512	0.0232%
PETRUSIC LLC	455328040	0.0450%
CALI PROPERTIES LLC	455369743	0.0214%
WILLIAM C DIAMOND PLUMBING & HTG	455554271	0.0117%
DEAN R THEURET CUSTOM BUILDER, LLC	455602498	0.0228%
DAVID KOCH CPA LLC	460541054	0.0206%
LIVINGSTON PHYSICAL THERAPY LLC	460567677	0.0224%
ASCEND HOLDINGS, LLC	460572177	0.0331%
KELNER PERIODONTICS LLC	460574303	0.0190%
STONE BRIDGE INVESTMENT GROUP	460603337	0.0338%
SCHUMM REMODELERS, LLC.	460626377	0.0307%
MANGONE LAW FIRM LLC	460690080	0.0347%
EVOLVE TALENT ADVISORS DBA PROMOTION CAREER MGMT	460793063	0.0216%
RANDOLPH FAMILY & COSMETIC DENTISTRY	460809305	0.0238%
TITANIUM PLUMBING & HEATING, LLC	460821795	0.0100%
WILLOW GROVE CONSULTING, LLC DBA PENN JERSEY ENVIRONMENTAL CONSULTING	460845897	0.1444%
SASHA ACUPUNCTURE & HERBAL MEDICINE LLC	461032704	0.0092%
GREYTHORNE DEVELOPMENT, LLC.	461097357	0.0212%
UNION HILL ADVISORS	461172585	0.0242%
MK PERIODONTICS & IMPLANT DENTISTRY PC	461182382	0.0308%

PHARMA TECHNOLOGY INC.	461203068	0.1122%
UNION ANIMAL HOSPITAL	461242934	0.0351%
HARVESTATE GROUP,LLC.	461402486	0.0018%
DITARANTO FINANCIAL	461458517	0.0265%
MICHAEL P TODRES DDS PA	461542543	0.0025%
JACKDB INC	461550850	0.0607%
SCHAEFFER FAMILY HOMES LLC	461562268	0.0941%
RIDGEWOOD PERIODONTAL & IMPLANT ASSOC	461570311	0.0310%
SADOWSKI AUTO CARE	461582135	0.0439%
SHORE HILLS PAINTING LLC	461607538	0.0341%
CIRCLE FAMILY DENTAL GROUP	461649519	0.0035%
JOE'S HEATING LLC	461654082	0.0162%
MARMO & SONS GENERAL CONTRACTING LLC	461661544	0.0224%
DeGROAT INDUSTRIAL GROUP	461668032	0.0003%
PAGE FUNERAL SERVICES LLC T/A PAGE FUNERAL HOME	461717766	0.0322%
ACE PLASTICS	461734683	0.0251%
CORNERSTONE DENTAL LLC	461735149	0.0062%
ADVANCED CERTIFICATION INSTITUTE	461882927	0.0062%
STONE HOUSE NURSERY	461906460	0.0342%
RENOTEC CONSTRUCTION, LLC	461912690	0.0260%
NEW JERSEY PIP-PAY ASSOCIATES	461968762	0.0250%
FRANK R BESSON JR DMD LLC	462053589	0.0493%
HAPPY TAILS VET HOSPITAL	462137350	0.0541%
RUBICON ASSOCIATES, LLC	462190010	0.0004%
ENERGY MARKETING PARTNERS,LLC	462215920	0.0214%
SECTION 22 LLC	462233154	0.0053%
G TUFARO PLBNG & HTG, LLC	462314699	0.0186%
DP CAPITAL INVESTMENTS, LLC.	462316377	0.0207%
PARSIPPANY TROY HILLS ANIMAL HOSP/DBA THE GENTLE VET	462346941	0.0703%
KEPELELU DBA PURE HAIR	462533904	0.0043%
VEX LAW LLC	462629887	0.0189%
A-BETTER PLBNG & HTG, LLC	462674319	0.0177%
OTAP CONTRACTING CORP.	462713428	0.0166%
RAM DESIGN BUILDERS ASSOCIATES INC.	462718643	0.0374%
FRUHSCHIN & STEWARD, LLC	462880241	0.0302%
EDGEWATER ANIMAL HOSPITAL, LLC	462885565	0.0471%
KNICKERBOCKER ORAL AND FACIAL SURGERY, LLC	462889502	0.0189%
LAMBERTVILLE PHARMACY CORP DBA MEDICINE SHOPPE PHARMACY	462964191	0.0122%
WG MOVING INC	463022323	0.0041%
OCEANS ORTHODONTICS & PEDIATRIC DENTISTRY	463029720	0.0715%
STERLING WEAR	463153160	0.0235%
L&L DENTAL LLC	463169670	0.0166%
BRANZAK ENTERPRISES	463287394	0.1950%
CHRIS CLARIZIO ASSOCIATES	463448643	0.0348%
GLADIATOR ELECTRIC, LLC	463506060	0.0598%
CEDAR KNOLLS DENTAL GROUP	463523210	0.0308%
FAITH VETERINARY CLINIC LLC	463559986	0.0174%
FRANK CAFASSO, EA LLC	463575041	0.0168%
BHS1 CONSULTING LLC	463640211	0.0197%
GTIH	463674485	0.0339%
NORTHEAST DEVELOPMENT, LLC	463723153	0.0212%
PIPELINE	463749791	0.0331%
ANJ SALES & MARKETING	463772507	0.0275%
JUST TANX LLC	463841923	0.0062%
METAMORPH CONSULTING, LLC	463853619	0.0296%
PAPASIKOS ORTHODONTICS	463917975	0.0499%
POMERANC DENTAL	463941274	0.0255%
GREEN EDGE LLC	463985873	0.0320%
VINELAND FAMILY DENTISTRY LLC	464031583	0.0311%
YOGTIRTH LLC.	464214474	0.0090%
SECURITY VALIDATION/SECVAL MSP, LLC	464257763	0.0014%

SMITH FUNERAL HOME	464299740	0.0694%
PURE SIMPLE WELLNESS, LLC	464332893	0.0226%
PAM GALLAGHER LCSW LLC	464360575	0.0088%
DIGITAL4NX GROUP LTD	464361987	0.0283%
SCHIAVONE & ASSOCIATES	464403511	0.0187%
ECONOMY SERVICES HTG & COOLING LLC	464408499	0.0413%
SHUSTER'S PLUMBING T/A GIANT PLUNGER PLUMBING	464439424	0.0094%
UPSTREAM BUSINESS CONSULT/DBA FOCALPOINT BUSINESS COACHING OF NJ	464482281	0.0207%
GHIRARDI CONSTRUCTION LLC.	464510794	0.0071%
GARGUILO INC.	464677416	0.0377%
SPEAKMAN AGENCY, LLC	464744220	0.0103%
BLOOMFIELD DENTAL DESIGNS	464762506	0.0419%
TELLMED STRATEGIES	464958391	0.0811%
UNIVERSAL SEARCH ASSOCIATES, LLC	464987855	0.0144%
JOHN H CHOI & ASSOCIATES	464990894	0.0176%
TLC SENIOR RELOCATION SPECIALISTS, LLC	464992975	0.0094%
RIGHTS UP NORTH AMERICA DBA EDDY RHYME AND REASON	464994797	0.0025%
BALDANZA DESIGN BUILD, LLC.	465006863	0.0212%
LORI SIMON MD	465046696	0.0213%
AMY MINKOFF COACHING LLC	465196678	0.0119%
WERTHEIMER CENTER FOR FUNCTIONAL MEDICINE	465243319	0.0249%
MORGAN DENTAL PC	465326519	0.0332%
MANKE MEMORIAL, LLC	465337683	0.0014%
LAW OFFICE OF JOSEPH MOSKOVITS	465482197	0.0110%
THE HITCHCOCK GRP, LLC	465515716	0.0273%
TOOL TIME AUTO SERVICE, LLC	465558586	0.0405%
SCANLON & SCANLON,PC	465579583	0.0263%
LAW OFFICES OF CRAIG S GUMPEL LLC	465602984	0.0274%
CUSTOM COMMUNICATION SERVICES	465735238	0.0433%
L GOTTLIEB PUBLIC RELATIONS	466252173	0.0017%
RWL PLUMBING & HEATING, LLC	470891237	0.0248%
LAW OFFICE OF MITCHELL J MALZBERG, LLC	471001547	0.0291%
RMJ CUSTOM BENEFIT SOLUTIONS, LLC	471007351	0.0185%
SMILOW FAMILY DENTISTRY	471038041	0.0392%
ADVANCED CANINE REHABILITATION	471102677	0.0351%
LMB DEVELOPMENT CORPORATION	471181212	0.0208%
GRILLO FUNERAL SERVICES	471418307	0.0097%
RS SAACHI CORP	471678448	0.0188%
BEACH CLUB ONE HOLDINGS, LLC	471730252	0.0163%
HAWAIIAN BREEZE	471834233	0.0345%
HARRISON GROUP LLC	471834836	0.0191%
VILLAGE DRUGS	471859227	0.0324%
2RNs,LLC DBA GENERATIONS HOME HEALTHCARE	471863272	0.0187%
TOP SHELF GROUP DBA RIPATUNED	472028478	0.0406%
D&M ELECTRICAL, LLC	472115351	0.0294%
KESLOWE REALTY INC	472179260	0.0121%
TILED EXPRESSIONS, LLC	472190912	0.0142%
VALLEY BROOK VET SERVICE PC	472242984	0.0103%
CRANFORD ANIMAL HOSPITAL	472319107	0.0601%
TRI FURNITURE DESIGN LLC	472381661	0.0350%
BOGLIOLI FUNERAL HOME dba HOLMDEL FUNERAL HOME	472458025	0.0926%
SARAH KRAUSE DMD LLC	472461608	0.0094%
STOCKETT VET SERV/LLC/CBA COUNTY LINE VET HOSP	472491927	0.0331%
RANDY B NASSAU ESQ	472520885	0.0305%
SKYE MM, LLC	472543235	0.0308%
DOUGLAS KLEIN DDS PC	472607775	0.0207%
CORBO'S PUMP & METER, LLC	472630956	0.0395%
CONTINUUM HEALTHCARE I , INC	472786644	0.1790%
LINDA SOTNICK, MSW, LCSW, LLC	472829167	0.0349%
MAXWELL TOBIE FUNERAL HOME & CREMATION	472973324	0.0206%
ALK ASSOCIATES LLC	473266161	0.0276%

SAFER ORTHODONTICS LLC	473331803	0.0271%
SUMMIT PERIODONTICS & DENTAL IMPLANTS LLC	473681926	0.0933%
GREEN CAPITAL MANAGEMENT	473698838	0.0518%
FREEDMAN LAW LLC	473754855	0.0003%
COLSON'S LANDSCAPING SERVICES, LLC	473891765	0.0225%
RAINTREE CAPITAL LLC	473967732	0.0443%
SECURITY PROADVISORS	474040088	0.0166%
FINALYTICS	474068584	0.0212%
DR DENNIS J FTISTERER LLC	474111696	0.1327%
BARLOW GROUP LLC	474118841	0.0163%
PEDIATRIC DENTISTRY OF MULLICA HILL	474160760	0.0639%
TOP VINE MORTGAGE SERVICES,LLC	474185372	0.0011%
ZADANI LLC, DBA FEDERAL CLEANSING	474187847	0.0005%
TEAMSTREAM PRODUCTIONS	474417941	0.0208%
CEREUS FINANCIAL ADVISORS, LLC	474579279	0.0189%
NORTHERN COUNSELING AND WELLNESS	474602087	0.0052%
STAG HOUSE LLC	474629385	0.0327%
JUST YOUR STYLE PLUS	474657800	0.0167%
LAUREN SPODAK, LCSW	474685827	0.0283%
SIMON SOLOMON LLC	474818497	0.0169%
EMPIRE BENEFITS SOLUTIONS	474848778	0.0447%
MARK A CONNOR FUNERAL TRADE SVC LLC	474911499	0.0115%
HEALTH & FITNESS PROFESSIONALS LLC	474927383	0.1132%
BRYNCK ROOFING PRODUCTS, LLC	474940190	0.0436%
HAMPTONS VEIN & VASCULAR NJ PC	474944914	0.0215%
HCB DISTRIBUTION LLC	474976708	0.0210%
DON C DEFILIPPIS DMD	475059821	0.0284%
RIVERFRONT PEDIATRIC DENTISTRY, LLC	475075728	0.0538%
1 INTACT PLUMBING & HEATING LLC	475088183	0.0280%
ARISTON ADVISORY GROUP LLC	475204349	0.0181%
SEGGIO TIRE INC DBA CROWN TIRE	475446265	0.0018%
DEKONI AUDIO, LLC	475484081	0.0061%
MNL MANAGEMENT LLC	475580135	0.0263%
SMILE LOFT WESTWOOD, LLC	475589346	0.0745%
LAW OFFICE OF SUSAN G ROY, LLC	475626187	0.0145%
BAYVILLE VETERINARY HOSP LLC	475642275	0.0292%
CARL D'ANGELO PLUMBING, LLC	475667750	0.0197%
PETS TO REMEMBER	475679204	0.0271%
GREEN NATURE LANDSCAPE DESIGN LLC	481253324	0.0176%
PENNSVILLE AUTO SERVICE	510120362	0.0002%
DUTCH HILL TERMINALS, LLC	510415554	0.0300%
SECURITY AND HARDWARE ASSOCIATES INC	510482423	0.0226%
COMPETITION PROPERTY CORP	510489902	0.0198%
QD 775 UNION BLVD., LLC	510530413	0.0348%
PRIMO PLUMBING, LLC	510535976	0.0338%
GEORGE S HASSLER FUNERAL HOME	510559286	0.0578%
HUMBERTO CARCAMO MECH. CONTR, LLC	510588353	0.0260%
MARITIME ALLIANCE GROUP INC	522056387	0.0707%
SOUTH PAW ANIMAL HOSPITAL INC	522205392	0.0004%
SITESOURCE, LLC.	522219558	0.0255%
STRASZ COMPUTER CONSULTING DBA STRASZ ASSESSMENT SYSTEMS	522264766	0.3588%
ROSELLE PARK ANIMAL HOSP	52-2286764	0.0528%
EDWARD A MUELLER PLBNG & HTG	542090486	0.0024%
HIZA & HIZA LLC	542109149	0.0140%
WELLMAN REAL ESTATE SERVICES LLC	542127613	0.0394%
MORRIS COUNTY ENGRAVING LLC	542150177	0.0057%
ASC CONSULTANTS OF NJ, LLC	542178841	0.0056%
EAST COAST ROOFING PRODUCTS,LLC	542191950	0.0193%
MASTER SERVICE LLC	549783519	0.0182%
EAST COAST EQUINE	55-0794183	0.0565%
INNOV8 COMPUTER SOLUTIONS, LLC	550811108	0.0101%

GARY STARR LIMITED	562285077	0.0138%
BARNSIDE VET HOSP INC.	562291190	0.0686%
A DELUCA PAVING LLC	562338696	0.0258%
LEVEL IV, LLC	562349613	0.0464%
KHD LLC	562368049	0.0229%
KHD LLC	562368049	0.0141%
DINO AND JERRY INC	562368526	0.0149%
ACCURATE ENGINEERING, PC.	562374256	0.0303%
MITCHELL BRUDNO DMD LLC	562414911	0.0077%
THE POLITE PLUMBER, LLC	562432774	0.1044%
ANDREA HARVEY ASSOCIATES,LLC	562530147	0.0297%
BLUE STRIPES PROPERTY MANAGEMENT INC	562614353	0.0518%
APPALACHIA HYDROGEOLOGIC & ENVIRONMENTAL CONSULTING, LLC	562618604	0.0460%
215 ELIZABETH AVE LLC, GORNY & GORNY FUNERAL HOME	562620644	0.0141%
KINDERSMILE FOUNDATION, INC.	562635166	0.0098%
CORE DYNAMICS PHYSICAL THERAPY	562674629	0.0152%
STEPHANIE MALLIOS, REALTOR	579849997	0.0178%
ASIMENA CHARALAMBIDIS	582135127	0.0103%
CREATECH MARKETING LLC	582673226	0.0313%
RYAN G DAWSON NJ REAL ESTATE	589783580	0.0252%
FREIREICH LLC	591162511	0.0178%
TRANSWORLD EQUIPMENT CORP	593677118	0.0272%
VETERINARY OPHTHALMOLOGY SERVICES, INC	593770781	0.0160%
M. BRUIN LANDSCAPING,LLC DBA BRUIN & SONS	593781976	0.0407%
NJ DEER CONTROL LLC	611518976	0.1046%
GXP PROFESSIONALS LLC	611558590	0.0231%
BOULEVARD DENTAL GROUP LLC	611568672	0.0123%
BG NJ CORP	611580789	0.0149%
JHAUGH CRANES	611648165	0.0772%
LEGEND MACHINE & GRINDING	651175108	0.0313%
APOLLO EQUITIES, LLC.	651177084	0.0322%
JEFFREY BURKE PLUMBING & HEATING	651182981	0.0730%
OCEAN GROVE FAMILY CHIROPRACTIC, LLC	651212736	0.0192%
PINNACLE CONSULTING LLC	651243888	0.0286%
LIVINGSTON MARKETING & COMMUNICATIONS	651308840	0.0092%
ANIMAL HOSPITAL OF SUSSEX COUNTY INC	680558302	0.0858%
COMMERCIAL FLOORING SOLUTIONS LLC	680668418	0.0003%
LAW OFFICE OF CRAIG WEINSTEIN	680668418	0.0041%
LAWRENCE B STEIN PHD PA DBA RED BANK PSYCHOLOGICAL SERVICES	680668418	0.0212%
HAIN CAPITAL GROUP LLC	710879606	0.0119%
AUDIT RECOVERY GROUP LLC	710921972	0.0466%
JAMES A INTILI LLC.	711025947	0.0162%
BLEIWEIS PLUMBING & HEATING, LLC	721618073	0.0117%
PRIMARY CARE ASSOCIATES OF NJ, LLC.	731720173	0.0204%
WARING INVESTMENTS INC	742615276	0.0245%
NEW JERSEY CIVIL JUSTICE INSTITUTE	743204389	0.0534%
MARINA PLBNG, HTG, COOLING & ELEC, LLC	753041819	0.1193%
JL GREENFIELD DMD MBA PA	753093924	0.0351%
MT HOLLY ANIMAL HOSP DBA BRYON	760758412	0.0643%
TARGET EXPRESS DELIVERY	760760101	0.0102%
B.A. COLELLA HEATING & COOLING LLC	760764342	0.0845%
TULLO TRUCK STOP,LLC	760809902	0.1603%
WALTER G. LUGER & ASSOCIATES LLC	770617612	0.0140%
DAVIS & WAGNER FUNERAL AND CREMATION SERV	770700412	0.0351%
MORRIS PLAINS AUTOMOTIVE, LLC.	770716293	0.0352%
NORDIC TRUCKING LLC	800160888	0.0660%
NEW JERSEY ORTHOPAEDIC INSTITUTE, LLC	800403560	0.2252%
REMO ENTERPRISES, LLC	800494707	0.0214%
JPE LLC DBA EXQUISITE LANDSCAPING	800555529	0.0095%
CIBO ITALIA,LLC	800585608	0.0313%
NITOR CAPITAL MANAGEMENT	800685588	0.0251%

PALISADES DESIGNER DENTISTRY	800695717	0.0254%
NJ FAMILY THERAPY LLC	800744990	0.0050%
SUSAN MARKOWITZ RD, NUTRITION HAPPINESS	800864032	0.0175%
VPAR, INC.	800894704	0.0058%
HERITAGE SURGICAL GROUP, LLC	800944369	0.0247%
WRIGHT & ROBINSON ARCHITECTS	810602379	0.0093%
JOHN F CAREY PLUMBING & HEATING CONTRACTORS, LLC	810606942	0.0291%
DS BUILDERS, LLC.	810674808	0.0341%
LUGANO ENTERPRISES	810707410	0.0057%
DERMATOLOGY & SKINCARE ARTS	810864712	0.0266%
PREMIER SPEECH AND LANGUAGE	810936888	0.0169%
HEARITE AUDIOLOGICAL CARE, PA	810951669	0.0142%
SOUTH BERGEN ORAL & MAXILLOFACIAL SURG LLC	811113495	0.0265%
SEW JERSEY LLC	811113524	0.0347%
CLARK HOME BUILDERS	811221517	0.0203%
HARTFORD ANIMAL HOSPITAL	811305750	0.0223%
FARADAY PROPERTIES	811804793	0.0340%
VITAE COUNSELING, LLC	811837912	0.0344%
BELL ENTERPRISES MAINTENANCE SVC	811889424	0.0070%
KIMS HS CARPET LLC	812015112	0.0991%
HOLISTIC MIND & BODY WELLNESS LLC	812064387	0.0147%
MICHAEL J JUGAN, LLC	812066394	0.0280%
ILADINA	812236850	0.0389%
LAW OFFICE OF RINA TRAUB DBA TRAUB LAW	812420629	0.0227%
EV CHARGING INSTALLERS OF AMERICA, LLC	812511388	0.0914%
WEST CALDWELL CLIPS LLC	812739478	0.0231%
S. HOURANUSA CONTRACTORS LLC.	812952712	0.0211%
ETW LISTINGS MGMT LLC	813073271	0.0212%
ESSEX MECHANICAL, LLC	813123394	0.0541%
HILO HEATING AND COOLING	813301403	0.0173%
JE DESIGN LLC	813329358	0.0159%
ATLAS HOME IMPROVEMENTS, LLC.	813346412	0.0026%
MULLER ELECTRIC, LLC	813393374	0.0079%
MULLER ELECTRIC, LLC	813393374	0.0022%
PYFER LAW GROUP	813544740	0.0182%
LIVINGSTON DENTAL PERIODONTICS & IMPLANT DENTISTRY LLC	813546898	0.0189%
CAMBER HOLDINGS, LLC	813567597	0.0567%
RAY ROOTER, LLC	813652790	0.0024%
ONE OAK MEDICAL LLC	813715856	0.3223%
SHAMAI WEISZ INC	813973352	0.0758%
LOUIS OROST MECHANICAL CONTRACTOR, LLC DBA LOU OROST JR MECH. CONTR. LLC	813975280	0.0473%
SMART SUDZ, LLC	814026806	0.0013%
HERITAGE GENERAL & COLORECTAL SURGERY	814189764	0.0089%
JACOBVITCH LAW GROUP	814319944	0.0396%
THE OAKWOOD GROUP	814343798	0.0203%
CKM ESTIMATING & MANAGEMENT LLC	814367469	0.0306%
HAWTHORNE AVE STRATEGIES, LLC	814426332	0.0280%
PARKVIEW ANIMAL HOSPITAL	814426390	0.0457%
OLDE TOWNE CONST CO INC DBA R CRAIG LORD CONST	814472091	0.0455%
GAMARELLO P&H, LLC	814500357	0.0082%
LAMPIS WEALTH MANAGEMENT LLC	814542347	0.0211%
SHAKE RATTLE & ROLL PIANOS, LLC	814635038	0.0406%
JOE FINIZIO & SONS LANDSCAPE CONTRACTORS	814699694	0.0242%
MYCPB LLC	814746378	0.0106%
PASADENA GROUP LLC	814752000	0.0222%
D&H LANDSCAPE ASSOCIATES LLC	814928236	0.0109%
DWELL ARCHITECTS LLC DBA WEISZ ARCHITECTS	814997211	0.0017%
SUDH SYSTEMS INC	815151246	0.0264%
THOMAS S ZIERING MD LLC	815174515	0.0132%
WASHINGTON MANAGEMENT LLC	815263931	0.0213%
KAUFMAN & CO LLC	815313517	0.0080%

AVALON RT 9 PROPERTIES, LLC	815318378	0.0357%
BENNETT R SHANKER, DDS LLC	815439692	0.0213%
BONNIE CAREER SERVICES INC	820281776	0.0092%
MT OLIVE VETERINARY HOSPITAL	820543610	0.0351%
ROONDENT, LLC. DBA ROBBINSVILLE PED DENT	820658069	0.0457%
EAST END DISTRIBUTION DBA ATLANTIC PROD SVCS	820719220	0.0987%
BONAS 20 INC	820719886	0.0178%
DRB TRADING COMPANY LLC	820847308	0.0070%
AMAR DENTAL ASSOCIATES LLC	820876822	0.0148%
M J'S LAWN CARE, LLC	820879390	0.0046%
STOCKTON VETERINARY HOSPITAL LLC	820912806	0.1267%
DR CRAIG RALLO CHIROPRACTOR, LLC	821163555	0.0173%
JOHN KILLEEN DBA LATITUDE STRATEGIES	821205380	0.0215%
ADAPTIVE FINANCIAL SOLUTIONS	821276544	0.0305%
SHWETAMBARA PARAKH MD, LLC	821307451	0.0121%
RAPHA DENTAL LLC	821345325	0.0110%
JENNA SICILIANO, MA, LPC, NCC, LLC	821360018	0.0174%
MARISSA LIZA ACUPUNCTURE	821560777	0.0069%
CAMP JAYNES	821613416	0.0360%
ASP SURGICAL, LLC	821705439	0.0328%
AM&F CONSTRUCTION LLC	821749691	0.0033%
JOSHUA TAL, PHD, PSYCHOLOGIST, PLLC	821828079	0.0098%
ROBBINSVILLE ORAL & MAXILLFACIAL SURGERY LLC	822004524	0.0122%
ELITE PERFORMANCE CHIROPRACTIC & PHYSICAL THERAPY	822027552	0.0181%
SUMNER LAW LLP	822068055	0.0169%
BAKED WONDERS LLC	822154731	0.0195%
PEDIATRIC ENDOCRINOLOGY ASSOCIATES LLC	822186775	0.0404%
JEAN HERRON DESIGN LLC	822189323	0.0101%
BACK AND BODY PAIN RELIEF	822404409	0.0261%
SZK HOLDINGS CORP DBA CANARY REAL ESTATE GROUP	822467938	0.0098%
JC DENTAL & IMPLANT STUDIO	822471449	0.0065%
MORGAN FINANCIAL SERVICE	822688539	0.0342%
MOUNT COMPANIES, LLC	822707390	0.0319%
IRONBOUND BRACES PC	822710206	0.0097%
PRECISION ORTHODONTICS	822828798	0.0203%
KTG UROLOGY LLC	822893896	0.0238%
REHMANN PLUMBING LLC	822941693	0.0167%
BARLOW & ZIMMER FUNERAL HOME INC	822943314	0.0160%
DEERWOOD ANIMAL CLINIC LLC	822952821	0.0177%
NMG INTERIORS	823006501	0.0286%
CENTER PSYCHOTHERAPY LLC	823152078	0.0094%
ALL 50 STATES MOVING/DBA JERSEY MOVING PRO	823295715	0.0028%
AMERICAN MACHINE SPECIALTY LLC	823312144	0.0868%
SECAUCUS DENTAL GROUP	823356234	0.0479%
METUCHEN GROUP DENTAL LLC	823356602	0.0121%
MICHAEL DANZIGER	823391050	0.0211%
REDEFINED CAPITAL LLC	823391223	0.0458%
EVOLVE PROMOTIONS	823521559	0.0254%
REIDINGER ASSET MANAGEMENT LLC	823549863	0.0187%
PROVIDENTIA IP LLC	823707756	0.0215%
SHAUGHNESSY SPORTS CONSTRUCTION, LLC	823789418	0.0225%
BENJAMIN FIERRO DMD	823829476	0.0439%
FAITH DUNKEL, PSY.D., LLC	823895846	0.0093%
VAPING CONNECTION LAKEWOOD LLC	824096964	0.0172%
TGA SECURITY LLC	824324512	0.0165%
BRATTI GREENAN LLC	824373117	0.0268%
MFC CONSULTING SERVICES, LLC	824403363	0.0187%
ERS MANAGEMENT INC	824423231	0.0211%
WILLIAM D BECKER, MD & NINA S SUGAR MD	824478664	0.0099%
ACCURATE MEDICAL BILLING SPECIALISTS INC.	824495183	0.0212%
JERSEY BOY ENTERTAINMENT	824588302	0.0243%

VOORHEES DENTAL SMILES LLC	824658083	0.0182%
URGENT SPECIALISTS OF NEW JERSEY	824682220	0.0456%
AUDIO VIDEO SOLUTIONS NJ LLC	824865261	0.0164%
DRAGONWELL LLC	824898643	0.0097%
C&J SERVICE, LLC	824929776	0.0117%
ISEYON ANALYTICS	824949879	0.0859%
KEVIN R BIRDSALL CPA LLC	824951973	0.0097%
SHOSHANY JEWELERS, INC	824997090	0.0084%
HOUSTON V&M LLC/DBA CAMERON ANIMAL HOSP	825367196	0.1243%
SILVER PSYCHOLOGY SERVICES	825405053	0.0157%
DIMUCCI PARTNERS, INC	825495763	0.0154%
PNINA FESSEL SLP	825496003	0.0013%
VIP RESTORATION & PAINTING,INC.	830407209	0.0700%
HAPPY PETS VET HOSP PC	830606022	0.0729%
TS2 CAPITAL ADVISORS, LLC	830714638	0.0238%
AQUA DOG AND CAT REHABILITATION	830987982	0.0197%
BOLTIN ELECTRIC LLC	831018023	0.0199%
SHAW'S GARAGE 1977,INC.4	831043256	0.0317%
RICHARD NACHT ESQ LLC	831311100	0.0420%
J2 DESIGN STUDIO	831354207	0.0057%
WORLD VIEW FX CONSULTING	831410866	0.0212%
WAY IT FORWARD, LLC	831989997	0.0214%
ADVANCED BEHAVIOR THERAPY	832155323	0.0082%
BRIO MARKETING LLC	832164288	0.0187%
EDWARD A NAPHOR WEALTH SERVICES LLC	832175906	0.0050%
SNS PROPERTY MANAGEMENT, LLC	832246912	0.0033%
SETTON REALTY HOLDINGS CORP	832275931	0.0115%
ROBERT J SIEMAN DMD LLC	832332939	0.0353%
SARAH WIKLER LLC	832601838	0.0134%
STARS MANAGEMENT, LLC	832712637	0.0016%
CARLY ALVAREZ LLC	832801228	0.0173%
DRIP LOUNGE, LLC DBA IV ELEMENTS	832803432	0.0221%
STACEY SINGER CONSULTING	832951245	0.0019%
135 ENTERPRISES LLC.	833089495	0.0219%
NORTHSTAR FINANCIAL LLC	833206626	0.0403%
BRIAN A ASLAMI, M.D., P.C.	833334430	0.0437%
LAW OFFICE OF MICHAEL OBRIEN LLC	833499289	0.0106%
PLATINUM DENTAL GROUP MORRISTOWN LLC..	833644240	0.0213%
JACKSON FUNERAL RESIDENCE OF JC, LLC	833734601	0.0096%
ELITE PROCESSING SERVICES LLC	834275187	0.0149%
PEAK PERFORMANCE FITNESS AND HEALTH LLC	834355430	0.0169%
PEST ID LLC	834355430	0.0048%
STEPHANIE WARM	834405743	0.0138%
CORE CHOICE DBA AIM HIGH CONSULTING	834521750	0.0216%
FIFTH OAK CAPITAL MANAGEMENT LLC	834532585	0.0172%
PRINCETON INTERNAL MEDICINE AND GERIATRICS LLC	834545753	0.0440%
PIRADOR HOLDINGS/ ELI & FROMM	834649845	0.0092%
BELL WELLNESS LLC	834681181	0.0563%
OPPEN GROUP LLC.	841630784	0.0256%
DK REALTY HOLDINGS LLC	841631885	0.0198%
CONTENT FIRM	841633607	0.0222%
RILEY E HORTON JR LLC	841662218	0.0232%
RIGGS/BUGBEE RIGGS FUNERAL HOME	841696097	0.1195%
MANHATTAN MEDIA PARTNERS LLC	841697687	0.0108%
TATUM REINSURANCE INTERMEDIARY LLC	841771931	0.0050%
SUMMIT VENTURES I LLC	841889365	0.0120%
HUDSON ENGINEERING LLC	841930682	0.0160%
FNK IR LLC	842002004	0.0863%
TABERNACEL ANIMAL HOSPITAL	842436162	0.0779%
SUPERIOR ELECTRICAL CONTRACTING, LLC	842474566	0.0508%
MEDICAL ART MANAGEMENT	842478380	0.0106%

ELITE SURGICAL SPECIALISTS	842531028	0.0788%
PATRIOT SHOT CRETE LLC	842654397	0.0821%
KRAMER MANAGEMENT LLC	842672331	0.0139%
HERITAGE LAPAROSCOPY AND ACUTE CARE, PC	842718498	0.0268%
IRRIGATION EXPERTS	843010703	0.0490%
MODERN ORTHOPEDICS OF NJ	843426323	0.0281%
AUTOMATED DIGITAL HOMES NJ LLC	843511853	0.0377%
URBAN AUTO SPA- WAYNE	843712731	0.0006%
MAYER SILBER ARCHITECTURE LLC	843848561	0.0196%
PONTORIERO CHIROPRACTIC CENTER DBA NUTLEY WEIGHT LOSS	843899142	0.0355%
NEW PROVIDENCE ORTHODONTICS LLC	843944931	0.0290%
SMILES MANAGEMENT GROUP	844062159	0.0226%
TONELLI, SHEEDY & CO LLC	844087790	0.0145%
HAVEN BEHAVIORAL HEALTH LLC	844191365	0.0355%
NJ RECOVERY & WELLNESS LLC	844262958	0.0211%
AVARIO LLC	844356760	0.0078%
MANSEY FAMILY DENTISTRY OF WASHINGTON	844457286	0.0415%
VALHALLA VETERINARY RADIOLOGY LLC	844459404	0.0438%
RIDER CLAYTON LLC.	844567901	0.0360%
MARK HERR COMMUNICATIONS INC	844577583	0.0423%
JOINT REPLACEMENT & SPINE SURGICAL INSTITUTE	844750522	0.0544%
ALLEN IRRIGATION SPECIALISTS, LLC	844781141	0.0216%
BLUE SWAN BOOKKEEPING,LLC	844844978	0.0085%
REEL OPTICS LLC	844919374	0.0119%
INNOVATIVE HOME DESIGNS,INC.	844993761	0.0208%
R3LS, LLC	850500652	0.0362%
GLOBAL ENTREPRENEURSHIP EXPERIENCE/INNOVATION	851327433	0.0128%
J HELLER TAX & ACCOUNTING, LLC	851511068	0.0020%
TEAM MD SURGERY CENTER, LLC	851686931	0.0722%
JMV HEATING & AC LLC	851826384	0.0086%
DENMOR MANAGEMENT LLC	851932709	0.0092%
LONG BRANCH VETERINARY HOSPITAL	852470551	0.0584%
STEPHANIE A MORAY, CPA & ASSOCIATES LLC	852492182	0.0091%
PLAZA CHIROPRACTIC AND SPORTS MEDICINE	852647069	0.0057%
JEFFREY SHAPIRO, DDS, PC	852790598	0.0011%
TEN TWENTY SEVEN SOLUTIONS	852959189	0.0476%
ADVANCED- SUMMIT RCM	853059393	0.0121%
ATMOSPHERIC DIGITAL MEDIA, LLC	853174650	0.0105%
MERRILL AUDIO ADVANCED TECHNOLOGY, LLC	853611711	0.0103%
METRO CLOCK REPAIR	853682326	0.0095%
AGS MATERIALS & SUPPLY, LLC	853999619	0.0455%
FANNING BOOKKEEPING SERVICES LLC	854077242	0.0118%
ACHIEVE HOME CARE, LLC.	854267403	0.0496%
BEINHAKER LAW, LLC	854268493	0.0014%
ESTHER BURSZTYN LCSW LLC	854388188	0.0007%
ESTHER BURSZTYN LCSW LLC	854388188	0.0033%
MENDOZA MEDIA, LLC	861108089	0.0312%
PARADIGM REALTY ALLIANCE LLC	861149072	0.0273%
KEVIN CASEY BUILDER,LLC	861151115	0.0198%
QPLUS ASIA LLC.	861188441	0.0169%
BB MANAGEMENT AND CONSULTING GROUP	861194538	0.1974%
LEONARD DEVELOPERS & SON LLC	861238448	0.0364%
THE PARENT GAME LLC	861558181	0.0291%
HART TO HART COUNSELING LLC	861587424	0.0088%
CUSICK FUNERAL HOME	862156516	0.0168%
GSV HOLDING,LLC	862583080	0.2525%
PSYCHOTHERAPLAY LLC	862656979	0.0109%
E&R TICKETS CORP	863254994	0.0115%
AG FINANCIAL SERVICES LLC	863269605	0.0100%
PLATINUM DENTAL GROUP SEA GIRT LLC	863647019	0.0145%
SJC ANESTHESIA ASSOCIATES LLC	863730501	0.0137%

COLTS NECK SMILES LLC	863887355	0.0302%
LEICO INDUSTRIES INC	863971900	0.0240%
STEADY STRIDES THERAPY, LLC	870825492	0.0035%
TERRA CASA, LLC	870855868	0.0093%
MEHRING ENTERPRISE LLC	871054528	0.0111%
FDT PAYCO,LLC.	871134909	0.2295%
SAGE VETERINARY CENTER,LLC	871140751	0.0194%
HOOPDOC VENTURES, LLC	871182601	0.0346%
NEHOC GROUP LLC/DBA WADE ODELL WADE	871409141	0.0765%
ABGK CHRT LLC	871571961	0.0130%
ADVANCED THERAPY AND CHIROPRACTIC	871594439	0.0533%
JESSICA CRONIN LCSW	871614330	0.0106%
LAGUNA BOHEMIA,LLC	871647385	0.0091%
ALL THINGS PLANNING & DEVELOPMENT LLC	871839463	0.0220%
CUSTOM TUTORING SERVICES LLC	871929671	0.0025%
MTAB CONSULTING GROUP INC	872008598	0.0195%
CARMINE P AUMENTA & SONS P&H	872082151	0.0267%
ACADEMY ORTHOPAEDIC GROUP LLC	872323416	0.0721%
CABINETS FLOORS & MORE	872375562	0.0214%
VANDER PLAAT COLONIAL HOME	872521000	0.0313%
SUPERDOME SPORTS MANAGEMENT, LLC	872563146	0.0241%
PEACE HEALTHCARE MANAGEMENT	872568632	0.0064%
PET EYE CARE CENTER LLC	872753532	0.0191%
KOSSOW & SANDBERG MD LLC	872766688	0.0160%
MILUN LAW FIRM, LLC	872793269	0.0155%
DR COX & SONS LLC	872882608	0.0190%
MILLVILLE CHECK CASHING	873169801	0.0252%
IK ELECTRIC INC	873181837	0.0053%
ELIZABETH POPE,DVM LLC	873214785	0.0895%
POPE VET SERV/DBA ELIZABETH POPE DVM	873214785	0.0296%
JEM PHYSICAL THERAPY, LLC	873307669	0.0051%
RIDGE ORAL SURGERY	873310906	0.0141%
PARAGON HOSPITALITY GROUP	873331913	0.0102%
MONARCH STRATEGIC HR CONSULTING & COACHING LLC	873598481	0.0247%
GTS SOLUTIONS	873674073	0.0196%
WHITMER CONSULTING LLC	873683606	0.0185%
PNS STAFFING LLC.	873800731	0.1288%
VELES CONSTRUCTION GROUP CORP	874008016	0.0027%
DEVON SEIDMAN DVM(DBA FLEMINGTON VET HOSP	874321627	0.1413%
ENTERGAIN ENTERPRISES INC	874382189	0.0305%
NJIEC EDUCATION & TRAINING CTR A NJ NONPROFIT CORP	874564462	0.0083%
R DOGGIES, INC	880924864	0.0121%
GOLDEN CARE ASSOCIATES, LLC	880953086	0.0268%
APEX MEDICAL AFFAIRS SOLUTIONS LLC	881020196	0.0101%
VISTA WOMEN'S HEALTH, PA	881093200	0.0240%
WALDWICK SUPERDOME SPORTS LLC	881190202	0.0063%
HOLLY GROUP LLC	881217823	0.0279%
DECADES CONSTRUCTION GROUP, INC.	881239791	0.0225%
AVALANCE WORKSHOP	881612358	0.0215%
TRI STATE ANESTHESIOLOGY, LLC	881675481	0.0227%
VVP CA AND CO,LP	881964425	0.8091%
MARNI FINK LLC	882123703	0.0179%
CHESTNUT23011C	882411020	0.0077%
SECKIN PAIN MANAGEMENT, LLC	882424102	0.0259%
PRINCE ACRES LLC	882838054	0.0174%
GSS BRICK DENTAL LLC	883129604	0.2107%
MAE STAR SOLUTIONS	883140471	0.0155%
ROOTS HOME INSPECTION LLC	883656120	0.0124%
STRATAGEM LLC	883676314	0.0066%
BSD JACKSON AUTO,LLC.	883939922	0.0198%
JAB SALES LLC	884221947	0.0205%

DARK STAR CONSULTING, LLC	884364811	0.0165%
TODD GOLDSTEIN, DDS, PC	900620615	0.0090%
BRUNSWICK CHIROPRACTIC CENTER OF NJ	900672418	0.0152%
DIRECT CREMATIONS LLC	900757008	0.0122%
R & J BROTHERS ELECTRIC	901011433	0.0335%
MILLER FAMILY OFFICE GROUP LLC	901019118	0.0342%
PREMIER NURSING CARE LLC	901021369	0.0110%
ONE WATER CONSULTING LLC.	920304816	0.0318%
ALL PETS VETERINARY HOSPITAL	920426050	0.0311%
COLONIAL ANIMAL HOSPITAL	920586286	0.0570%
ROTHENBERG TAX LAW, LLC	920722281	0.0078%
CALIFON DENTAL ARTS	921729037	0.0029%
MONMOUTH OCEAN DENTISTRY	922016248	0.0218%
LIM VETERINARY SERVICES LLC	922025521	0.0194%
ROCKFIELD LANDSCAPE DBA R&S LANDSCAPING	922236777	0.0220%
BENSON PLUMBING, LLC	922621610	0.0113%
HERITAGE SURGICAL PARTNERS, LLC	922770715	0.0129%
DAVID STRAUSS, PHD, LCSW	923024814	0.0190%
DOMINICK OTTOMANELLI, LCSW, LLC	923138700	0.0050%
FRANKLIN CORNER DENTAL GROUP PA	923397527	0.1320%
TRI STATE MOBIL ULTRASOUND	931364259	0.0164%
LEVEL UP WALLS LLC(DBA TEMPORARY WALL SYSTEMS MEADOWLANDS)	931708956	0.0283%
PLASTECHFREE,INC.	932057721	0.0158%
SNOWWORX	932205199	0.0051%
BRANCHBURG AUTOMOTIVE	932902190	0.0452%
FEDELE & HONSCKE ATTORNEYS AT LAW	933069863	0.0427%
SILVIO M SILVI ATTORNEY AT LAW LLC	933189187	0.0209%
AMPARO ENTERPRISES COLUMBUS DR LLC	933547208	0.0112%
RAINTREE VETERINARY CARE,LLC	934066694	0.0053%
CORNERSTONE FAMILY DENTISTRY AND IMPLANTS LLC	934220112	0.0423%
DILIN HOSPITALITY LLC DBA AMERIGO	934604386	0.0076%
MCDERMOTT WILD LLC	934856015	0.0080%
DEBRA STEIN DMD MMSC A PROFESSIONAL CORPORATION	934863337	0.0041%
JOHN O BOYLE PHOTOGRAPHY, LLC	943468040	0.0221%
ASM CONSULTING	954832920	0.0349%
JONATHAN GLATT DMD PC	990572726	0.0397%
SHIMON FRANKEL DBA FIVE STAR ANESTHESIA LLC	995033437	0.0039%
		<b>100.0000%</b>

**Note: Social Security numbers have been redacted with XXXXXXXXX to protect the identities of individuals. These numbers will be made available upon official request.**

**SUMMARY ANNUAL REPORT FOR  
ASSOCIATION MASTER TRUST D/B/A - ASSOCIATION MEMBER TRUST  
BENEFITS TRUST FUND**

**EMPLOYER I.D. NO. 22-6315089**

This is a summary of the Annual Report of the Association Master Trust D/B/A - Association Member Trust Benefits Trust Fund, Employer Identification Number 22-6315089, a group welfare benefit plan, for 2024. The Annual Report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Association Master Trust D/B/A - Association Member Trust has committed itself to pay Life, AD&D, Health and Dental claims incurred under the terms of the plan.

**Insurance Information -**

The plan has contracts with Unicare Life & Health, Inc. to pay all Life and AD&D claims and Horizon Healthcare Services, Inc. to pay certain health claims incurred under the terms of the plan. The total premiums paid for these coverages, for the plan year ending 12/31/24, was \$10,730,094.

Because the Unicare Life & Health, Inc. contract is a so-called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/24, the premiums paid under this "experience-rated" contract was \$1,331,241 and the total of all benefit claims paid under this "experience-rated" contract during the plan year was \$200,590.

**Basic Financial Statement -**

The value of plan assets, after subtracting liabilities of the plan, was \$36,848,327 as of 12/31/24, compared to \$33,271,514 as of 1/1/24. During the plan year the plan experienced an increase in net assets of \$3,576,813. This increase includes unrealized appreciation or depreciation in the value of the plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of \$124,354,282 including employer contributions of \$122,427,874 and earnings from investments of \$1,926,408.

The plan expenses totaled \$120,777,469 during the plan year. These expenses included \$6,517,652 in administrative expenses and \$114,259,817 in benefits provided to participants.

## **Your Rights to Additional Information -**

You have the right to receive a copy of the full Annual Report or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Assets held for investment.
3. Transactions between the plan and parties in interest (that is, persons who have certain relationships with the plan)
4. Transactions more than 5% of plan assets
5. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full Annual Report or any part thereof, write or call the Association Master Trust D/B/A – Association Member Trust Office, the Plan Administrator, at 636 Morris Turnpike, Suite 2A, Short Hills, N.J. 07078, Phone (973) 379-1090. The charge to cover copying costs will be \$5.00 for the full Annual Report or \$0.25 per page for any part thereof.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full Annual Report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the Annual Report at the main office of the plan, Association Master Trust D/B/A – Association Member Trust, at 636 Morris Turnpike, Suite 2A, Short Hills, N.J. 07078, and at the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to Public Disclosure Room, N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C., 20210.

**ASSOCIATION MASTER TRUST**

**EIN 22-6315089**

**Plan No. 501**

**Plan Year Ended December 31,2024**

**Form 5500, Schedule H, Part IV, Line 4i  
Schedule of Assets (Held at Year End)**

**See attachment to the Accountant's Audit Report attached at Accountant's Opinion**

**ASSOCIATION MASTER TRUST**

**EIN 22-6315089**

**Plan No. 501**

**Plan Year Ended December 31,2024**

**Form 5500, Schedule H, Part IV, Line 4j  
Schedule of Reportable Transactions**

**See attachment to the Accountant's Audit Report attached at Accountant's Opinion**

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

**B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  the final return/report  
 an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program  
 special extension (enter description) \_\_\_\_\_

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

**Part II Basic Plan Information - enter all requested information**

<b>1a</b> Name of plan ASSOCIATION MASTER TRUST	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	01/01/1979
<b>2a</b> 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)  ASSOCIATION MASTER TRUST  636 MORRIS TURNPIKE, SUITE 2A SHORT HILLS, NJ 07078	<b>2b</b> Employer Identification Number (EIN)	22-6315089
	<b>2c</b> Plan Sponsor's telephone number	973-379-1090
	<b>2d</b> Business code (see instructions)	525100

**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	<i>Steve Cerbone</i>	07/31/2025	STEVEN CERBONE
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN 22-6315089  <b>3c</b> Administrator's telephone number 973-379-1090
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<b>4</b> 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:  <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN		
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">10657</td> </tr> </table>	<b>5</b>	10657
<b>5</b>	10657		
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(1)</b></td> <td style="text-align: right;">10657</td> </tr> </table>	<b>6a(1)</b>	10657
<b>6a(1)</b>	10657		
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6a(2)</b></td> <td style="text-align: right;">8528</td> </tr> </table>	<b>6a(2)</b>	8528
<b>6a(2)</b>	8528		
<b>b</b> Retired or separated participants receiving benefits . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6b</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6b</b>	0
<b>6b</b>	0		
<b>c</b> Other retired or separated participants entitled to future benefits. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6c</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6c</b>	0
<b>6c</b>	0		
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6d</b></td> <td style="text-align: right;">8528</td> </tr> </table>	<b>6d</b>	8528
<b>6d</b>	8528		
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6e</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6e</b>	0
<b>6e</b>	0		
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6f</b></td> <td style="text-align: right;">8528</td> </tr> </table>	<b>6f</b>	8528
<b>6f</b>	8528		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6g(1)</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6g(1)</b>	0
<b>6g(1)</b>	0		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6g(2)</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6g(2)</b>	0
<b>6g(2)</b>	0		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6h</b>	0
<b>6h</b>	0		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) . . . . .	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td style="text-align: right;"></td> </tr> </table>	<b>7</b>	
<b>7</b>			

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

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>14</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

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

Receipt Confirmation Code 000115898-9474