

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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMALGAMATED SOCIAL BENEFITS ASSOCIATION
1b Three-digit plan number (PN): 501
1c Effective date of plan: 07/31/1968
2a Plan sponsor's name (employer, if for a single-employer plan): AMALGAMATED SOCIAL BENEFITS ASSOCIATION
Mailing address (include room, apt., suite no. and street, or P.O. Box): 333 SOUTH ASHLAND AVENUE, CHICAGO, IL 60607
2b Employer Identification Number (EIN): 36-1892420
2c Plan Sponsor's telephone number: 312-738-6150
2d Business code (see instructions): 812320

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 entries for CHARLES SCHERBAUM and NAOMI HANSHEW.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2244
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2244
	6a(2)	2851
	6b	
	6c	
	6d	2851
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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 4D 4E 4K

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan AMALGAMATED SOCIAL BENEFITS ASSOCIATION	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AMALGAMATED SOCIAL BENEFITS ASSOCIATION	D Employer Identification Number (EIN) 36-1892420	

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

AMERICAN FUNDS SERVICE COMPANY **PO BOX 6007**
INDIANAPOLIS, IN 46206-6007

(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)

SIDNEY HILLMAN HEALTH CENTRE

36-2245908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	AFFILIATE	1533924	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)

SAVRX

86-1323040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	256377	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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	37410	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMALGAMATED SOCIAL BENEFITS ASSOCIATION	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 AMALGAMATED SOCIAL BENEFITS ASSOCIATION	D Employer Identification Number (EIN) 36-1892420

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	139548	286438
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	244683	279158
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4559	5220
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	160639	176692
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1992728	1888111
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	2593	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	2544750	2635619
Liabilities			
g Benefit claims payable.....	1g	152169	19959
h Operating payables.....	1h	18005	18393
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5313	4212
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	175487	42564
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2369263	2593055

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1962076	
(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)		1962076
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	853	
(B) U.S. Government securities.....	2b(1)(B)	0	
(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)		853
(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)	72775	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		72775
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		72806
c Other income	2c		1901
d Total income. Add all income amounts in column (b) and enter total.....	2d		2110411

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12630	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	1658091	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1670721
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	47883	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	11410	
(4) IQPA audit fees	2i(4)	26000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4892	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	125713	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		215898
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1886619

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		223792
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Amalgamated Social Benefits Association

Financial Statements

December 31, 2024

Amalgamated Social Benefits Association

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Amalgamated Social Benefits Association

Opinion

We have audited the financial statements of Amalgamated Social Benefits Association (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Amalgamated Social Benefits Association as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

August 11, 2025

Amalgamated Social Benefits Association
Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 286,438	\$ 139,548
Receivables		
Employer contributions	279,158	244,683
Accrued interest and dividends	969	27
Total receivables	<u>280,127</u>	<u>244,710</u>
Investments - at fair value		
Mutual fund	1,888,111	1,992,728
Cash and cash equivalents	176,692	160,639
Total investments	<u>2,064,803</u>	<u>2,153,367</u>
Property and equipment - net	<u>-</u>	<u>2,593</u>
Prepaid expenses	<u>4,251</u>	<u>4,532</u>
Total assets	<u>2,635,619</u>	<u>2,544,750</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	18,393	18,005
Due to related organization	4,212	5,313
Total liabilities	<u>22,605</u>	<u>23,318</u>
Net assets available for benefits	<u>\$ 2,613,014</u>	<u>\$ 2,521,432</u>

See accompanying notes to financial statements.

Amalgamated Social Benefits Association

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 72,806	\$ 96,022
Dividends	72,775	71,945
Interest	<u>853</u>	<u>764</u>
Investment income - net	146,434	168,731
Employer contributions	1,962,076	1,950,906
Miscellaneous income	<u>1,901</u>	<u>1,128</u>
Total additions	<u>2,110,411</u>	<u>2,120,765</u>
Deductions		
Cost of benefits		
Sidney Hillman Health Centre premiums - medical	1,533,924	1,945,139
Prescription drug	256,377	247,338
Dental	-	204
Education	5,250	6,767
Vision	<u>7,380</u>	<u>6,151</u>
Total cost of benefits	1,802,931	2,205,599
Social center	24,127	67,928
Fees mandated by Affordable Care Act	17,449	18,049
Administrative expenses	<u>174,322</u>	<u>168,400</u>
Total deductions	<u>2,018,829</u>	<u>2,459,976</u>
Net increase (decrease)	91,582	(339,211)
Net assets available for benefits		
Beginning of year	<u>2,521,432</u>	<u>2,860,643</u>
End of year	<u>\$ 2,613,014</u>	<u>\$ 2,521,432</u>

See accompanying notes to financial statements.

Amalgamated Social Benefits Association

Statements of Benefit Obligations

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	<u>\$ 19,959</u>	<u>\$ 152,169</u>

See accompanying notes to financial statements.

Amalgamated Social Benefits Association

Statements of Changes in Benefit Obligations

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year	\$ 152,169	\$ 156,425
(Decrease) during the year attributable to changes in		
Claims payable and claims incurred but not reported	<u>(132,210)</u>	<u>(4,256)</u>
Balance at end of year	<u>\$ 19,959</u>	<u>\$ 152,169</u>

See accompanying notes to financial statements.

Amalgamated Social Benefits Association

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Amalgamated Social Benefits Association (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions, liquidated damages and underpayments due and not paid prior to year end are recorded as contributions receivable. Payroll compliance audit deficiencies are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over the following estimated useful lives of the related assets:

Office furniture and equipment	5 years
Leasehold improvements	7 - 10 years

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the wages earned in covered employment and the contribution rate currently in effect, as set forth in the collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located in the Midwest region of the United States of America.

Benefits - The Plan is self-insured for all benefits paid to participants and their dependents.

Benefit Obligations - Benefit obligations were determined by the Plan administrator based on paid and incurred claims cost studies, Plan benefits, claims experience and other data as considered necessary.

Note 1. Summary of Significant Accounting Policies (continued)

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

Subsequent Events - Subsequent events have been evaluated through August 11, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established to provide benefits for eligible participants and their dependents. The Plan is a multiple employer welfare plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Benefits include health care, dental, prescription drug, education, optical and other miscellaneous benefit services.

Health care benefits and services are provided by Sidney Hillman Health Centre (the Centre), a related party. The Centre is a not-for-profit corporation established to operate a voluntary health service plan within the meaning of the Voluntary Health Services Plan Department of the State of Illinois. The Centre provides health care benefits and ambulatory medical services to eligible participants.

The Plan also offers an education benefit to eligible participants and their dependents in the form of college tuition reimbursements up to \$700 per year, for a maximum of four years. In addition, the Plan provides for a social center for the well-being and use of all retired members of Chicago and Midwest Regional Joint Board.

Initial eligibility occurs after a participant works three months for an employer who is under contract with the Chicago and Midwest Regional Joint Board, and the negotiated contributions are paid on the participant's behalf. Participants and their dependents must satisfy additional requirements in order to be entitled to the education benefit. Once a participant becomes eligible under the Plan, eligibility will continue on a month-to-month basis as long as the participant works in covered employment and contributions are made on their behalf.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by the Consolidated Omnibus Budget Reconciliation Act (COBRA), was adopted by the Plan.

Participants should refer to the summary plan description for more complete information.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

Note 4. Tax Status

The Plan obtained a notice of exemption in August 1943, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

Note 5. Funding Policy

Employer contributions to the Plan are made as specified in the collective bargaining agreements. Hourly contribution rates in effect during 2024 and 2023 ranged from 1% to 4.20% of the participant's gross wages and monthly contribution rates ranged from \$30 to \$140 per participant.

Participant contributions are allowed to provide COBRA benefits. Participant contributions are determined annually. Monthly contribution rates ranged from \$80 to \$298 during the years ended December 31, 2024 and 2023, depending on the participant's coverage election. There were no participant contributions for either 2024 or 2023.

Note 6. Major Employers

Contributions from three employers accounted for approximately 35% of total employer contributions for each of the years the years ended December 31, 2024 and 2023. In the event these employers suspend contributions, the Plan would terminate coverage to the employers' participants, as required under the Plan document. The Plan would retain the risk of meeting fixed administrative expenses until appropriate adjustments were made.

Note 7. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	<u>Total</u>	<u>Fair Value Measurements at 12/31/24 Using</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Mutual fund	\$ 1,888,111	1,888,111	\$ -	\$ -
Cash and cash equivalents	<u>176,692</u>	<u>-</u>	<u>176,692</u>	<u>-</u>
Total	<u>\$ 2,064,803</u>	<u>\$ 1,888,111</u>	<u>\$ 176,692</u>	<u>\$ -</u>

Note 7. Fair Value Measurements (continued)

	<u>Fair Value Measurements at 12/31/23 Using</u>			
	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Mutual fund	\$ 1,992,728	\$ 1,992,728	\$ -	\$ -
Cash and cash equivalents	160,639	-	160,639	-
Total	<u>\$ 2,153,367</u>	<u>\$ 1,992,728</u>	<u>\$ 160,639</u>	<u>\$ -</u>

Level 1 Measurements

The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are other fixed income and equity mutual funds. Shares held in the mutual fund are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Level 2 Measurements

Cash and cash equivalents consist of money market funds and are valued at cost, which approximates fair value.

Note 8. Related OrganizationsIdentification of Related Parties

The Plan shares common governance with several entities, including Chicago and Midwest Regional Joint Board (CMRJB), the Centre, and Chicago and Midwest Regional Pension Fund.

Health Benefits

The Plan paid premiums for healthcare services to the Centre totaling \$1,533,924 and \$1,945,139 for the years ended December 31, 2024 and 2023, respectively.

Note 8. Related Organizations (continued)

Lease

The Plan leases office and social center space from CMRJB on a month-to-month basis. The Plan paid a flat monthly rate of \$12,915 through June 30, 2023. Effective July 1, 2023, in recognition of the reduced use of the social center, the Plan and CMRJB entered into a rent abatement agreement which lowered the monthly rate to \$5,940 continued through audit field work June 2025. The lease provides for a 30-day notice period for termination by either the lessor or lessee. The Plan has determined that due to the mutual termination option, enforceable rights and obligations do not exist under the leasing arrangement beyond the 30-day notice period. Therefore, neither a right-of-use asset nor a lease liability was recorded on the statements of net assets available for benefits.

Rent paid during the years ended December 31, 2024 and 2023 totaled \$71,280 and \$113,130, respectively of which \$24,000 and \$65,850, respectively, was allocable to the social center and \$47,280 was allocable for administrative office space.

Shared Administrative Expenses

The Plan shares common facilities, equipment and staff with CMRJB, and is charged an allocation of its expenses. The total amount reimbursed by the Plan for the years ended December 31, 2024 and 2023 was \$54,814 and \$54,172 respectively. Amounts due to the related organization at December 31, 2024 and 2023 represent expenses incurred but not yet reimbursed at year end.

Note 9. Property and Equipment

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

	<u>2024</u>	<u>2023</u>
Office furniture and equipment	\$ 7,641	\$ 7,641
Leasehold improvements	<u>71,135</u>	<u>71,135</u>
	78,776	78,776
Less accumulated depreciation and amortization	<u>(78,776)</u>	<u>(76,183)</u>
Net property and equipment	<u>\$ -</u>	<u>\$ 2,593</u>

Depreciation and amortization expense was \$2,593 and \$3,889 for the years ended December 31, 2024 and 2023, respectively.

Note 10. Risks and Uncertainties

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

The Plan has a significant portion of its assets invested in a diversified mutual fund. At December 31, 2024 and 2023, investment in a diversified mutual fund represented approximately 72% and 79% respectively, of the Plan's net assets available for benefits.

Note 11. Reconciliation of Financial Statements to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 2,613,014	\$ 2,521,432
Less - benefit obligations currently payable	<u>(19,959)</u>	<u>(152,169)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,593,055</u>	<u>\$ 2,369,263</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to or for participants per the financial statements	\$ 1,802,931
Add - amounts currently payable at end of year	19,959
Less - amounts currently payable at beginning of year	<u>(152,169)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 1,670,721</u>

Note 12. Subsequent Event

Subsequent to year end, with preliminary approval from the Illinois Department of Insurance, the Centre's Board of Directors approved a formal plan of dissolution. The Center closed its operations on July 31, 2025.

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Amalgamated Social Benefits Association

We have audited the financial statements of Amalgamated Social Benefits Association (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated August 11, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

August 11, 2025

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION		BEGINNING	ENDING
PREPAID EXPENSES		4,532.	4,251.
ACCRUED INTEREST AND DIVIDENDS		27.	969.
TOTAL TO SCHEDULE H, LINE 1B(3)		4,559.	5,220.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 2	
DESCRIPTION		BEGINNING	ENDING
DUE TO RELATED ORGANIZATION		5,313.	4,212.
TOTAL TO SCHEDULE H, LINE 1J		5,313.	4,212.

SCHEDULE H	OTHER INCOME	STATEMENT 3	
DESCRIPTION		AMOUNT	
MISCELLANEOUS INCOME		1,901.	
TOTAL TO SCHEDULE H, LINE 2C		1,901.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 4	
DESCRIPTION		AMOUNT	
PAYMENTS TO BENEFIT PROVIDERS		1,658,091.	
TOTAL TO SCHEDULE H, LINE 2E(3)		1,658,091.	

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 5

DESCRIPTION	AMOUNT
SOCIAL CENTER	24,127.
REIMBURSEMENT OF SHARED ADMINISTRATIVE EXPENSES	6,931.
DEPRECIATION	2,593.
INSURANCE	22,033.
OFFICE	4,298.
RENT	47,280.
MISCELLANEOUS	1,002.
FEES MANDATED BY AFFORDABLE CARE ACT	17,449.
TOTAL TO SCHEDULE H, LINE 2I(11)	125,713.

Amalgamated Social Benefits Association
EIN: 36-1892420
Schedule of Assets Held for Investment Purposes
Year Ended December 31, 2024

Investment Type	Cost	FMV	Per 5500 at FMV
Interest Bearing Cash			
Money Market			
Amalgamated Bank of Chicago	176,692	<u>176,692</u>	<u>176,692</u>
Mutual Fund			
American Fund Retirement Income Portfolio	1,812,359	<u>1,888,111</u>	<u>1,888,111</u>
		Total Investments	<u><u>2,064,803</u></u>

MULTIPLE-Employer Plan Participating Employer Information
 AMALGAMATED SOCIAL BENEFITS ASSOCIATION
FORM 5500- EIN:36-1892420

COMPANY	EIN	Percentage of Total
Suncast	36-3329123	13%
37th Street Bakery	80-0188756	12%
Aramark Uniform Services	95-3082883	10%
Oxford Clothes	35-1285878	9%
Levy United Center	36-4193277	7%
PureStar Linen Group	61-1721638	7%
Open Kitchens	36-2668558	6%
Custom Plastics	36-2330447	6%
Alsco -American Linen	87-0252999	5%
Levy Wrigley Field	36-4193277	3%
Mickeys Linen	36-2067258	3%
Guaranteed Rate Field	16-0848422	2%
National Container	36-4461153	2%
Whitsons Culinary Group	11-2579630	2%
Curto-Ligonier Foundaries	36-2303750	1%
Amalgamated Bank Of Chicago	36-0721895	1%
Skokie Valley Laundry & Cleaners	36-3391728	1%
Ridge Global	46-2046842	1%
Front Line Apparel Group	06-1732087	1%
Roscoe	36-2087282	1%
Midway Cap Company	36-2523218	1%
Ritz Carlton Water Tower	52-2055918	1%
Medclean-Villa Park	36-2067258	1%
Chicago Midwest Regional Joint Board	36-2938055	1%
Libra	36-2325766	1%
Accurate Felt	36-2170303	1%
Excelled Sheepskin	22-2133494	1%
Hyatt Regency-CHICAGO	94-1649123	0%
Hilton Management LLC	36-3104165	0%
Macy's-State Street	13-3324058	0%
Union Linen-Domestic	36-2067258	0%
HLT Drake LLC	36-3104165	0%
Sidney Hillman Health Centre	36-2245908	0%
HLT Palmer House LLC	36-3104165	0%
Hyatt Regency-OHARE	94-1649123	0%
Workers United	26-4459382	0%
Spectra at Toyota Park	23-3035417	0%
		100%