

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan 32BJ NORTH PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 06/16/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES 32BJ NORTH PENSION FUND 25 WEST 18TH STREET NEW YORK, NY 10011	2b Employer Identification Number (EIN) 13-1819138 2c Plan Sponsor's telephone number 212-539-2778 2d Business code (see instructions) 561790

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2025	KEVIN STAVRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/01/2025	WILLIAM SCHUR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 15235
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) 5667 6a(2) 5786 6b 4488 6c 4116 6d 14390 6e 1082 6f 15472 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 1188

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan 32BJ NORTH PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES 32BJ NORTH PENSION FUND	D Employer Identification Number (EIN) 13-1819138

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 492233045
(2) Actuarial value of assets for funding standard account	1b(2) 514856993
c (1) Accrued liability for plan using immediate gain methods	1c(1) 505674221
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 505674221
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 808251370
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 17098303
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 34013436
(3) Expected plan disbursements for the plan year	1d(3) 36363436

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	07/09/2025
Signature of actuary BRIAN LEHMAN, ASA, MAAA	Date 23-08555
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BLVD E NEW YORK, NY 10001-2192	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	495480994
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	5506	326261724
(2) For terminated vested participants	3900	183196685
(3) For active participants:		
(a) Non-vested benefits		4846437
(b) Vested benefits		293946524
(c) Total active	4804	298792961
(4) Total	14210	808251370
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.30 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	26979430				
Totals ►			3(b)	26979430	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 1016001

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	101.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		10.6 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		2265864
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1834705	-188262
3	150964	15491

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	10514319

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	86902690	12979861
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1644593**e** Total charges. Add lines 9a through 9d.....**9e** 25138773**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 27996953**g** Employer contributions. Total from column (b) of line 3.....**9g** 26979430**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	68088509	12305851

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 3686786**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

9j(1)	55589119	
9j(2)	222926288	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0

(2) Other credits

9k(2) 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 70969020**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 45830247**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 32BJ NORTH PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES 32BJ NORTH PENSION FUND	D Employer Identification Number (EIN) 13-1819138	

Part I	Service Provider Information (see instructions)
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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
GRAIN MANAGEMENT, LLC
27-2066237

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOURVEST PARTNERS LP
74-3130888

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
I SQUARED CAPITAL
98-1043772

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LEXINGTON CAPITAL PARTNERS VII, L.P
26-3860011

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

PARNASSUS INVESTMENTS, LLC

87-2269073

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

POMONA CAPITAL, LLC

30-0748480

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

RELIANCE TRUST COMPANY

58-1428634

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

STEPSTONE

88-3267961

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

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

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

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

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

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

BUILDING SERVICE 32BJ HEALTH FUND

13-2928869

(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 14 50	AFFILIATE	1047214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROW HOLDING CAPITAL PARTNERS, LLC

27-4077052

(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?
28 51	NONE	359761	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

RREEF AMERICA LLC

58-2364506

(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?
28 51	NONE	227023	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

SLEVIN & HART, P.C.

52-1078613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	216274	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALTRINISIC COLLECTIVE INVESTMENT TRU

36-7634097

(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?
28 51	NONE	171687	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CHAMPLAIN INVESTMENT PARTNERS, LLC

20-1367417

(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?
28 51	NONE	136243	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

MEKETA INVESTMENT GROUP, INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	123667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DODGE & COX

94-1441976

(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?
28 51	NONE	112620	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	110646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SEGAL SELECT INSURANCES, INC.

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	103682	Yes ☒ No ☐	Yes ☐ No ☒	17968	Yes ☐ No ☒

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	70000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DRIEHAUS CAPITAL MANAGEMENT LLC

37-6553761

(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?
28 51	NONE	63179	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

CONSTITUTION CAPITAL EQUITY PTNRS

74-3246212

(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?
28 51	NONE	61311	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHULTHEIS & PANETTIERI, LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	59616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAAB, STURM & GANCHROW, LLP

13-1566077

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	52432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	38380	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

HEALTH MANAGEMENT SYSTEMS, INC.

13-2770433

(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?
17 50	NONE	37524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	36207	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

H&H GRAPHIC PRINTING COMMUNICATIONS

27-0771521

(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?
36 50	NONE	29670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	26386	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AMALGAMATED BANK

13-4920330

(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?
28 51	NONE	17572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PURCHASE POWER

84-1386389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	13093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

45-6138589

(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?
28 51	NONE	9416	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CORDATIUS LLC

37 W 93RD ST
SUITE 9
NEW YORK, NY 10025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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
SEGAL SELECT INS SERVICES, INC.	22 53	13293

(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.
CHUBB 13-1963496	COMMISSION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC.	22 53	3453

(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.
ENCORE 45-3957469	COMMISSION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INS SERVICES, INC.	22 53	1222

(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.
AMWINS BROKERAGE 13-4279678	COMMISSION FEES

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:	SUSAN L. BOYLE	b EIN:	06-1839113
c Position:	SENIOR VP AND ACTUARY		
d Address:	66 HUDSON BLVD E. NEW YORK, NY 10001-2192	e Telephone:	212-251-5000

Explanation: THE ENROLLED ACTUARY WAS CHANGED DUE TO REASSIGNMENT OF RESPONSIBILITIES WITHIN THE SAME FIRM.

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 32BJ NORTH PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES 32BJ NORTH PENSION FUND		D Employer Identification Number (EIN) 13-1819138
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW TOTAL MARKET 1500 IDX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 13-4920330-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81147744
a Name of MTIA, CCT, PSA, or 103-12 IE: ALTRINISIC INTERNATIONAL EQUITY COL		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 36-7634097-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30703016
a Name of MTIA, CCT, PSA, or 103-12 IE: RT INST RET TRUST SERIES ELEVEN		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 82-6253445-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28152030
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LONG US TREASURY INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025081-479	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18348722
a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE EAFE INDEX FD NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15225369
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL NATIONAL RES IDX		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 90-0337987-287	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12254323
a Name of MTIA, CCT, PSA, or 103-12 IE: DRIEHAUS EMERGING MKTS GROWTH TRUST		
b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY		
c EIN-PN 37-6553761-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10824229
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI EM EX CHINA NL TRUST**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 85-2197958-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5086033
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan 32BJ NORTH PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES 32BJ NORTH PENSION FUND	D Employer Identification Number (EIN) 13-1819138

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	3040883	3813435
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5479616	7291117
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	396802	365828
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4469961	13118814
(2) U.S. Government securities	1c(2)	18294481	21053223
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4731941	4781251
(B) All other	1c(3)(B)	8840454	7067483
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	494715	509061
(B) Common	1c(4)(B)	12348634	13846066
(5) Partnership/joint venture interests	1c(5)	57716657	68602952
(6) Real estate (other than employer real property)	1c(6)	33480634	40627438
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	204103692	201741466
(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)	143008085	145491932
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	527290	621075

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	209455	202865
f Total assets (add all amounts in lines 1a through 1e)	1f	497143300	529134006
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	438354	372342
i Acquisition indebtedness	1i		
j Other liabilities	1j	1223952	6302
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1662306	378644
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	495480994	528755362

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)	28749807	
(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)		28749807
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	189223	
(B) U.S. Government securities	2b(1)(B)	734470	
(C) Corporate debt instruments	2b(1)(C)	705378	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	122214	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1751285
(2) Dividends: (A) Preferred stock	2b(2)(A)	99614	
(B) Common stock	2b(2)(B)	4760366	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1008858	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5868838
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	17586866	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13775341	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3811525
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-3577219	
(B) Other	2b(5)(B)	-379872	
(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)		26406865
(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)		4396078
c Other income	2c		1034216
d Total income. Add all income amounts in column (b) and enter total	2d		68061523

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	31017547	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		31017547
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)	1047214	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	59616	
(4) IQPA audit fees	2i(4)	70000	
(5) Investment advisory and investment management fees	2i(5)	1390739	
(6) Bank or trust company trustee/custodial fees	2i(6)	36207	
(7) Actuarial fees	2i(7)	110646	
(8) Legal fees	2i(8)	191959	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	863227	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3769608
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34787155

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33274368
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: **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
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		310971856
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 557502.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan 32BJ NORTH PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES 32BJ NORTH PENSION FUND		D Employer Identification Number (EIN) 13-1819138
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 1
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer RIVERBAY CORP.

b EIN 13-2571433

c Dollar amount contributed by employer 2581433

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 08 Year 2026

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 500.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer NEW YORK RACING ASSOCIATION INC.

b EIN 61-1559040

c Dollar amount contributed by employer 636231

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2027

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer WESTCHESTER COUNTRY CLUB, INC.

b EIN 13-3173700

c Dollar amount contributed by employer 418957

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 16 Year 2028

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 426.64

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer CROTHALL HEALTHCARE INC.

b EIN 11-1953054

c Dollar amount contributed by employer 374008

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2027

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer QUALITY BUILDING SERVICES CORP.

b EIN 13-4125850

c Dollar amount contributed by employer 353290

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 14 Year 2027

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) 400.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MONTHLY

a Name of contributing employer A&A MAINTENANCE ENTERPRISE

b EIN 13-3149505

c Dollar amount contributed by employer 262744

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 03 Day 14 Year 2027

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **HIGHBRIDGE COMMUNITY HDFC**

b EIN **13-3496091**

c Dollar amount contributed by employer **253392**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **14** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **400.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **SKYVIEW OWNERS CORPORATION**

b EIN **13-3489216**

c Dollar amount contributed by employer **240271**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **14** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **400.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer **EMPIRE CITY CASINO**

b EIN **13-2710385**

c Dollar amount contributed by employer **238463**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **31** Year **2025**

e Contribution rate information (If more than one rate applies, check this box ☒ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer **AMALGAMATED HOUSING CORP.**

b EIN **13-1695554**

c Dollar amount contributed by employer **215378**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **03** Day **14** Year **2027**

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **400.00**

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **MONTHLY**

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	166
b The plan year immediately preceding the current plan year. ☒ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	273
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	255

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	0.61
b The corresponding number for the second preceding plan year.....	15b	0.65

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....	16a	19
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	2598027

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 48.00 % Private Equity: 13.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 27.00 %

High-Yield Debt: 4.00 % Real Assets: 8.00 % Cash or Cash Equivalents: 0.00 % Other: 0.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



32BJ NORTH PENSION FUND
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report

32BJ North Pension Fund32BJ North Pension Fund
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
32BJ North Pension Fund:

Opinion

We have audited the financial statements of the 32BJ North Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the 32BJ North Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 32BJ North Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the 32BJ North Pension Fund's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 32BJ North Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about 32BJ North Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

WithumSmith+Brown, PC

July 31, 2025

32BJ North Pension Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value	\$ 517,460,761	\$ 488,016,544
Cash	<u>3,813,435</u>	<u>3,040,883</u>
Receivables		
Employers' contributions	2,280,836	2,231,667
Accrued interest and dividends	293,992	327,669
Due from affiliates - net	14,478	-
Due from pensioners	57,358	69,133
Due from withdrawing employers	<u>5,010,281</u>	<u>3,247,949</u>
Total receivables	<u>7,656,945</u>	<u>5,876,418</u>
Other assets		
Property and equipment - net	137,061	159,035
Other assets	<u>65,804</u>	<u>50,420</u>
Total other assets	<u>202,865</u>	<u>209,455</u>
Total assets	<u>529,134,006</u>	<u>497,143,300</u>
Liabilities		
Accounts payable and accrued expenses	372,342	438,354
Due to brokers for securities purchased	6,302	1,065,475
Due to affiliates - net	<u>-</u>	<u>158,477</u>
Total liabilities	<u>378,644</u>	<u>1,662,306</u>
Net assets available for benefits	<u>\$ 528,755,362</u>	<u>\$ 495,480,994</u>

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

32BJ North Pension Fund
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	\$ 31,691,593	\$ 42,225,333
Interest and dividends	<u>7,620,123</u>	<u>6,414,867</u>
	39,311,716	48,640,200
Investment expenses	<u>(1,390,739)</u>	<u>(1,109,417)</u>
Net investment income	<u>37,920,977</u>	<u>47,530,783</u>
Employers' contributions	25,877,855	25,495,045
Withdrawal liability income	2,419,594	874,842
Interest income - employers	380,270	325,882
Liquidated damages - employers	64,043	8,060
Other income	<u>8,045</u>	<u>-</u>
Total additions	<u>66,670,784</u>	<u>74,234,612</u>
Deductions		
Benefits paid	31,017,547	31,388,137
Administrative expenses	<u>2,378,869</u>	<u>2,287,539</u>
Total deductions	<u>33,396,416</u>	<u>33,675,676</u>
Change in net assets available for benefits	33,274,368	40,558,936
Net assets available for benefits		
Beginning of year	<u>495,480,994</u>	<u>454,922,058</u>
End of year	<u>\$ 528,755,362</u>	<u>\$ 495,480,994</u>

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

32BJ North Pension Fund
Statement of Accumulated Plan Benefits
December 31, 2023

Vested benefits	
Participants currently receiving benefits	\$ 244,788,433
Other vested benefits	<u>258,833,004</u>
Total vested benefits	503,621,437
 Nonvested benefits	 <u>2,052,784</u>
 Total actuarial present value of accumulated plan benefits before administrative expenses	 505,674,221
Actuarial present value of administrative expenses	<u>36,900,000</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 542,574,221</u>

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

32BJ North Pension Fund
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at the beginning of the year	<u>\$ 534,586,919</u>
Increase (decrease) during the year attributable to	
Interest	33,493,951
Plan amendments	150,964
Benefits accumulated, net experience gain or loss, changes in data	7,930,524
Benefits paid	(31,388,137)
Change in the present value of administrative expenses	<u>(2,200,000)</u>
Net increase	<u>7,987,302</u>
Actuarial present value of accumulated plan benefits at the end of the year	<u>\$ 542,574,221</u>

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

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

1. PLAN DESCRIPTION AND FUNDING

The following description of the 32BJ North Pension Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan's summary plan description for a complete description of the Plan's provisions.

General

The Plan is a multiemployer, noncontributory defined benefit pension plan that was established under the terms of collective bargaining agreements between 32BJ SEIU (the "Union"), the Bronx Realty Advisory Board, Inc., the Boiler Service Maintenance and Repair Employers Association of New York, Inc., and certain employers.

The Plan is administered by a Board of Trustees (the "Trustees") having equal representation by the employers and the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

An employee hired on or after June 1, 2011 becomes a Plan participant on the first day of the thirteenth month after he or she begins working for a contributing employer in a job classification that is covered by a collective bargaining agreement or participation agreement. For employees hired prior to June 1, 2011, employee participation in the Plan commenced on the last day of the first Plan year for which an employer was obligated to contribute to the Plan on his or her behalf.

Plan Benefits

The Plan, as amended, provides regular pension, vested pension, early retirement pension, and disability pension benefits.

Under the Plan, participants with five or more years of vesting service are entitled to monthly pension benefits beginning at normal retirement age (65). The amount of pension benefit is comprised of two parts: the benefit earned as of December 31, 2006 plus the sum of annual accruals for each Plan year beginning with 2007.

Single participants receive benefits in the form of a single life pension. Married participants receive benefits in the form of a 50% joint and survivor pension, unless waived by the participant with spousal consent. The 50% joint and survivor pension provides a retired participant with a reduced monthly benefit for the participant's life and upon the participant's death and 50% of that amount for the spouse's life. Should the spouse die prior to the participant, the participant's monthly benefit remains the same. Married participants also have the option of electing a 75% joint and survivor pension.

Early Retirement

Participants are eligible to receive an early retirement pension upon reaching age 55 if they have at least 10 years of vesting service. The early retirement pension is equal to a percentage of the normal retirement pension based on the participant's age on the participant's pension start date.

Disability Retirement

A participant who is at least age 60 and has at least 10 years of pension service, who incurred a total and permanent disability while working in covered employment and who is still disabled as of his pension start date will receive a disability pension. The disability pension is equal to the normal retirement pension reduced by 0.5% per month (6% per year) by which the participant's pension start date precedes age 65.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

Death Benefits

The Plan pays a lump-sum death benefit of \$2,000 to beneficiaries of pensioners who terminated covered employment at age 65 or older with at least 15 years of pension service, \$1,000 to beneficiaries of pensioners who terminated covered employment at age 65 or older with at least 10 but less than 15 years of pension service, and \$1,000 to beneficiaries of pensioners who terminated covered employment at age 50, but before attaining age 65, and retired with at least 15 years of pension service.

Plan Funding

The Plan's primary sources of income are earnings from investments and contributions made by contributing employers in accordance with collective bargaining agreements or participation agreements. These agreements provide that employers contribute to the Plan at a fixed rate on behalf of each covered employee.

Actuarial Certification of Funded Status

On March 20, 2024 and March 28, 2023, the Plan's independent actuary certified that for the Plan years beginning January 1, 2024 and January 1, 2023, respectively, the Plan is in neither "critical" status nor "endangered" status under the Pension Protection Act of 2006.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are significant accounting policies followed by the Plan:

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the actuarial present value of accumulated plan benefits and the disclosure of contingencies at the date of the financial statements and changes therein during the reporting period. Actual results could differ from those estimates.

Employers' Contributions Receivable

The Plan reports as employers' contributions receivable any contributions due that relate to work completed on or before December 31. Management of the Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of December 31, 2024 and 2023, there were no allowances for uncollectible amounts established.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies utilizing information provided by its investment advisors and custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's realized and unrealized gains and losses on investments bought and sold as well as held during the year.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

Property and Equipment

Property and equipment are capitalized at cost and presented net of accumulated depreciation and amortization. Expenditures for maintenance and repairs are expensed as incurred, while the cost of additions and improvements that extend the useful life of the asset are capitalized.

Depreciation and amortization are provided on the straight-line method over the estimated useful life of the related assets. The estimated useful life is as follows:

<u>Description</u>	<u>Estimated Life (Years)</u>
Computer equipment and software	10

Recognition of Benefits

Benefits are recognized when paid.

Expenses

Expenses incurred in connection with the administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation in fair value of investments and are not readily determinable. Benefits paid represent pension benefits paid to eligible participants or beneficiaries. Administrative expenses represent costs associated with the general operation of the Plan.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after December 31, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through July 31, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of deceased participants, and (c) present participants or their beneficiaries. Benefits under the Plan are based on the participant's age and the participant's years of pension service.

For pension service earned up to December 31, 2006, the pension benefit amount is equal to the average of contributions made on behalf of the participant during the last 36 months of employment, multiplied by the applicable benefit unit, as defined. For each year of pension service earned after December 31, 2006, the annual accrual is equal to \$6 for each \$28 of the monthly employer contribution rate being made on the participant's behalf. Pension benefits under all circumstances (i.e., death, disability, termination of employment, and retirement) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by the Plan's independent consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions and methods used in the valuations as of December 31, 2024 were as follows:

- Benefit Election: 65% of participants are assumed to elect the straight life annuity form of payment and 35% of participants are assumed to elect the 50% Joint and Survivor annuity form of payment.
- Actuarial Cost Method - Unit credit actuarial cost method.
- Net investment return - 7.00%.
- Actuarial value of assets - Based on the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
- Postretirement mortality rates:
 - Healthy - Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables with generational projection from 2012 using Scale MP-2021.
 - Disabled - Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table with generational projection from 2012 using Scale MP-2021.
 - Contingent Survivor - Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.
- Administrative expenses - \$2,350,000 for the year beginning January 1, 2024.
- Current liability interest rate – 3.29%.
- Termination rates before retirement are as follows:

Age	Mortality			Withdrawal (Based on Years of Service)			
	Male	Female	Disability	Less Than 2 Years	2 - 4 Years	5 - 9 Years	10 Years or More
20	0.07	0.02	0.03	17.99	14.19	15.00	8.75
25	0.07	0.03	0.03	21.74	17.14	12.96	8.75
30	0.07	0.03	0.03	18.61	13.58	8.39	4.84
35	0.07	0.04	0.03	16.78	11.02	7.15	5.02
40	0.09	0.06	0.05	15.91	10.35	6.01	4.15
45	0.12	0.09	0.09	15.48	9.47	5.82	3.73
50	0.18	0.13	0.20	15.60	8.90	5.32	3.49
55	0.28	0.20	0.43	13.52	7.82	2.59	0.88
60	0.44	0.30	0.87	13.63	7.84	2.12	0.20

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

- Rates for retirement are as follows:

<u>Age (If Eligible)</u>	<u>Actives</u>	<u>Inactive Vesteds</u>
55	1%	5%
56 - 59	1%	2%
60 - 61	2%	10%
62	10%	25%
63 - 64	10%	10%
65	20%	30%
66	20%	10%
67	15%	10%
68 - 69	15%	5%
70 - 74	100%	5%
75 and older	100%	100%

In developing the actuarial present value of accumulated plan benefits as of December 31, 2023, the following changes in actuarial assumptions were made from the assumptions used for the January 1, 2023 valuation:

- The current liability interest rate was changed from 2.55% to 3.29%.
- The annual administrative expense assumption was increased from \$2,300,000 to \$2,350,000.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material difference.

The Plan's contributions met the minimum funding requirements of ERISA for the year ended December 31, 2023.

4. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

The Plan invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations, and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high-quality financial institutions, cash and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows. The Plan has not experienced and losses on such federally insured accounts. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and the historical high collection rate of receivables.

5. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. During the years ended December 31, 2024 and 2023, there were no transfers in or out of Level 3.

The following is a description of the valuation methodologies used for assets measured at fair value. The valuation methodologies were not changed during the years ended December 31, 2024 and 2023:

Corporate Stocks: Shares in corporate stocks are valued based on closing quoted market prices in active markets in which the securities are traded.

Registered Investment Companies: Shares in registered investment companies are valued based on closing market prices in active markets.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

U.S. Government and Agency Obligations: Shares in U.S. government and agency obligations, which include U.S. Treasury bonds and the obligations of other financing corporations sponsored by the U.S. government, are valued based on a dealer supplied bid evaluation (i.e., an estimated price at which a dealer would pay for a security) and computerized pricing models if reported quoted market prices are not available. These models consider appropriate factors such as institutionalized trading markets in similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics, and other market data.

Short-term Investments: Shares in short-term investments are stated at cost using a constant price (or amortized cost) of \$1 per unit of participation, which approximates fair value.

Collective Investment Funds: Shares in collective investment funds are valued based on the net asset value ("NAV") of the units of participation owned by the Plan at year-end as determined by the trustees of each collective investment fund based on the fair value of the underlying investments of the fund. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value.

Real Estate Investment Trust: The real estate investment trust ("REIT") is valued at NAV of the shares held by the Plan at year end which is based on values from independent appraisals of real estate assets and the estimated market valuation of the Plan's debt obligations. NAV is used as a practical expedient to measure fair value.

Limited Partnerships: Shares in limited partnerships that are publicly traded are valued based on closing market prices in active markets in which the securities are traded. Ownership in limited partnerships that are not publicly traded is valued based on the NAV of the partnership interests owned by the Plan at year-end, as determined by the respective general partners of the limited partnerships based on the fair value of the underlying investments of the limited partnerships. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investments, general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate stocks	\$ 14,355,127	\$ -	\$ -	\$ 14,355,127
Registered investment companies	145,491,932	-	-	145,491,932
Corporate and other bonds	-	12,469,809	-	12,469,809
U.S. government and agency obligations	6,003,194	15,050,029	-	21,053,223
Short-term investments	-	13,118,814	-	13,118,814
Total investments in the fair value hierarchy	165,850,253	40,638,652	-	206,488,905
Investments measured at NAV *	-	-	-	310,971,856
Total recurring fair value measurements	<u>\$ 165,850,253</u>	<u>\$ 40,638,652</u>	<u>\$ -</u>	<u>\$ 517,460,761</u>

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

	2023			
	Level 1	Level 2	Level 3	Total Fair Value
Corporate stocks	\$ 12,843,349	\$ -	\$ -	\$ 12,843,349
Registered investment companies	143,008,085	-	-	143,008,085
Corporate and other bonds	-	14,099,685	-	14,099,685
U.S. government and agency obligations	4,386,194	13,908,287	-	18,294,481
Short-term investments	-	4,469,961	-	4,469,961
Total investments in the fair value hierarchy	160,237,628	32,477,933	-	192,715,561
Investments measured at NAV *	-	-	-	295,300,983
Total recurring fair value measurements	<u>\$ 160,237,628</u>	<u>\$ 32,477,933</u>	<u>\$ -</u>	<u>\$ 488,016,544</u>

*In accordance with Accounting Standards Codification Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of the investments held by the Plan with a reported fair value based on NAV as of December 31, 2024 and 2023:

	Fair Value		Unfunded Commitments		Redemption Frequency (If Currently Eligible)	Redemption Notice Period
	2024	2023	2024	2023		
Collective investment funds						
Longview Total Market 1500 Index Fund	\$ 81,147,744	\$ 83,032,229	\$ -	\$ -	Daily	None
MFB NT Collective EAFE Index Fund - Non Lending	15,225,369	15,317,904	-	-	Daily	None
State Street S&P Global Large MidCap Natural Resources Index Fund	12,254,323	12,927,522	-	-	Daily	None
Driehaus Emerging Markets Growth Collective Investment Trust	10,824,229	12,302,588	-	-	Daily	None
Altrinsic International Equity Collective Fund	30,703,016	31,072,920	-	-	Daily	None
State Street Long Term Treasury Index	18,348,722	19,571,970	-	-	Daily	None
State Street Emerging Markets ex China Non-Lending Common Trust Fund	5,086,033	-	-	-	Daily	None
GQG Partners International Equity CIT	28,152,030	29,878,559	-	-	Daily	None
Real estate investment trust						
RREEF American REIT II (a)	34,526,601	33,480,634	-	-	Quarterly	45 days
Limited partnerships						
Crow Holdings Realty Partners VIII (b)	63,828	337,562	1,258,719	1,258,719	(a)	(a)
Crow Holdings Realty Partners X, L.P. (c)	6,037,009	-	13,015,135	-	(b)	(b)
Grain Communications Opportunity Fund (d)	1,555,927	1,178,611	202,563	653,921	None	None
Lexington Capital Partners VII, LP (e)	409,491	1,018,395	1,533,527	1,533,527	(e)	(e)
Pomona Capital VIII, LP (f)	31,004	40,680	1,377,771	1,377,771	(f)	(f)
Ironsides Direct Investment Fund IV, LP (g)	978,997	2,210,102	304,008	427,038	(g)	(g)
Ironsides Partnership Fund IV, LP (h)	9,294,417	10,338,760	3,327,087	4,215,776	(h)	(h)
HarbourVest 2023 Global Fund LP (i)	9,871,862	3,134,622	21,750,000	27,150,000		
HarbourVest Partners XI LP (j)	22,505,735	20,454,514	2,730,000	27,150,000	(i)	(i)
J.P. Morgan Infrastructure Fund (k)	17,539,721	15,905,771	8,000,000	-	(j)	(j)
ISQ Global Infrastructure Fund III (l)	3,475,894	2,188,528	2,140,370	3,047,060	(k)	(k)
StepStone VC Global Partners XI LP (m)	2,939,904	909,112	7,200,002	9,000,000	(l)	(l)
	<u>\$ 310,971,856</u>	<u>\$ 295,300,983</u>	<u>\$ 62,839,182</u>	<u>\$ 75,813,812</u>		

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

- (a) The REIT is a collective investment vehicle through which eligible investors may invest in a real estate portfolio consisting of multi family, industrial, retail, and office properties in targeted metropolitan areas within the continental United States (including leased properties, vacant properties, and development and redevelopment properties). The principal investment objective of the REIT is to generate attractive, predictable investment returns from a target portfolio of low risk equity investments in income producing real estate while maximizing the total return to shareholders through cash dividends and appreciation in the value of REIT shares.
- (b) The partnership was formed to acquire and invest in a diversified portfolio of real estate investments. Redemptions are not allowed during the life of the fund, which will continue until the earlier of (i) the expiration of its term of March 28, 2032, or if later, one year after the date by which the partnership's assets have been liquidated and its obligations terminated; and (ii) any one of the reasons for dissolution more fully described in Article 10 of the partnership agreement.
- (c) The partnership was formed to acquire and invest in a diversified portfolio of real estate investments. Redemptions are not allowed during the life of the fund, which will continue until the earlier of (i) the expiration of its term on July 20, 2027, or if later, one year after the date by which the partnership's assets have been liquidated and its obligations terminated; and (ii) any one of the reasons for dissolution more fully described in Article 10 of the partnership agreement.
- (d) The partnership was organized for the primary purpose to seek to generate returns for its partners, principally through long-term capital appreciation, by owning, managing, supervising and disposing of equity and equity-related investments in telecommunication companies.
- (e) The partnership was formed to acquire a diversified portfolio of interests in private investment funds, principally established global buyout, mezzanine, and venture capital funds primarily through secondary market transactions. The partnership can also invest up to 5% of its committed capital, up to a capitalization of \$6 billion, in newly formed global buyout, mezzanine, and venture capital funds. The partnership can also invest up to 10% of its committed capital in direct investments in operating companies through secondary market transactions. The partnership will expire on the tenth anniversary of the closing date and may be extended for up to a total of three one-year periods at the discretion of the general partner. The partnership's final closing occurred on June 30, 2011. The general partner has sole discretion to determine the frequency and amount of withdrawals.
- (f) The partnership was formed to acquire a diversified portfolio of investments including venture capital, energy, buyout funds, and funds of funds through secondary market or direct purchases. The partnership commenced operations on October 26, 2012 and is scheduled to terminate on October 26, 2022. The partnership may be extended for up to two one-year periods at the discretion of the general partner and with a simple majority consent of the limited partner interests. Redemptions are not allowed during the life of the fund, which is set to terminate on October 26, 2022, with the possibility to extend for up to two years at the election of the general partner and with majority consent of the limited partner interests. As the general partner elected to not use the extension, the partnership began a wind-down process whereby all of its remaining assets will be liquidated as the underlying investment management sell or distribute their portfolio companies. Once all investments are liquidated, the partnership will settle any remaining balances and then will distribute the remaining assets.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

- (g) The partnership was formed for the purpose of investing in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America in accordance with investment objectives, policies, procedures, and restrictions more specifically set forth in the Partnership Agreement. Redemptions are not allowed during the life of the fund, which will continue until the earlier of (i) the expiration of its term on December 30, 2026, or if later, one year after the date by which the partnership's assets have been liquidated and its obligations terminated; and (ii) any one of the reasons for dissolution more fully described in Article 9 of the partnership agreement.
- (h) The partnership was formed for the purpose of investing in pooled investment vehicles via capital commitments to the issuers of such investments, which invest primarily in portfolio companies located in or having a principal place of business in North America in accordance with the investment objectives, policies, procedures, and restrictions more specifically set forth in the partnership agreement. Redemptions are not allowed during the life of the fund, which will continue until the earlier of (i) the expiration of its term on December 30, 2026, or if later, one year after the date by which the partnership's assets have been liquidated and its obligations terminated; and (ii) any one of the reasons for dissolution more fully described in Article 9 of the partnership agreement.
- (i) The partnership was formed for the purpose of investing in other HarbourVest partnerships which, in turn, make private equity investments and invest directly in private equity investments. Redemptions are not allowed during the life of the fund, which is scheduled to terminate on March 1, 2033.
- (j) The partnership was formed for the purpose of investing in other HarbourVest partnerships in the amount equal to the aggregate capital commitments of the partners. Redemptions are not allowed during the life of the fund, which is scheduled to terminate on April 1, 2032.
- (k) The partnership was formed to invest in a broad range of infrastructure and infrastructure-related assets located in member countries of the Organization for Economic Co-Operation and Development ("OECD") with a primary focus on the United States, Canada, Western Europe, and Australia. The partnership focuses on core and core-plus infrastructure assets but has the flexibility to invest in value-added assets, as well. Redemptions for the partnership are allowed semi-annually on March 31 and September 30 with a redemption notice period of 45 days.
- (l) The partnership seeks to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. Redemptions are not allowed during the life of the fund which is more fully described in the partnership agreement.
- (m) The partnership was formed on June 28, 2022 and commenced its operations on October 6, 2022. The partnership seeks to gain exposure to private equity by investing substantially all of its assets through a "master/feeder" structure in StepStone VC Global Partners XI-A LP (collectively the "Fund" and "SGP XI-A"). The objective is long-term capital appreciation through investments in companies in the healthcare, information technology, communications industries, and digital assets. Redemptions are not allowed during the life of the fund.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

6. DUE FROM WITHDRAWING EMPLOYERS

During the years ended December 31, 2024 and 2023, the Plan had receivables from withdrawing employers, which represent their share of the Plan's unfunded vested benefits as determined by the Plan's independent consulting actuary. At December 31, 2024 and 2023, management has deemed that all withdrawal liability amounts are fully collectible.

7. PROPERTY AND EQUIPMENT

At December 31, 2024 and 2023, property and equipment consist of the following:

	<u>2024</u>	<u>2023</u>
Computer equipment and software	\$ 633,656	\$ 617,358
Accumulated depreciation and amortization	<u>(496,595)</u>	<u>(458,323)</u>
Total property and equipment - net	<u>\$ 137,061</u>	<u>\$ 159,035</u>

Depreciation and amortization expense totaled \$38,272 and \$50,676 for the years ended December 31, 2024 and 2023, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office, payroll, and certain administrative expenses with affiliated benefit funds based on the terms of various administrative service and cost sharing agreements. Shared expenses are allocated in proportion to the benefit derived by each entity based on an analysis of the related expenses. The Plan's share of allocated expenses totaled \$1,438,818 and \$1,346,063 for the years ended December 31, 2024 and 2023, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits.

At December 31, 2024 and 2023, the Plan had the following amounts due from and due to affiliates:

	<u>2024</u>	<u>2023</u>
Due from affiliates		
32BJ North Health Fund	\$ 83,066	\$ 65,126
32BJ North Legal Fund	<u>519</u>	<u>431</u>
	<u>83,585</u>	<u>65,557</u>
Due to affiliates		
Building Service 32BJ Health Fund	66,975	223,891
Massachusetts Service Employees Pension Fund	59	143
Building Service 32BJ Pension Fund	<u>2,073</u>	<u>-</u>
	<u>69,107</u>	<u>224,034</u>
Due from (to) affiliates - net	<u>\$ 14,478</u>	<u>\$ (158,477)</u>

Amounts due to and from affiliates are noninterest bearing and due upon demand.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

Certain Plan investments are managed by the Plan's investment custodian, Bank of NY Mellon. Any purchases and sales of these funds are performed in the open market at fair value and qualify as party-in-interest transactions. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

9. TAX STATUS

The Plan is a qualified plan under Section 401(a) and the underlying trust is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code ("IRC"). The Plan obtained a favorable determination letter dated August 26, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Subsequent to this determination by the Internal Revenue Service ("IRS"), the Plan was amended. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and to recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

10. PLAN TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents, in accordance with applicable law. In the event that the Plan terminates, the net assets of the Plan will be used for the payment of benefits and administrative expenses as prescribed by ERISA and its related regulations, and will not revert to any employer, the Union, or any other union under any condition. Benefits are generally paid in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the "PBGC"), a U.S. government agency, up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

32BJ North Pension Fund
Notes to Financial Statements
December 31, 2024 and 2023

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC. Additional information describing pension guarantees can be found in the summary plan description, as well as the annual funding notice.

SUPPLEMENTARY INFORMATION

**REPORT ON 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**

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
32BJ North Pension Fund:

We have audited the financial statements of 32BJ North Pension Fund as of and for the years ended December 31, 2024 and 2023, and have issued our report thereon, dated July 31, 2025, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplemental schedules, Schedule H, Item 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Item 4j - Schedule of Reportable Transactions for the year ended December 31, 2024, 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 Employee Retirement Income Security Act of 1974 ("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 auditing standards generally accepted in the United States of America.

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.

WithumSmith+Brown, PC

July 31, 2025

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
INTEREST-BEARING CASH								
	BNY MELLON- CASH RESERVE	CASH	N/A	N/A	N/A	15	\$ 15	\$ 15
	DREYFUS TRE PR CSH MGT INV 674	CASH	N/A	N/A	N/A	13,118,032	13,118,032	13,118,799
							13,118,047	13,118,814
U. S. GOVERNMENT SECURITIES								
	FHLMC POOL #1Q-1467	GOV'T BONDS	N/A	VAR	11/1/2039	5,199	5,334	5,387
	FHLMC POOL #2B-2591	GOV'T BONDS	N/A	VAR	5/1/2044	1,663	1,657	1,701
	FHLMC POOL #2B-3451	GOV'T BONDS	N/A	VAR	12/1/2044	4,482	4,462	4,560
	FHLMC POOL #2B-4445	GOV'T BONDS	N/A	VAR	7/1/2045	677	687	698
	FHLMC POOL #2B-4580	GOV'T BONDS	N/A	VAR	9/1/2045	2,329	2,358	2,399
	FHLMC POOL #84-0286	GOV'T BONDS	N/A	VAR	5/1/2046	7,048	7,139	7,280
	FHLMC POOL #84-0353	GOV'T BONDS	N/A	VAR	7/1/2046	5,423	5,536	5,602
	FHLMC POOL #84-1463	GOV'T BONDS	N/A	VAR	7/1/2052	172,676	149,493	152,726
	FHLMC POOL #84-1485	GOV'T BONDS	N/A	VAR	9/1/2052	45,107	43,625	44,037
	FHLMC POOL #84-1556	GOV'T BONDS	N/A	VAR	4/1/2053	415,873	402,473	403,682
	FHLMC POOL #84-9096	GOV'T BONDS	N/A	VAR	10/1/2041	2,750	2,804	2,851
	FHLMC POOL #84-9544	GOV'T BONDS	N/A	VAR	12/1/2044	12,814	12,981	13,189
	FHLMC POOL #84-9625	GOV'T BONDS	N/A	VAR	1/1/2045	4,326	4,396	4,467
	FHLMC POOL #C9-1746	GOV'T BONDS	N/A	4.50%	12/1/2033	27,116	27,033	26,905
	FHLMC POOL #C9-1841	GOV'T BONDS	N/A	3.50%	7/1/2035	17,033	16,362	16,256
	FHLMC POOL #D9-8590	GOV'T BONDS	N/A	4.50%	4/1/2031	8,929	8,881	8,896
	FHLMC POOL #G0-1749	GOV'T BONDS	N/A	5.50%	1/1/2035	10,417	10,742	10,562
	FHLMC POOL #G0-1767	GOV'T BONDS	N/A	6.50%	12/1/2032	22,744	23,771	23,684
	FHLMC POOL #G0-1768	GOV'T BONDS	N/A	6.50%	12/1/2031	11,290	11,689	11,646
	FHLMC POOL #G0-4772	GOV'T BONDS	N/A	7.00%	8/1/2038	7,943	8,408	8,429
	FHLMC POOL #G0-7492	GOV'T BONDS	N/A	4.50%	3/1/2042	10,569	10,570	10,300
	FHLMC POOL #G0-7515	GOV'T BONDS	N/A	4.50%	9/1/2041	10,304	10,305	10,041
	FHLMC POOL #G0-7612	GOV'T BONDS	N/A	4.50%	12/1/2043	6,909	6,853	6,659

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
	FHLMC POOL #G6-0034	GOV'T BONDS	N/A	4.50%	2/1/2045	24,136	23,774	23,096
	FHLMC POOL #G6-0480	GOV'T BONDS	N/A	4.50%	11/1/2045	25,932	25,781	25,052
	FHLMC POOL #G6-1229	GOV'T BONDS	N/A	4.00%	11/1/2045	23,767	22,695	21,973
	FHLMC POOL #H0-1774	GOV'T BONDS	N/A	6.50%	9/1/2037	132	132	135
	FHLMC POOL #H0-9070	GOV'T BONDS	N/A	6.50%	9/1/2037	1,334	1,353	1,354
	FHLMC POOL #H0-9212	GOV'T BONDS	N/A	5.50%	5/1/2038	2,778	2,802	2,805
	FHLMC POOL #QE-2001	GOV'T BONDS	N/A	3.50%	5/1/2052	70,697	61,888	62,840
	FHLMC POOL #QK-1220	GOV'T BONDS	N/A	2.00%	12/1/2041	183,721	156,986	153,103
	FHLMC POOL #RA-3355	GOV'T BONDS	N/A	2.00%	9/1/2050	357,875	297,909	283,261
	FHLMC POOL #RA-3404	GOV'T BONDS	N/A	2.00%	8/1/2050	624,022	520,139	495,197
	FHLMC POOL #RA-3454	GOV'T BONDS	N/A	2.00%	9/1/2050	64,548	53,402	50,958
	FHLMC POOL #RA-4119	GOV'T BONDS	N/A	2.00%	12/1/2050	188,024	156,439	149,049
	FHLMC POOL #RA-7654	GOV'T BONDS	N/A	3.50%	7/1/2052	693,481	641,957	620,302
	FHLMC POOL #SD-1000	GOV'T BONDS	N/A	3.00%	4/1/2052	791,966	706,155	681,511
	FHLMC POOL #SD-1546	GOV'T BONDS	N/A	3.50%	8/1/2052	134,720	124,226	120,216
	FHLMC POOL #SD-1933	GOV'T BONDS	N/A	3.50%	6/1/2052	128,168	117,969	114,183
	FHLMC POOL #SD-2107	GOV'T BONDS	N/A	3.50%	12/1/2052	151,440	135,479	134,644
	FHLMC POOL #SD-2253	GOV'T BONDS	N/A	3.50%	12/1/2052	365,862	335,481	325,121
	FHLMC POOL #SD-7530	GOV'T BONDS	N/A	2.50%	11/1/2050	531,019	457,951	441,037
	FHLMC POOL #SD-8140	GOV'T BONDS	N/A	2.00%	3/1/2051	209,161	162,786	164,365
	FHLMC POOL #SD-8212	GOV'T BONDS	N/A	2.50%	5/1/2052	821,059	698,680	671,826
	FHLMC POOL #SD-8221	GOV'T BONDS	N/A	3.50%	6/1/2052	239,487	219,748	212,923
	FHLMC POOL #SD-8243	GOV'T BONDS	N/A	3.50%	9/1/2052	1,598,822	1,466,219	1,421,423
	FHLMC POOL #SD-8244	GOV'T BONDS	N/A	4.00%	8/1/2052	681,069	638,128	626,130
	FHLMC POOL #SD-8256	GOV'T BONDS	N/A	4.00%	10/1/2052	230,251	213,361	211,539
	FHLMC POOL #SD-8275	GOV'T BONDS	N/A	4.50%	12/1/2052	153,635	148,042	145,265
	FHLMC POOL #SI-2106	GOV'T BONDS	N/A	2.50%	5/1/2051	100,959	86,004	82,642
	FHLMC POOL #V8-3108	GOV'T BONDS	N/A	4.50%	3/1/2047	35,670	35,316	34,306
	FHLMC MULTICLASS MTG 4283 EW	GOV'T BONDS	N/A	VAR	12/15/2043	52,739	52,127	51,129
	FHLMC MULTICLASS MTG 5175 CA	GOV'T BONDS	N/A	2.50%	4/25/2050	218,543	188,185	185,152

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
	FHLMC MULTICLASS MTG 54 3A	GOV'T BONDS	N/A	7.00%	2/25/2043	87,319	\$ 93,047	\$ 87,863
	FNMA POOL #0256219	GOV'T BONDS	N/A	5.50%	4/1/2036	913	915	916
	FNMA POOL #0735415	GOV'T BONDS	N/A	6.50%	12/1/2032	13,881	14,499	14,468
	FNMA POOL #0735649	GOV'T BONDS	N/A	6.00%	12/1/2032	2,262	2,345	2,335
	FNMA POOL #0795135	GOV'T BONDS	N/A	VAR	10/1/2034	2,436	2,418	2,462
	FNMA POOL #0888367	GOV'T BONDS	N/A	7.00%	3/1/2037	9,844	10,300	10,258
	FNMA POOL #0995487	GOV'T BONDS	N/A	6.00%	8/1/2037	23,308	24,201	23,903
	FNMA POOL #0AB1763	GOV'T BONDS	N/A	4.00%	11/1/2030	15,428	15,129	15,187
	FNMA POOL #0AD0130	GOV'T BONDS	N/A	6.50%	8/1/2039	3,151	3,289	3,269
	FNMA POOL #0AJ5417	GOV'T BONDS	N/A	4.50%	11/1/2041	24,440	24,404	23,761
	FNMA POOL #0AJ7670	GOV'T BONDS	N/A	4.50%	12/1/2041	6,900	6,888	6,697
	FNMA POOL #0AL1417	GOV'T BONDS	N/A	VAR	11/1/2038	22,736	23,212	23,509
	FNMA POOL #0AL4577	GOV'T BONDS	N/A	4.50%	1/1/2034	15,073	14,995	14,966
	FNMA POOL #0AL5281	GOV'T BONDS	N/A	VAR	5/1/2044	4,119	4,188	4,248
	FNMA POOL #0AL5749	GOV'T BONDS	N/A	4.50%	7/1/2042	17,808	17,785	17,332
	FNMA POOL #0AL6127	GOV'T BONDS	N/A	VAR	12/1/2044	11,198	11,374	11,530
	FNMA POOL #0AL6240	GOV'T BONDS	N/A	VAR	12/1/2044	29,301	29,867	30,310
	FNMA POOL #0AL7205	GOV'T BONDS	N/A	3.50%	12/1/2029	8,216	8,011	8,067
	FNMA POOL #0AL8816	GOV'T BONDS	N/A	4.50%	9/1/2045	22,173	22,007	21,387
	FNMA POOL #0AL9063	GOV'T BONDS	N/A	3.50%	2/1/2031	27,690	26,991	27,097
	FNMA POOL #0AL9781	GOV'T BONDS	N/A	4.50%	2/1/2046	28,551	28,415	27,688
	FNMA POOL #0AO7685	GOV'T BONDS	N/A	VAR	7/1/2042	24,944	25,556	25,771
	FNMA POOL #0AP7562	GOV'T BONDS	N/A	VAR	9/1/2042	4,468	4,511	4,595
	FNMA POOL #0AS8156	GOV'T BONDS	N/A	4.50%	10/1/2046	24,882	24,655	23,964
	FNMA POOL #0AX2525	GOV'T BONDS	N/A	VAR	12/1/2044	3,164	3,217	3,276
	FNMA POOL #0AX3726	GOV'T BONDS	N/A	4.00%	5/1/2032	7,877	7,714	7,728
	FNMA POOL #0AZ4765	GOV'T BONDS	N/A	4.00%	10/1/2045	120,229	115,908	112,044
	FNMA POOL #0BF0007	GOV'T BONDS	N/A	5.00%	7/1/2040	18,453	18,436	18,360
	FNMA POOL #0BH7071	GOV'T BONDS	N/A	4.50%	12/1/2047	22,139	21,728	21,114
	FNMA POOL #0BJ9262	GOV'T BONDS	N/A	4.50%	6/1/2048	16,439	16,209	15,751

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32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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December 31, 2024

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	FNMA POOL #0BK2038	GOV'T BONDS	N/A	VAR	5/1/2048	58,730	\$ 57,692	\$ 59,851
	FNMA POOL #0BM1357	GOV'T BONDS	N/A	4.50%	1/1/2043	35,670	35,288	34,379
	FNMA POOL #0BM5704	GOV'T BONDS	N/A	5.00%	12/1/2048	12,170	12,267	12,030
	FNMA POOL #0BM6916	GOV'T BONDS	N/A	VAR	12/1/2050	174,109	154,240	157,085
	FNMA POOL #0BM6921	GOV'T BONDS	N/A	VAR	5/1/2052	237,747	209,430	212,305
	FNMA POOL #0BU8931	GOV'T BONDS	N/A	3.50%	4/1/2052	105,944	97,266	94,204
	FNMA POOL #0BV5583	GOV'T BONDS	N/A	4.00%	5/1/2052	144,022	134,847	132,414
	FNMA POOL #0BW0490	GOV'T BONDS	N/A	4.00%	6/1/2052	170,104	155,712	156,274
	FNMA POOL #0CA6320	GOV'T BONDS	N/A	2.50%	7/1/2050	378,075	324,465	312,839
	FNMA POOL #0CA6401	GOV'T BONDS	N/A	2.50%	7/1/2050	159,149	136,583	131,689
	FNMA POOL #0CA8440	GOV'T BONDS	N/A	2.00%	1/1/2051	112,027	93,188	88,782
	FNMA POOL #0CB3333	GOV'T BONDS	N/A	3.50%	4/1/2052	247,720	228,426	221,003
	FNMA POOL #0CB3841	GOV'T BONDS	N/A	3.50%	6/1/2052	279,921	259,125	250,542
	FNMA POOL #0FM7599	GOV'T BONDS	N/A	3.50%	1/1/2051	566,058	525,049	508,078
	FNMA POOL #0FM8768	GOV'T BONDS	N/A	2.50%	2/1/2051	150,563	129,110	124,582
	FNMA POOL #0FS1443	GOV'T BONDS	N/A	3.50%	4/1/2052	128,302	118,098	114,329
	FNMA POOL #0FS1865	GOV'T BONDS	N/A	3.50%	5/1/2052	218,868	201,833	195,245
	FNMA POOL #0FS2089	GOV'T BONDS	N/A	3.50%	6/1/2052	440,739	407,994	394,377
	FNMA POOL #0FS2512	GOV'T BONDS	N/A	3.50%	7/1/2052	164,008	151,243	146,306
	FNMA POOL #0FS4228	GOV'T BONDS	N/A	3.50%	8/1/2052	357,435	327,875	317,740
	FNMA POOL #0FS7754	GOV'T BONDS	N/A	4.00%	7/1/2053	207,161	188,452	190,233
	FNMA POOL #0MA0776	GOV'T BONDS	N/A	4.50%	6/1/2031	13,366	13,286	13,308
	FNMA POOL #0MA2366	GOV'T BONDS	N/A	4.00%	8/1/2035	17,853	17,444	17,452
	FNMA POOL #0MA2480	GOV'T BONDS	N/A	4.00%	12/1/2035	15,482	15,124	15,013
	FNMA POOL #0MA2508	GOV'T BONDS	N/A	4.00%	1/1/2036	17,894	17,493	17,437
	FNMA POOL #0MA2923	GOV'T BONDS	N/A	3.50%	3/1/2037	35,437	33,808	33,900
	FNMA POOL #0MA3617	GOV'T BONDS	N/A	5.00%	3/1/2049	9,717	9,732	9,572
	FNMA POOL #0MA4237	GOV'T BONDS	N/A	2.00%	1/1/2051	102,434	82,019	80,140
	FNMA POOL #0MA4600	GOV'T BONDS	N/A	3.50%	3/1/2052	1,585,976	1,455,246	1,410,240
	FNMA POOL #0MA4654	GOV'T BONDS	N/A	3.50%	6/1/2052	181,744	170,712	161,606

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December 31, 2024

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	FNMA POOL #0MA4700	GOV'T BONDS	N/A	4.00%	7/1/2052	60,014	\$ 55,461	\$ 55,173
	FNMA POOL #0MA4783	GOV'T BONDS	N/A	4.00%	9/1/2052	108,624	100,002	99,850
	FNMA GTD REMIC P/T 01-T10 A1	GOV'T BONDS	N/A	7.00%	12/25/2041	11,836	12,052	12,011
	FNMA GTD REMIC P/T 01-W3 A	GOV'T BONDS	N/A	VAR	9/25/2041	11,366	11,078	11,344
	FNMA GTD REMIC P/T 02-90 A1	GOV'T BONDS	N/A	6.50%	6/25/2042	30,434	31,302	31,247
	FNMA GTD REMIC P/T 02-W8 A2	GOV'T BONDS	N/A	7.00%	6/25/2042	27,983	29,295	29,106
	FNMA GTD REMIC P/T 12-3 CD	GOV'T BONDS	N/A	7.00%	2/25/2042	40,757	43,346	42,807
	FNMA GTD REMIC P/T 14-58 MZ	GOV'T BONDS	N/A	4.00%	9/25/2044	195,694	185,932	181,615
	SBA GTD PARTN CTFS 2006-20G 1	GOV'T BONDS	N/A	6.07%	7/1/2026	2,609	2,592	2,686
	SBA GTD PARTN CTFS 2006-20H 1	GOV'T BONDS	N/A	5.70%	8/1/2026	2,920	2,898	2,988
	U S TREASURY BOND	GOV'T BONDS	N/A	4.75%	11/15/2043	150,000	160,898	173,454
	U S TREASURY BOND	GOV'T BONDS	N/A	4.13%	8/15/2053	880,000	889,488	273,898
	U S TREASURY BOND	GOV'T BONDS	N/A	4.25%	2/15/2054	832,000	773,843	797,478
	U S TREASURY BOND	GOV'T BONDS	N/A	4.50%	2/15/2044	681,000	670,461	109,501
	U S TREASURY BOND	GOV'T BONDS	N/A	4.63%	11/15/2044	447,000	452,455	149,032
	U S TREASURY BOND	GOV'T BONDS	N/A	3.63%	5/15/2053	335,000	309,718	772,348
	U S TREASURY BOND	GOV'T BONDS	N/A	4.50%	11/15/2054	275,000	272,014	661,569
	U S TREASURY BOND	GOV'T BONDS	N/A	4.25%	8/15/2054	237,000	247,646	220,233
	U S TREASURY BOND	GOV'T BONDS	N/A	3.00%	8/15/2052	238,000	194,630	263,799
	U S TREASURY BOND	GOV'T BONDS	N/A	4.75%	11/15/2053	110,000	123,355	436,100
	U S TREASURY NOTE	GOV'T BONDS	N/A	3.75%	12/31/2030	457,000	449,502	145,123
	U S TREASURY NOTE	GOV'T BONDS	N/A	3.88%	8/15/2034	350,000	350,355	300,062
	U S TREASURY NOTE	GOV'T BONDS	N/A	4.38%	5/15/2034	311,000	306,760	440,351
	U S TREASURY NOTE	GOV'T BONDS	N/A	4.38%	11/30/2030	300,000	308,484	307,986
	U S TREASURY NOTE	GOV'T BONDS	N/A	4.13%	7/31/2031	300,000	300,516	299,202

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	U S TREASURY NOTE	GOV'T BONDS	N/A	3.50%	9/30/2029	215,000	\$ 208,760	\$ 336,061
	U S TREASURY NOTE	GOV'T BONDS	N/A	3.75%	6/30/2030	150,000	148,652	208,793
	US TREAS-CPI INFLAT	GOV'T BONDS	N/A	1.50%	2/15/2053	213,440	193,781	172,101
							21,749,211	21,053,223
CORPORATE DEBT INSTRUMENTS - PREFERRED								
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	3/8/2037	175,000	153,651	74,967
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	4.25%	10/22/2026	75,000	73,636	25,261
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	7/22/2033	50,000	49,462	24,644
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	VAR	11/10/2028	25,000	26,079	157,127
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	4.45%	3/3/2026	25,000	24,725	50,148
	BANK OF AMERICA CORP	CORPORATE BONDS	N/A	4.18%	11/25/2027	25,000	24,296	26,103
	BNP PARIBAS SA 144A	CORPORATE BONDS	N/A	VAR	1/20/2028	250,000	231,262	240,516
	BNSF RAILWAY CO 2015-1 PA 144A	CORPORATE BONDS	N/A	3.44%	6/16/2028	32,134	30,718	30,592
	CHARLES SCHWAB CORP/THE	CORPORATE BONDS	N/A	VAR	5/19/2034	60,000	61,935	25,670
	CHARLES SCHWAB CORP/THE	CORPORATE BONDS	N/A	VAR	11/17/2029	50,000	52,432	62,171
	CHARLES SCHWAB CORP/THE	CORPORATE BONDS	N/A	VAR	5/19/2029	25,000	25,645	52,498
	CITIGROUP INC	CORPORATE BONDS	N/A	VAR	3/31/2031	35,000	33,476	34,031
	FORD CREDIT AUTO OWNER TR B A3	CORPORATE BONDS	N/A	5.10%	4/15/2029	84,000	83,999	85,172
	FORD MOTOR CREDIT CO LLC	CORPORATE BONDS	N/A	6.80%	5/12/2028	275,000	287,224	286,718
	FORD MOTOR CREDIT CO LLC	CORPORATE BONDS	N/A	6.80%	11/7/2028	200,000	209,273	209,274
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR	3/15/2028	125,000	119,892	51,555
	GOLDMAN SACHS GROUP INC/THE	CORPORATE BONDS	N/A	VAR	4/25/2030	50,000	50,000	122,885
	HONDA AUTO RECEIVABLES 20 3 A3	CORPORATE BONDS	N/A	4.57%	3/21/2029	88,000	87,986	88,186
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	VAR	6/4/2031	200,000	171,977	176,028
	HYUNDAI AUTO RECEIVABLES C A3	CORPORATE BONDS	N/A	4.41%	5/15/2029	89,000	88,993	88,805

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	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR	5/13/2031	175,000	\$ 153,785	\$ 110,725
	JPMORGAN CHASE & CO	CORPORATE BONDS	N/A	VAR	4/22/2031	125,000	108,092	157,229
	NATWEST GROUP PLC	CORPORATE BONDS	N/A	VAR	9/13/2029	250,000	256,298	259,286
	NAVIENT STUDENT LOA 2A A3 144A	CORPORATE BONDS	N/A	VAR	3/25/2067	300,579	294,164	299,967
	NAVIENT STUDENT LOA 6A A3 144A	CORPORATE BONDS	N/A	VAR	3/25/2066	240,782	241,695	243,973
	NAVIENT STUDENT LOAN 5A A 144A	CORPORATE BONDS	N/A	VAR	6/25/2065	445,839	450,150	450,283
	NEXTERA ENERGY CAPITAL HOLDING	CORPORATE BONDS	N/A	4.63%	7/15/2027	65,000	64,882	66,298
	NISSAN AUTO RECEIVABLES 2 B A3	CORPORATE BONDS	N/A	4.34%	3/15/2029	89,000	88,992	88,815
	PHILIP MORRIS INTERNATIONAL IN	CORPORATE BONDS	N/A	5.75%	11/17/2032	65,000	68,215	15,553
	PHILIP MORRIS INTERNATIONAL IN	CORPORATE BONDS	N/A	5.38%	2/15/2033	25,000	25,643	67,293
	PHILIP MORRIS INTERNATIONAL IN	CORPORATE BONDS	N/A	5.63%	11/17/2029	15,000	15,729	25,556
	SLC STUDENT LOAN TRUST 20 2 A4	CORPORATE BONDS	N/A	VAR	12/15/2039	246,922	238,393	243,663
	SMB PRIVATE EDUCAT A APT2 144A	CORPORATE BONDS	N/A	1.07%	1/15/2053	39,488	34,557	35,051
	SMB PRIVATE EDUCATI A A1A 144A	CORPORATE BONDS	N/A	5.24%	3/15/2056	163,165	163,108	162,994
	SMB PRIVATE EDUCATI B A1A 144A	CORPORATE BONDS	N/A	4.99%	10/16/2056	78,376	77,603	77,725
	SMB PRIVATE EDUCATI B A2A 144A	CORPORATE BONDS	N/A	2.82%	10/15/2035	15,458	14,894	15,223
	UBS GROUP AG 144A	CORPORATE BONDS	N/A	VAR	1/12/2034	200,000	206,826	210,069
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR	4/24/2034	125,000	125,543	49,618
	WELLS FARGO & CO	CORPORATE BONDS	N/A	4.30%	7/22/2027	100,000	97,875	100,562
	WELLS FARGO & CO	CORPORATE BONDS	N/A	VAR	7/25/2033	65,000	63,321	64,154
	WELLS FARGO & CO	CORPORATE BONDS	N/A	4.10%	6/3/2026	50,000	48,900	124,863
							<u>4,725,326</u>	<u>4,781,251</u>
CORPORATE DEBT INSTRUMENTS - OTHER								
	AMERICAN ELECTRIC POWER CO INC	CORPORATE BONDS	N/A	5.70%	8/15/2025	55,000	55,361	56,421
	AT&T INC	CORPORATE BONDS	N/A	2.55%	12/1/2033	50,000	40,751	34,886
	AT&T INC	CORPORATE BONDS	N/A	2.75%	6/1/2031	40,000	35,067	40,383

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	BARCLAYS PLC	CORPORATE BONDS	N/A	VAR	8/9/2028	350,000	\$ 352,977	\$ 361,376
	BAT CAPITAL CORP	CORPORATE BONDS	N/A	2.73%	3/25/2031	125,000	104,828	108,777
	BAT CAPITAL CORP	CORPORATE BONDS	N/A	4.74%	3/16/2032	100,000	95,931	97,569
	BAYER US FINANCE II LLC 144A	CORPORATE BONDS	N/A	4.38%	12/15/2028	200,000	190,048	192,725
	BNP PARIBAS SA 144A	CORPORATE BONDS	N/A	4.63%	3/13/2027	200,000	195,859	199,606
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	2.90%	3/15/2030	150,000	128,425	24,234
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	6.50%	1/15/2034	75,000	79,105	133,751
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	2.75%	10/1/2026	25,000	23,188	22,325
	BOSTON PROPERTIES LP	CORPORATE BONDS	N/A	3.25%	1/30/2031	25,000	21,450	80,840
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR	6/8/2034	75,000	77,190	50,034
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR	5/10/2028	50,000	49,139	50,188
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	4.20%	10/29/2025	50,000	49,018	24,531
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR	10/30/2031	25,000	27,472	25,916
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR	6/8/2029	25,000	25,648	78,177
	CAPITAL ONE FINANCIAL CORP	CORPORATE BONDS	N/A	VAR	5/10/2033	25,000	24,531	27,926
	CCO HOLDINGS LLC / CCO HO 144A	CORPORATE BONDS	N/A	4.25%	1/15/2034	75,000	60,947	50,708
	CCO HOLDINGS LLC / CCO HO 144A	CORPORATE BONDS	N/A	4.50%	6/1/2033	60,000	50,768	62,317
	CCO HOLDINGS LLC / CCO HOLDING	CORPORATE BONDS	N/A	4.50%	5/1/2032	100,000	85,646	86,766
	CEMEX SAB DE CV 144A	CORPORATE BONDS	N/A	5.20%	9/17/2030	200,000	192,708	194,412
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	6.48%	10/23/2045	200,000	196,523	191,433
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	5.38%	5/1/2047	75,000	63,737	62,230
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	5.75%	4/1/2048	50,000	44,374	43,461
	CHARTER COMMUNICATIONS OPERATI	CORPORATE BONDS	N/A	4.40%	4/1/2033	25,000	23,072	22,610
	CIGNA GROUP/THE	CORPORATE BONDS	N/A	7.88%	5/15/2027	111,000	121,007	119,000
	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	3.85%	2/1/2025	100,000	98,306	101,499

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	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	3.50%	8/15/2027	75,000	\$ 71,368	\$ 24,645
	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	5.70%	6/15/2033	50,000	52,010	73,502
	COX COMMUNICATIONS INC 144A	CORPORATE BONDS	N/A	3.35%	9/15/2026	25,000	23,995	49,800
	CVS HEALTH CORP	CORPORATE BONDS	N/A	VAR	3/10/2055	80,000	80,000	65,806
	CVS HEALTH CORP	CORPORATE BONDS	N/A	4.78%	3/25/2038	75,000	71,054	23,133
	CVS HEALTH CORP	CORPORATE BONDS	N/A	3.75%	4/1/2030	25,000	23,518	80,595
	DELL INTERNATIONAL LLC / EMC C	CORPORATE BONDS	N/A	6.02%	6/15/2026	10,000	10,236	10,170
	DILLARD'S INC	CORPORATE BONDS	N/A	7.75%	5/15/2027	150,000	156,534	158,577
	DOW CHEMICAL CO/THE	CORPORATE BONDS	N/A	9.40%	5/15/2039	15,000	20,862	20,072
	ELANCO ANIMAL HEALTH INC	CORPORATE BONDS	N/A	VAR	8/28/2028	90,000	93,257	93,291
	ELEVANCE HEALTH INC	CORPORATE BONDS	N/A	4.75%	2/15/2030	45,000	44,791	44,824
	ENEL FINANCE INTERNATIONA 144A	CORPORATE BONDS	N/A	6.00%	10/7/2039	100,000	101,622	101,480
	FEDEX CORP	CORPORATE BONDS	N/A	4.05%	2/15/2048	50,000	41,634	39,036
	FEDEX CORP	CORPORATE BONDS	N/A	4.25%	5/15/2030	25,000	24,429	24,351
	GE HEALTHCARE TECHNOLOGIES INC	CORPORATE BONDS	N/A	5.91%	11/22/2032	100,000	106,668	104,534
	HCA INC	CORPORATE BONDS	N/A	4.13%	6/15/2029	25,000	23,903	23,891
	HSBC HOLDINGS PLC	CORPORATE BONDS	N/A	6.50%	5/2/2036	185,000	196,305	194,122
	IMPERIAL BRANDS FINANCE P 144A	CORPORATE BONDS	N/A	3.88%	7/26/2029	330,000	307,869	317,311
	KINDER MORGAN ENERGY PARTNERS	CORPORATE BONDS	N/A	6.95%	1/15/2038	25,000	27,437	27,890
	KINDER MORGAN INC	CORPORATE BONDS	N/A	5.55%	6/1/2045	50,000	48,093	46,961
	LLOYDS BANKING GROUP PLC	CORPORATE BONDS	N/A	4.58%	12/10/2025	250,000	245,447	249,486
	NEXTERA ENERGY CAPITAL HOLDING	CORPORATE BONDS	N/A	4.90%	3/15/2029	75,000	74,842	51,263
	NEXTERA ENERGY CAPITAL HOLDING	CORPORATE BONDS	N/A	5.75%	9/1/2025	50,000	50,473	75,846
	PETROLEOS MEXICANOS	CORPORATE BONDS	N/A	6.70%	2/16/2032	232,000	192,509	35,575
	PETROLEOS MEXICANOS	CORPORATE BONDS	N/A	7.69%	1/23/2050	500,000	355,582	207,658
	PETROLEOS MEXICANOS	CORPORATE BONDS	N/A	6.63%	6/15/2035	45,000	34,513	34,854
	PETROLEOS MEXICANOS	CORPORATE BONDS	N/A	6.38%	1/23/2045	50,000	32,579	394,125

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32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
	PROSUS NV 144A	CORPORATE BONDS	N/A	3.26%	1/19/2027	225,000	\$ 209,250	\$ 137,630
	PROSUS NV 144A	CORPORATE BONDS	N/A	4.19%	1/19/2032	200,000	179,750	218,425
	PROSUS NV 144A	CORPORATE BONDS	N/A	4.03%	8/3/2050	200,000	131,218	181,977
	RIO OIL FINANCE TRUST SER 144A	CORPORATE BONDS	N/A	9.75%	1/6/2027	65,854	68,324	69,621
	RTX CORP	CORPORATE BONDS	N/A	6.10%	3/15/2034	30,000	32,557	26,667
	RTX CORP	CORPORATE BONDS	N/A	6.00%	3/15/2031	25,000	26,632	32,129
	SOUTHERN CO/THE	CORPORATE BONDS	N/A	VAR	9/15/2051	175,000	159,338	77,227
	SOUTHERN CO/THE	CORPORATE BONDS	N/A	VAR	1/15/2051	135,000	128,364	134,782
	SOUTHERN CO/THE	CORPORATE BONDS	N/A	VAR	8/1/2027	75,000	76,011	169,516
	TIME WARNER CABLE LLC	CORPORATE BONDS	N/A	6.75%	6/15/2039	75,000	74,387	73,732
	T-MOBILE USA INC	CORPORATE BONDS	N/A	3.88%	4/15/2030	150,000	142,245	142,375
	T-MOBILE USA INC	CORPORATE BONDS	N/A	5.20%	1/15/2033	100,000	102,509	101,385
	TRANSCANADA PIPELINES LTD	CORPORATE BONDS	N/A	4.10%	4/15/2030	150,000	142,682	143,726
	UNICREDIT SPA 144A	CORPORATE BONDS	N/A	VAR	6/30/2035	275,000	258,631	265,582
	UNUM GROUP	CORPORATE BONDS	N/A	6.75%	12/15/2028	50,000	52,306	52,809
	VMWARE LLC	CORPORATE BONDS	N/A	1.40%	8/15/2026	50,000	45,734	47,630
	ZOETIS INC	CORPORATE BONDS	N/A	4.50%	11/13/2025	75,000	74,568	75,371
							<u>6,929,112</u>	<u>7,067,483</u>
CORPORATE STOCK - PREFERRED								
	CITIGROUP CAPITAL XIII	STOCK	N/A	10.92%	N/A	7,925	226,180	238,622
	JPMORGAN CHASE & CO	STOCK	N/A	8.75%	9/1/2030	125,000	149,970	150,725
	VODAFONE GROUP PLC	STOCK	N/A	VAR	4/4/2079	115,000	118,565	119,714
							<u>494,715</u>	<u>509,061</u>

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
CORPORATE STOCK - COMMON								
	ALBANY INTERNATIONAL CORP	STOCK	N/A	N/A	N/A	2,660	\$ 253,517	\$ 212,720
	ALKAMI TECHNOLOGY INC	STOCK	N/A	N/A	N/A	4,000	155,190	146,720
	AMERISAFE INC	STOCK	N/A	N/A	N/A	2,185	102,109	112,615
	ATRICURE INC	STOCK	N/A	N/A	N/A	6,450	212,266	197,112
	BALDWIN INSURANCE GROUP INC/TH	STOCK	N/A	N/A	N/A	5,100	143,136	197,676
	BANCFIRST CORP	STOCK	N/A	N/A	N/A	890	86,624	104,290
	BATH & BODY WORKS INC	STOCK	N/A	N/A	N/A	2,435	88,720	94,405
	BRADY CORP	STOCK	N/A	N/A	N/A	1,030	77,569	76,066
	BRAZE INC	STOCK	N/A	N/A	N/A	6,605	318,540	276,617
	CELSIUS HOLDINGS INC	STOCK	N/A	N/A	N/A	8,170	242,722	215,198
	CENTRAL GARDEN & PET CO	STOCK	N/A	N/A	N/A	3,905	136,583	129,060
	CLEARWATER ANALYTICS HOLDINGS	STOCK	N/A	N/A	N/A	4,570	99,807	125,766
	CONFLUENT INC	STOCK	N/A	N/A	N/A	9,040	183,089	252,758
	CONMED CORP	STOCK	N/A	N/A	N/A	3,290	329,200	225,168
	CULLEN/FROST BANKERS INC	STOCK	N/A	N/A	N/A	2,330	253,234	312,803
	ELF BEAUTY INC	STOCK	N/A	N/A	N/A	2,250	260,823	282,488
	ENERPAC TOOL GROUP CORP	STOCK	N/A	N/A	N/A	3,100	96,539	127,379
	ESAB CORP	STOCK	N/A	N/A	N/A	2,300	221,793	275,862
	ESCO TECHNOLOGIES INC	STOCK	N/A	N/A	N/A	2,620	303,387	349,010
	FIRST FINANCIAL BANKSHARES INC	STOCK	N/A	N/A	N/A	6,985	216,234	251,809
	FIRST WATCH RESTAURANT GROUP I	STOCK	N/A	N/A	N/A	6,380	118,044	118,732
	FRESHPET INC	STOCK	N/A	N/A	N/A	1,460	126,670	216,241
	GERMAN AMERICAN BANCORP INC	STOCK	N/A	N/A	N/A	3,000	97,230	120,660
	GLOBUS MEDICAL INC	STOCK	N/A	N/A	N/A	2,790	148,629	230,761

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
	HAYWARD HOLDINGS INC	STOCK	N/A	N/A	N/A	5,510	\$ 74,936	\$ 84,248
	INSPIRE MEDICAL SYSTEMS INC	STOCK	N/A	N/A	N/A	1,125	228,859	208,553
	IRHYTHM TECHNOLOGIES INC	STOCK	N/A	N/A	N/A	1,845	191,872	166,364
	J & J SNACK FOODS CORP	STOCK	N/A	N/A	N/A	905	151,433	140,393
	JBT MAREL CORP	STOCK	N/A	N/A	N/A	2,420	240,895	307,582
	JFROG LTD	STOCK	N/A	N/A	N/A	6,185	212,298	181,901
	KADANT INC	STOCK	N/A	N/A	N/A	120	42,579	41,399
	LANCASTER COLONY CORP	STOCK	N/A	N/A	N/A	1,140	189,685	197,380
	LUCKY STRIKE ENTERTAINMENT COR	STOCK	N/A	N/A	N/A	7,220	97,481	72,272
	MGP INGREDIENTS INC	STOCK	N/A	N/A	N/A	3,075	284,560	121,063
	MSA SAFETY INC	STOCK	N/A	N/A	N/A	1,785	303,041	295,899
	NEOGEN CORP	STOCK	N/A	N/A	N/A	17,560	330,059	213,178
	NOVANTA INC	STOCK	N/A	N/A	N/A	1,040	175,146	158,881
	NUTANIX INC	STOCK	N/A	N/A	N/A	4,590	230,569	280,816
	OLLIE'S BARGAIN OUTLET HOLDING	STOCK	N/A	N/A	N/A	1,250	94,130	137,163
	OMNICELL INC	STOCK	N/A	N/A	N/A	3,730	135,087	166,060
	ONESTREAM INC	STOCK	N/A	N/A	N/A	8,740	268,966	249,265
	PALOMAR HOLDINGS INC	STOCK	N/A	N/A	N/A	2,095	116,674	221,211
	PENUMBRA INC	STOCK	N/A	N/A	N/A	1,335	314,094	317,036
	PHREESIA INC	STOCK	N/A	N/A	N/A	6,000	144,606	150,960
	PJT PARTNERS INC	STOCK	N/A	N/A	N/A	1,430	144,929	225,668
	PLANET FITNESS INC	STOCK	N/A	N/A	N/A	2,070	152,220	204,661
	PROCEPT BIOROBOTICS CORP	STOCK	N/A	N/A	N/A	1,160	49,388	93,403
	PURE STORAGE INC	STOCK	N/A	N/A	N/A	5,785	228,718	355,373
	RB GLOBAL INC	STOCK	N/A	N/A	N/A	2,410	170,808	217,406
	RBC BEARINGS INC	STOCK	N/A	N/A	N/A	560	158,394	167,518
	REPLIGEN CORP	STOCK	N/A	N/A	N/A	1,860	253,989	267,728

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32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
	RUBRIK INC	STOCK	N/A	N/A	N/A	1,570	\$ 52,715	\$ 102,615
	SELECTIVE INSURANCE GROUP INC	STOCK	N/A	N/A	N/A	1,075	106,941	100,534
	SENSIENT TECHNOLOGIES CORP	STOCK	N/A	N/A	N/A	2,475	163,350	176,369
	SENTINELONE INC	STOCK	N/A	N/A	N/A	11,540	248,973	256,188
	SERVISFIRST BANCSHARES INC	STOCK	N/A	N/A	N/A	3,310	220,273	280,489
	SHAKE SHACK INC	STOCK	N/A	N/A	N/A	570	43,103	73,986
	SI-BONE INC	STOCK	N/A	N/A	N/A	6,725	123,967	94,285
	SIMPLY GOOD FOODS CO/THE	STOCK	N/A	N/A	N/A	8,765	333,321	341,660
	SIMPSON MANUFACTURING CO INC	STOCK	N/A	N/A	N/A	830	148,887	137,639
	SKYWARD SPECIALTY INSURANCE GR	STOCK	N/A	N/A	N/A	4,055	140,003	204,940
	SMARTSHEET INC	STOCK	N/A	N/A	N/A	5,320	254,402	298,080
	STANDEX INTERNATIONAL CORP	STOCK	N/A	N/A	N/A	1,420	226,260	265,526
	STOCK YARDS BANCORP INC	STOCK	N/A	N/A	N/A	2,295	117,460	164,345
	STONEX GROUP INC	STOCK	N/A	N/A	N/A	225	21,357	22,043
	TANDEM DIABETES CARE INC	STOCK	N/A	N/A	N/A	3,550	109,532	127,871
	TENABLE HOLDINGS INC	STOCK	N/A	N/A	N/A	4,190	192,371	165,002
	TRANSCAT INC	STOCK	N/A	N/A	N/A	1,375	154,768	145,393
	TRIMAS CORP	STOCK	N/A	N/A	N/A	2,745	69,531	67,500
	UTZ BRANDS INC	STOCK	N/A	N/A	N/A	13,210	217,181	206,869
	VALVOLINE INC	STOCK	N/A	N/A	N/A	2,430	94,080	87,917
	VERACYTE INC	STOCK	N/A	N/A	N/A	2,035	53,349	80,586
	VERICEL CORP	STOCK	N/A	N/A	N/A	1,600	68,787	87,856
	VITA COCO CO INC/THE	STOCK	N/A	N/A	N/A	2,140	52,143	78,987
	WATTS WATER TECHNOLOGIES INC	STOCK	N/A	N/A	N/A	1,070	213,713	217,531
	WSFS FINANCIAL CORP	STOCK	N/A	N/A	N/A	3,135	147,303	166,558
							12,830,841	13,846,066

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

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		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
PARTNERSHIP/JOINT VENTURE INTEREST								
	GRAIN COMM OPP FUND III LP	PARTNERSHIP	N/A	N/A	N/A	1,802,299	\$ 1,802,299	\$ 1,555,927
	HARBOURVEST 2023 GLOBAL FD LP	PARTNERSHIP	N/A	N/A	N/A	6,054,735	4,800,000	9,871,862
	HARBOURVEST PARTNERS XI LP	PARTNERSHIP	N/A	N/A	N/A	25,486,232	24,162,209	22,505,735
	IRONSIDES DIR INVEST FD IV LP	PARTNERSHIP	N/A	N/A	N/A	1,021,018	11,339,243	827,128
	IRONSIDES PTNRSHF FUND IV LP	PARTNERSHIP	N/A	N/A	N/A	9,294,417	1,076,834	9,446,286
	ISQ GLOBAL INFRA FD III (USTE)	PARTNERSHIP	N/A	N/A	N/A	3,315,556	2,768,533	3,475,894
	JP MORGAN INFRA INVEST FUND	PARTNERSHIP	N/A	N/A	N/A	12,000,000	12,000,000	17,539,721
	LEXINGTON CAPITAL PARTNERS VII	PARTNERSHIP	N/A	N/A	N/A	410,526	1,025,646	409,491
	POMONA CAPITAL VIII LP	PARTNERSHIP	N/A	N/A	N/A	31,226	48,170	31,004
	STEPSTONE VC GLOBAL PTNS XI-B	PARTNERSHIP	N/A	N/A	N/A	2,871,854	2,766,051	2,939,904
							61,788,985	68,602,952
REAL ESTATE								
	CROW HLDGS REALTY PTNRS X LP	PARTNERSHIP	N/A	N/A	N/A	6,984,865	6,984,865	6,037,009
	CROW HOLDINGS REALTY PTNRS VIII	PARTNERSHIP	N/A	N/A	N/A	69,734	354,321	63,828
	RREEF AMERICA REIT II	REAL ESTATE FUND	N/A	N/A	N/A	249,632	39,255,514	34,526,601
							46,594,700	40,627,438
COMMON/COLLECTIVE TRUST								
	ALTRINSIC INTERNATIONAL EQUITY	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	2,548,612	26,337,251	30,703,016
	AMALGAMATED-LONGVIEW TOTL MKT	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	109,128	17,166,018	81,147,744
	DRIEHAUS EMERG MKTS GROWTH CIT	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	652,849	11,023,010	10,824,229

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1819138, Plan Number: 001
December 31, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/ Maturity Value		
	GQG PARTNERS INTL EQTY CIT CL	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	1,616,075	\$ 20,462,636	\$ 28,152,030
	LONG U.S. TREASURY INDX NL	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	877,509	24,000,000	18,348,722
	MFB NT COLLECTIVE EAFE INDEX	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	34,473	14,589,692	15,225,369
	MSCI EMERGING MARKETS EX CHINA	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	473,251	5,198,194	5,086,033
	SSGA S&P GLOBAL LARGEMIDCAP	COMMON COLLECTIVE TRUS	N/A	N/A	N/A	751,338	7,562,365	12,254,323
							<u>126,339,166</u>	<u>201,741,466</u>
REGISTERED INVESTMENT COMPANIES								
	DFA EMERGING MRKTS VALUE	MUTUAL FUND	N/A	N/A	N/A	377,001	11,428,241	11,276,110
	PARNASSUS CORE EQUITY-INST	MUTUAL FUND	N/A	N/A	N/A	437,831	20,695,183	26,160,395
	VANGUARD HI YLD CORP-ADM	MUTUAL FUND	N/A	N/A	N/A	4,136,309	22,222,420	22,418,797
	VANGUARD S/T INFL PROT-INST	MUTUAL FUND	N/A	N/A	N/A	1,481,532	38,413,922	36,001,229
	VANGUARD TTL BD MKT IDX-INST	MUTUAL FUND	N/A	N/A	N/A	5,235,802	53,607,705	49,635,401
							<u>146,367,471</u>	<u>145,491,932</u>
OTHER INVESTMENTS								
	CALIFORNIA ST	OTHER	N/A	7.50%	4/1/2034	50,000	\$ 60,676	\$ 57,980
	CALIFORNIA ST	OTHER	N/A	7.30%	10/1/2039	100,000	120,899	115,686
	COLOMBIA GOVERNMENT INTERNATIO	OTHER	N/A	7.75%	11/7/2036	200,000	198,700	197,905
	ILLINOIS ST	OTHER	N/A	5.10%	6/1/2033	125,000	163,757	163,082
	NEW JERSEY ST TURNPIKE AUTH TU	OTHER	N/A	7.10%	1/1/2041	75,000	90,667	86,422
							<u>634,698</u>	<u>621,075</u>
TOTAL INVESTMENTS							<u>\$ 441,572,272</u>	<u>\$ 517,460,761</u>

See Report on 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.

32BJ North Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 13-1819138, Plan Number: 001
Year Ended December 31, 2024

<u>(a)</u>	<u>(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred With Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value of Asset on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
Single Transactions in Excess of Five Percent of Plan Assets								
Series of Transactions in Excess of Five Percent of Plan Assets								
	DREYFUS TRE PR CSH MGT INV 674	43,635,007	N/A	N/A	N/A	43,635,007	43,635,007	-
	DREYFUS TRE PR CSH MGT INV 674	N/A	34,986,616	N/A	N/A	34,986,616	34,986,616	-

See Report on 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.

32BJ North Pension Fund

EIN 13-1819138

Plan No. 001

Plan Year Ended December 31, 2024

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

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

32BJ North Pension Fund

EIN 13-1819138

Plan No. 001

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

32BJ North Pension Fund

EIN 13-1819138

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$2,707,681	\$776,097	\$30,498,969	\$33,982,747
2025	4,260,764	1,547,480	29,247,893	35,056,137
2026	5,854,952	2,398,382	27,988,942	36,242,276
2027	7,397,849	3,121,076	26,724,179	37,243,104
2028	8,874,329	3,890,347	25,455,507	38,220,183
2029	10,272,522	4,752,888	24,184,942	39,210,352
2030	11,533,354	5,510,963	22,914,886	39,959,203
2031	12,702,629	6,185,926	21,648,094	40,536,649
2032	13,721,693	6,937,434	20,387,666	41,046,793
2033	14,612,014	7,600,982	19,136,929	41,349,925
2034	15,446,488	8,366,734	17,899,382	41,712,604
2035	16,164,900	9,071,398	16,678,691	41,914,989
2036	16,751,735	9,725,207	15,478,638	41,955,580
2037	17,201,032	10,180,496	14,303,141	41,684,669
2038	17,506,569	10,575,000	13,156,201	41,237,770
2039	17,721,326	10,942,232	12,041,779	40,705,337
2040	17,816,081	11,247,269	10,963,955	40,027,305
2041	17,862,389	11,490,069	9,926,867	39,279,325

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$17,777,728	\$11,709,213	\$8,934,625	\$38,421,566
2043	17,591,473	11,771,006	7,991,202	37,353,681
2044	17,319,920	11,776,265	7,100,305	36,196,490
2045	17,002,349	11,732,994	6,265,196	35,000,539
2046	16,618,400	11,588,200	5,488,612	33,695,212
2047	16,191,201	11,384,724	4,772,596	32,348,521
2048	15,706,503	11,135,834	4,118,358	30,960,695
2049	15,180,678	10,811,104	3,526,250	29,518,032
2050	14,614,355	10,444,846	2,995,701	28,054,902
2051	13,988,575	10,084,691	2,525,212	26,598,478
2052	13,351,353	9,687,685	2,112,387	25,151,425
2053	12,699,529	9,238,107	1,754,017	23,691,653
2054	12,030,794	8,786,710	1,446,189	22,263,693
2055	11,350,538	8,378,993	1,184,498	20,914,029
2056	10,643,138	7,909,569	964,233	19,516,940
2057	9,954,914	7,446,848	780,587	18,182,349
2058	9,287,829	6,984,011	628,831	16,900,671
2059	8,638,642	6,529,309	504,473	15,672,424

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$8,013,829	\$6,067,858	\$403,344	\$14,485,031
2061	7,395,725	5,638,767	321,666	13,356,158
2062	6,813,312	5,207,626	256,088	12,277,026
2063	6,261,234	4,797,985	203,689	11,262,908
2064	5,740,392	4,405,791	161,972	10,308,155
2065	5,251,941	4,041,792	128,837	9,422,570
2066	4,791,040	3,689,459	102,550	8,583,049
2067	4,358,956	3,359,366	81,697	7,800,019
2068	3,955,885	3,046,287	65,147	7,067,319
2069	3,584,293	2,750,504	51,998	6,386,795
2070	3,239,315	2,471,995	41,536	5,752,846
2071	2,913,204	2,210,908	33,199	5,157,311
2072	2,617,057	1,967,662	26,543	4,611,262
2073	2,340,441	1,748,455	21,219	4,110,115

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$22,477,776	\$250,000	\$22,727,776
2025	\$22,620,357	\$250,000	\$22,870,357
2026	\$22,399,013	\$250,000	\$22,649,013
2027	\$22,063,028	\$250,000	\$22,313,028
2028	\$21,732,083	\$250,000	\$21,982,083
2029	\$21,406,102	\$250,000	\$21,656,102
2030	\$21,085,010	\$250,000	\$21,335,010
2031	\$20,768,735	\$250,000	\$21,018,735
2032	\$20,457,204	\$250,000	\$20,707,204
2033	\$20,150,346	-	\$20,150,346

Schedule MB, Line 3(d) - Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
January 2024	\$4,568.50	\$0.00	\$4,568.50
February 2024	\$39,489.50	\$150,702.72	\$190,192.22
March 2024	\$85,067.75	\$0.00	\$85,067.75
April 2024	\$3,391.62	\$0.00	\$3,391.62
May 2024	\$163,623.17	\$0.00	\$163,623.17
June 2024	\$194,355.50	\$0.00	\$194,355.50
July 2024	\$10,780.90	\$0.00	\$10,780.90
August 2024	\$38,890.24	\$0.00	\$38,890.24
September 2024	\$180,650.50	\$0.00	\$180,650.50
October 2024	\$20,378.85	\$0.00	\$20,378.85
November 2024	\$43,800.49	\$0.00	\$43,800.49
December 2024	\$80,301.30	\$0.00	\$80,301.30

Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal retirement pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of participation
- **Amount:** A monthly benefit equal to the sum of the annual accruals, for up to 30 years of highest annual accruals, determined as follows:
 - For each year of pension service earned up to December 31, 2006, the annual accrual is equal to the Accrued benefit as of December 31, 2006 divided by the years of pension service (not greater than 30) as of December 31, 2006. The Accrued benefit as of December 31, 2006 is based on the average contribution rate during the 36-month period immediately preceding January 1, 2007, multiplied by the benefit unit based on years of pension service at Normal Retirement Age, multiplied by the ratio of years of pension service at December 31, 2006 to the total years of pension service (to a maximum of 30 years) expected at Normal Retirement Age.
 - For each year of pension service earned after December 31, 2006 and before January 1, 2023, the annual accrual is equal to \$6.00 for each \$28 of the average monthly Employer contribution rate in the plan year being made on the participant's behalf. The contribution rate for benefit accrual purposes was frozen as of June 15, 2009.

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- A participant's accrual rate for hours of service in covered employment on and after January 1, 2023 is determined based on the contribution rate that the participant's employer is required to make on the participant's behalf in a Plan Year, based on the following chart.

Monthly Contribution Rate	Monthly Pension Benefit Accrual Rate for Each Year of Pension Service on or after January 1, 2023	Monthly Contribution Rate	Monthly Pension Benefit Accrual Rate for Each Year of Pension Service on or after January 1, 2023
\$50 - \$74	\$7.00	\$425 - \$449	\$48.00
\$75 - \$99	10.00	\$450 - \$474	50.50
\$100 - \$124	12.50	\$475 - \$499	53.00
\$125 - \$149	15.50	\$500 - \$524	56.00
\$150 - \$174	18.50	\$525 - \$549	59.00
\$175 - \$199	21.00	\$550 - \$574	62.00
\$200 - \$224	23.50	\$575 - \$599	65.00
\$225 - \$249	26.50	\$600 - \$624	68.00
\$250 - \$274	29.00	\$625 - \$649	71.00
\$275 - \$299	31.50	\$650 - \$674	74.00
\$300 - \$324	34.50	\$675 - \$699	77.00
\$325 - \$349	37.00	\$700 - \$724	80.00
\$350 - \$374	40.00	\$725 - \$749	83.00
\$375 - \$399	43.00	\$750 - \$774	86.00
\$400 - \$424	45.50	\$775 - \$799	89.00

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 years of vesting service
- **Amount:** Actuarial equivalent of the Normal pension accrued

Section 3: Certificate of Actuarial Valuation

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 years of pension service
- **Amount:** Normal pension accrued, reduced by $\frac{1}{2}\%$ per month of age less than 65. Benefit is first payable at the participant's Disability Retirement Date, which is the latest of (a) age 60, (b) participant's pension starting date, or (c) payment of Social Security Disability pension.

Vested deferred

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Normal or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 65, or fifth anniversary of participation, if later

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** 50% of the benefit employee would have received had the employee retired the day before the date of death and elected the joint and survivor option payable at employee's Normal Retirement Age. The surviving spouse may elect to commence payment when participant would have attained age 60, with payment reduced by $\frac{1}{2}\%$ per month of age less than age 65. If participant was eligible for early retirement, payment is based on actuarial equivalent factor for early retirement before participant would have attained age 60, and $\frac{1}{2}\%$ per month of age less than age 65 for payment when participant would have attained age 60 or later.
- **Charge for Coverage:** None

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Post-retirement death benefit

Lump-sum benefit:

- \$2,000 for pensioners who retired at age 65 or later with at least 15 years of pension service
- \$1,000 for pensioners who retired at age 65 or later with at least 10 years of pension service
- \$1,000 for pensioners who retired at age 50 or older with at least 15 years of pension service and retired on a disability, vested deferred or early pension.

Joint and Survivor: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected, or if not married, benefits are payable for the life of the participant.

Optional forms of benefits

- Life Annuity
- 75% Joint and Survivor Pension

Participation

Last day of the first Plan Year in which contributions are made on the participant's behalf. Part-time employees must also complete 1,000 hours of service. If hired on or after June 1, 2011, an employee becomes a participant in the Plan on the first day of the 13th month after beginning to work for a contributing employer in employment of the type for which contributions are due under a collective bargaining agreement or participation agreement.

Pension service

For full-time employees: One month of pension service for each month contributions are made on the participant's behalf, not to exceed 30 years for benefit accruals.

For part-time employees:

Hours worked in Plan Year	Pension credit earned
2,080 or more	1
1,560 – 2,079	$\frac{3}{4}$
1,000 – 1,559	$\frac{1}{2}$
999 or less	0

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Vesting service

One year of vesting service for 1,000 hours of service during the computation period.

Contribution rate

The average weighted monthly contribution rate for the year beginning January 1, 2024 is \$386.43 compared to \$381.62 for the prior year.

Changes in plan provisions

Changes in benefit accrual rates as a result of changes in negotiated contribution rates effective up to the valuation date have been reflected as a plan amendment and in the normal cost of the 2024 Funding Standard Account.

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Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
2008 investment loss subject to relief	01/01/2010	\$2,668,831	14	\$285,203
Actuarial loss	01/01/2011	784,482	2	405,505
Assumption change	01/01/2011	3,129,004	2	1,617,408
2008 investment loss subject to relief	01/01/2011	3,968,199	14	424,059
Actuarial loss	01/01/2012	2,099,124	3	747,546
2008 investment loss subject to relief	01/01/2012	3,480,885	14	371,983
2008 investment loss subject to relief	01/01/2013	6,847,719	14	731,778
2008 investment loss subject to relief	01/01/2014	11,682,816	14	1,248,477
Assumption change	01/01/2015	3,753,549	6	735,962
Actuarial loss	01/01/2016	7,240,485	7	1,255,603
Actuarial loss	01/01/2017	12,593,307	8	1,971,003
Actuarial loss	01/01/2020	2,830,392	11	352,759
Assumption change	01/01/2021	6,810,560	12	801,367
Actuarial loss	01/01/2023	4,019,075	14	429,496
Plan amendment	01/01/2023	14,843,298	14	1,586,221
Plan amendment	01/01/2024	150,964	15	15,491
Total		\$86,902,690		\$12,979,861

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial gain	01/01/2010	\$2,621,552	1	\$2,621,552
Actuarial gain	01/01/2013	1,511,288	4	416,986
Assumption change	01/01/2013	3,278,360	4	904,546
Actuarial gain	01/01/2014	4,581,214	5	1,044,220
Actuarial gain	01/01/2015	5,101,802	6	1,000,315
Actuarial gain	01/01/2018	7,553,436	9	1,083,505
Actuarial gain	01/01/2019	7,344,343	10	977,261
Assumption change	01/01/2019	8,080,438	10	1,075,208
Actuarial gain	01/01/2021	11,350,270	12	1,335,534
Actuarial gain	01/01/2022	14,831,101	13	1,658,462
Actuarial gain	01/01/2024	1,834,705	15	188,262
Total		\$68,088,509		\$12,305,851

Section 3: Certificate of Actuarial Valuation

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
 - The annual administrative expense assumption was increased from \$2,300,000 to \$2,350,000.

Section 2: Actuarial Valuation Results

Schedule MB, line 6f(1) - Description of Withdrawal Liability Interest Rate

The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Assumption	Description
Interest	For liabilities up to market value of assets, 5.06% for 20 years and 4.37% beyond (3.90% for 20 years and 3.65% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of December 31, 2023 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of December 31, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of December 31, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Years of Pension Service

Age	Total	Less than 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	29	29	—	—	—	—	—	—	—	—
	\$89	\$89	—	—	—	—	—	—	—	—
25 - 29	102	89	13	—	—	—	—	—	—	—
	\$123	\$101	—	—	—	—	—	—	—	—
30 - 34	227	140	68	16	3	—	—	—	—	—
	\$199	\$108	\$293	—	—	—	—	—	—	—
35 - 39	333	155	112	38	28	—	—	—	—	—
	\$267	\$110	\$282	\$514	\$747	—	—	—	—	—
40 - 44	402	147	95	68	66	23	3	—	—	—
	\$374	\$104	\$306	\$521	\$715	\$886	—	—	—	—
45 - 49	527	165	137	74	77	54	19	1	—	—
	\$422	\$114	\$294	\$493	\$721	\$916	—	—	—	—
50 - 54	729	183	131	96	117	97	66	37	2	—
	\$541	\$110	\$270	\$521	\$699	\$921	\$1,084	\$1,196	—	—
55 - 59	908	173	123	101	147	134	104	94	30	2
	\$657	\$102	\$297	\$521	\$712	\$913	\$1,059	\$1,201	\$1,233	—
60 - 64	908	133	112	106	121	141	115	107	60	13
	\$724	\$106	\$290	\$512	\$717	\$921	\$1,069	\$1,201	\$1,213	—
65 - 69	481	52	65	61	71	68	47	43	54	20
	\$737	\$99	\$308	\$482	\$654	\$925	\$1,081	\$1,179	\$1,194	\$1,237
70 & over	155	16	16	23	28	21	18	18	14	1
	\$739	—	—	\$462	\$705	\$896	—	—	—	—
Unknown	3	1	2	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Totals	4,804	1,283	874	583	658	538	372	300	160	36
	\$550	\$106	\$290	\$508	\$707	\$917	\$1,073	\$1,197	\$1,207	\$1,231

Notes: The amounts shown are the average accrued monthly benefits.

Excludes 1,040 participants with less than one year of pension service classified as full-time employees and participants with less than one-half year of pension service classified as part-time employees.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021

Disabled: Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021

The underlying tables with projection to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to deaths and the projected number and liability change based on the prior year's assumption over the past several years.

Annuitant mortality rates

Age	Healthy Male ¹	Healthy Female ¹	Disabled Male ¹	Disabled Female ¹	Contingent Survivor Male ¹	Contingent Survivor Female ¹
55	0.64	0.49	2.17	1.47	1.69	0.82
60	0.93	0.71	2.35	1.71	2.05	1.09
65	1.27	1.08	2.87	2.13	2.59	1.53
70	2.05	1.64	3.94	2.84	3.42	2.18
75	3.33	2.62	5.81	4.04	4.71	3.20
80	5.72	4.35	8.92	6.15	6.78	4.82
85	9.78	7.49	13.71	9.87	10.20	7.68
90	16.54	13.05	20.52	16.11	16.32	13.05

¹ Mortality rates shown for base table and do not reflect any mortality projection.

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Termination rates

Age	Mortality Male ¹	Mortality Female ¹	Disability ²	Withdrawal ² less than 2 years of service	Withdrawal ² 2-4 years of service	Withdrawal ² 5-9 years of service	Withdrawal ² 10 or more years of service
20	0.07	0.02	0.03	17.99	14.19	15.00	8.75
25	0.07	0.03	0.03	21.74	17.14	12.96	8.75
30	0.07	0.03	0.03	18.61	13.58	8.39	4.84
35	0.07	0.04	0.03	16.78	11.02	7.15	5.02
40	0.09	0.06	0.05	15.91	10.35	6.01	4.15
45	0.12	0.09	0.09	15.48	9.47	5.82	3.73
50	0.18	0.13	0.20	15.60	8.90	5.32	3.49
55	0.28	0.20	0.43	13.52	7.82	2.59	0.88
60	0.44	0.30	0.87	13.63	7.84	2.12	0.20

The termination rates and disability rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements by age and the projected number based on the prior year's assumption over the past several years.

Retirement rates

Age	Active	Inactive Vested
55	1%	5%
56 – 59	1%	2%
60 – 61	2%	10%
62	10%	25%
63 – 64	10%	10%
65	20%	30%
66	20%	10%

¹ Mortality rates shown for base table and do not reflect any mortality projection.

² Disability and withdrawal rates do not apply at or beyond early retirement age.

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Age	Active	Inactive Vested
67	15%	10%
68 – 69	15%	5%
70 – 74	100%	5%
75 and older	100%	100%

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the past several years.

Description of weighted average retirement age

Age 67, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Future benefit accruals

One year of pension credit per year for full-time employees; one-half pension credit for part-time employees.

The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those on whose behalf contributions are required to be made to the Fund during the most recent plan year, who have at least one year of pension service for full-time actives or one-half year of pension service for part-time actives, excluding those who have retired as of the valuation date.

Section 3: Certificate of Actuarial Valuation

Exclusion of inactive vested participants

Inactive participants over age 75 are excluded from the valuation.

The exclusion of inactive vested participants over age 75 was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

75% male, 50% female

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Benefit election

65% of participants are assumed to elect the straight life annuity form of payment and 35% of participants are assumed to elect the 50% Joint and Survivor annuity form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

Delayed retirement factors

Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Section 3: Certificate of Actuarial Valuation

Annual administrative expenses

\$2,350,000 for the year beginning January 1, 2024 (equivalent to \$2,265,864 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally from 2012 using the 2024 Adjusted Scale MP-2021 (previously, RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using Scale MP-2021)

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 7.2%, for the Plan Year ending December 31, 2023
- **On current (market) value of assets (Schedule MB, line 6h):** 10.6% for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Section 3: Certificate of Actuarial Valuation

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2024:
 - The annual administrative expense assumption was increased from \$2,300,000 to \$2,350,000.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan 32BJ NORTH PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES, 32BJ NORTH PENSION FUND	D Employer Identification Number (EIN) 13-1819138

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 492,233,045
(2) Actuarial value of assets for funding standard account	1b(2) 514,856,993
c (1) Accrued liability for plan using immediate gain methods	1c(1) 505,674,221
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 505,674,221
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 808,251,370
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 17,098,303
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 34,013,436
(3) Expected plan disbursements for the plan year	1d(3) 36,363,436

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Brian Lehman BL Signature of actuary BRIAN LEHMAN, ASA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E NEW YORK NY 10001-2192 Address of the firm	07/09/2025 Date 2308555 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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a Current value of assets (see instructions)		2a	495,480,994
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		5,506	326,261,724
(2) For terminated vested participants		3,900	183,196,685
(3) For active participants:			
(a) Non-vested benefits			4,846,437
(b) Vested benefits			293,946,524
(c) Total active.....		4,804	298,792,961
(4) Total.....		14,210	808,251,370
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	61.30 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	26,979,430				
			Totals ►	3(b)	26,979,430
					3(c)
					0

f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	
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i If box h is checked, enter period of use of shortfall method	5j	
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k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2,265,864
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-1,834,705	-188,262
3	150,964	15,491

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	10,514,319

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	12,979,861
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1,644,593
e Total charges. Add lines 9a through 9d.....	9e	25,138,773

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	27,996,953
g Employer contributions. Total from column (b) of line 3.....	9g	26,979,430

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	12,305,851
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	55,589,119
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	222,926,288
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	70,969,020
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	45,830,247
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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32BJ North Pension Fund

EIN 13-1819138

Plan No. 001

Plan Year Ended December 31, 2024

Form 5500, Schedule R, Line 14b

Changed Inactive Participant Count Explanation

Explanation for Change in Previously Reported Inactive Participant Count:

Pursuant to Schedule R Line 14 instructions, the plan is reporting a revision in the number of inactive participants (deferred vested and retired participants) whose contributing employers are no longer making contributions to the plan for the current and prior plan years.

Counting Method Used:

The plan uses the Last Contributing Employer method to determine inactive participant counts, as defined in the Schedule R instructions. This method includes only those inactive participants whose last contributing employer had withdrawn from the plan by the beginning of the relevant plan year.

32BJ North Pension Fund

EIN 13-1819138

Plan No. 001

Plan Year Ended December 31, 2024

**Form 5500, Schedule R, Line 13e
Information on Contribution Rates and Base Units**

Name	EIN	Contribution Rate (in dollars and cents)	Base unit measure
NEW YORK RACING ASSOCIATION INC.	61-1559094	\$519.88 and \$468.13	Monthly
CROTHALL HEALTHCARE INC	11-1953054	\$500.00; \$480.00; \$87.32; and \$75.00	Monthly
A & A MAINTENANCE ENTERPRISE	13-3149505	\$400.00	Monthly
A & A MAINTENANCE ENTERPRISE	13-3149505	\$2.45; \$2.42; \$2.37; \$2.31; \$2.20; \$1.35; \$1.30; \$1.25; and \$1.17	Hourly
EMPIRE CITY CASINO	13-2710385	\$316.16 and \$295.48	Monthly

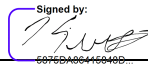
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan 32BJ North Pension Fund
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 06/16/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Board of Trustees 32BJ North Pension Fund 25 West 18th Street New York NY 10011
2b	Employer Identification Number (EIN) 13-1819138
2c	Plan Sponsor's telephone number (212) 539-2778
2d	Business code (see instructions) 561790

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	Signed by:  6076BA864462A0B		Kevin Stavris
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signed by:  6C82F35C45C84CF...		William Schur
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500 (2024)		Page 2	
3a Plan administrator's name and address ☒ 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	15,235
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)	5,667
		6a(2)	5,786
		6b	4,488
		6c	4,116
		6d	14,390
		6e	1,082
		6f	15,472
		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	1,188
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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_____