

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: EHS - LOCAL 153 PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 12/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN
2b Employer Identification Number (EIN): 13-2869312
2c Plan Sponsor's telephone number: 646-447-5936
2d Business code (see instructions): 524140

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	977
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)	19
	6a(2)	19
	6b	396
	6c	498
	6d	913
	6e	49
	6f	962
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
---	--	--

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

▶ **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 <u>EHS - LOCAL 153 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>13-2869312</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value	2a		<u>111183983</u>
b Actuarial value	2b		<u>111183983</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>403</u>	<u>90129735</u>	<u>90129735</u>
b For terminated vested participants	<u>555</u>	<u>32398064</u>	<u>32398064</u>
c For active participants	<u>19</u>	<u>5603555</u>	<u>5644200</u>
d Total	<u>977</u>	<u>128131354</u>	<u>128171999</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.13 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>1334000</u>
c Target normal cost	6c		<u>1334000</u>

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			
	Signature of actuary	<u>09/25/2025</u>	Date
	<u>ANDREW LAPE</u>	<u>23-08375</u>	Most recent enrollment number
	Type or print name of actuary	<u>781-373-6900</u>	Telephone number (including area code)
	<u>GALLAGHER BENEFIT SERVICES, INC.</u>		
	Firm name		
	<u>8871 SOUTH RIDGELINE BOULEVARD SUITE 110 HIGHLANDS RANCH, CO 80129</u>		
	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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.84</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2746
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		145
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2891
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.74 %
15	Adjusted funding target attainment percentage	15	86.74 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 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		
04/15/2024	982000	0					
07/10/2024	982000	0					
10/10/2024	58000	0					
01/10/2025	674000	0					
09/12/2025	405000	0					
			Totals ▶	18(b)	3101000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2992878
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 59
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 1334000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	16988016		1657930	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 2991930
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 2991930
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 2992878
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 948
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

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

A Name of plan EHS - LOCAL 153 PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN	D Employer Identification Number (EIN) 13-2869312	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

AGILIS PARTNERS LLC

04-3513306

(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	412115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGAL & GENERAL

20-8058531

(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	228032	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK 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 28 50 99	NONE	100345	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

BDO USA, P.C.

13-5381590

(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	74220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 51	NONE	28125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PITTA & GIBLIN

26-3852082

(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	21399	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STEPTOE LLP

52-1349790

(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	14578	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 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 <u>EHS - LOCAL 153 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>13-2869312</u>	

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: <u>HIP-OPEIU LOCAL 153 GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>HIP-OPEIU LOCAL 153 GROUP TRUST</u>		
c EIN-PN <u>13-2869312-007</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>103902811</u>
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)
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)
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)
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)
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)
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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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)

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EHS - LOCAL 153 PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN	D Employer Identification Number (EIN) 13-2869312

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	4287000
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	107429796
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	111716796	104981811
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	382706	174066
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	382706	174066
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	111334090	104807745

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)	3101395	
(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)		3101395
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		685860
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3787255

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8661247	
(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)		8661247
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)		
(2) Contract administrator fees	2i(2)	28767	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	68084	
(5) Investment advisory and investment management fees	2i(5)	328047	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	411950	
(8) Legal fees	2i(8)	41923	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	773582	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1652353
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10313600

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6526345
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: **BDO USA, P.C.**

(2) EIN: **13-5381590**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551721.

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

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

A Name of plan <u>EHS - LOCAL 153 PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN</u>	D Employer Identification Number (EIN) <u>13-2869312</u>	

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): <u>13-5160382</u>		
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	2

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

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 _____

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): _____

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): _____

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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	
b The corresponding number for the second preceding plan year	15b	

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	
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	

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

EHS - Local 153 Pension Plan

Financial Statements
Years Ended December 31, 2024 and 2023

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



EHS - Local 153 Pension Plan

Financial Statements
Years Ended December 31, 2024 and 2023

EHS - Local 153 Pension Plan

Contents

Independent Auditor's Report	3-4
Financial Statements	
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	5
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2024 and 2023	6
Notes to Financial Statements	7-18



Independent Auditor's Report

The Plan Administrator
EHS - Local 153 Pension Plan
New York, New York

Opinion

We have audited the financial statements of the EHS - Local 153 Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements 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 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 Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 that 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

BDO USA, P.C.

September 30, 2025

EHS - Local 153 Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investment in EmblemHealth-OPEIU Local 153 Group Trust	\$ 103,902,811	\$ 107,429,796
Employer contribution receivable	1,079,000	4,287,000
Total Assets	104,981,811	111,716,796
Liabilities		
Accounts payable and accrued expenses	174,066	382,706
Net Assets Available for Benefits	\$ 104,807,745	\$ 111,334,090

See accompanying notes to financial statements.

EHS - Local 153 Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2024	2023
Additions		
Net investment income from investment in EmblemHealth-OPEIU Local 153 Group Trust	\$ 685,860	\$ 12,293,788
Employer contributions	3,101,395	4,288,932
Other income	-	590
Total Additions, net of investment income	3,787,255	16,583,310
Deductions		
Benefits paid	8,661,247	8,854,756
Administrative expenses	1,652,353	1,819,501
Total Deductions	10,313,600	10,674,257
Net (Decrease) Increase	(6,526,345)	5,909,053
Net Assets Available for Benefits, beginning of year	111,334,090	105,425,037
Net Assets Available for Benefits, end of year	\$ 104,807,745	\$ 111,334,090

See accompanying notes to financial statements.

EHS - Local 153 Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the EHS - Local 153 Pension Plan (the Plan) provides general information only. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General

The Plan is a contributory single-employer Taft-Hartley defined benefit plan for all employees of the Health Insurance Plan of Greater New York (HIP) covered by a collective bargaining agreement between EmblemHealth Services Company, LLC (EHS, successor company to HIP) and Office and Professional Employees International Union (OPEIU), Local 153, whose employment commencement date was on or before November 19, 2009 (clerical bargaining unit) or November 2, 2011 (marketing bargaining unit), provided they (1) were at least age 21 and (2) had completed six months of service. Those hired after the above aforementioned dates are not eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is administered by a Board of Trustees (Plan Sponsor), with equal representation from EHS and OPEIU.

The Plan's investment is held in a trust account at The Bank of New York Mellon (BNY Mellon), the custodian, which consists of an undivided interest in an investment account of the HIP-OPEIU Group Trust (the Master Trust). Prior to January 1, 2018, the HIP Administrators of Florida, Inc. Local 153 Pension Plan and Trust (the HIPA Plan) and Vytra - Local 153 Pension Plan and Trust for Office and Clerical Employees (the Vytra Plan), EHS-sponsored defined benefit plans, were participating in the Master Trust with the Plan.

Effective January 1, 2018, the HIPA Plan and the Vytra Plan were merged with and into the Plan. Both the HIPA Plan and Vytra Plan were frozen to new participants prior to the merger. Effective January 1, 2018, and prior to February 1, 2019, the Plan was the sole participating plan of the Master Trust.

The group trust agreement was amended so that, effective February 1, 2019, the EmblemHealth Services Company, LLC Cash Balance Plan and Trust for Collectively Bargained Employees (Union Cash Balance Plan) became a participating plan in the Master Trust. Additionally, effective February 1, 2019, the Master Trust was renamed to the EmblemHealth-OPEIU Local 153 Group Trust.

The Plan was restated effective January 1, 2024 to comply with recent regulations and to incorporate all amendments to the Plan since the last restatement.

Contributions

The Plan requires mandatory employee contributions of 1.75% of annual eligible earnings. Such contributions were suspended from February 1999 through May 2006 and resumed in June 2006. Any participant who is not eligible for a benefit attributable to HIP contributions shall, upon ceasing to be an employee for any reason other than death, disability, or retirement under the Plan, receive the return of their accumulated employee contributions, with interest accrued. Accumulated contributions are credited with interest, at a rate determined annually.

Effective March 30, 2018, the Plan was amended to freeze the accrual of future benefits for employees hired into the HIP New York clerical bargaining unit on or before November 19, 2009.

EHS - Local 153 Pension Plan

Notes to Financial Statements

Employees hired on or before November 2, 2011 into the HIP New York marketing bargaining unit continued to accrue benefits. Participants whose benefits accruals froze on March 30, 2018 were no longer required to make mandatory employee contributions to the Plan.

Effective October 31, 2018, the Plan was amended to freeze the accrual of future benefits for employees hired into the Melville clerical bargaining unit on or before November 3, 2010. Participants whose benefits accruals froze on October 31, 2018 were no longer required to make mandatory employee contributions to the Plan. Prior to October 31, 2018, former Vytra Plan participants were required to make mandatory employee contributions of 1.50% of annual eligible earnings.

Employer contributions to the Plan are accrued based on funding amounts actuarially determined by the consulting actuary, Agilis. The funding method used by the actuary during the years ended December 31, 2024 and 2023 was the unit credit cost method. The Plan Sponsor's policy is to fund at least the minimum required contribution. The Plan has met the ERISA minimum funding requirements for 2024 and 2023.

Vesting

The Plan provides for a five-year cliff vesting. The Plan credits employees who transfer from the HIP Health Plan of Florida, Inc. Staff Employees' Retirement Plan; the HIP Health Plan of Pennsylvania, Inc. Staff Employees' Retirement Plan; the HIP Staff Employees' Retirement Plan; the HIP Staff Employees' Pension Plan; the HIP Health Plan of New Jersey Staff Employees' Retirement Plan; the HIP Health Plan of Florida, Inc. OPEIU, Local 153 Pension Plan and Trust; the HIPA Plan; the Vytra Plan; or a Local 1199 plan to which HIP has contributed with both vesting service and benefit accrual service for their period of service under their prior plan, offset by the calculated benefit under the prior plan. Employees who transferred to the Plan from LaGuardia or Syosset Hospital plans receive vesting service credit only for their period of service under their prior plan.

Pension Benefits

The benefit payable at age 65 (normal retirement age) is equal to 2.25% of the participant's final average earnings (the average of the highest consecutive 36 months within the last 120 months of participation) times the participant's years of credited service (service rendered as a participant under the Plan). The Plan also provides for an early retirement benefit for those participants who reach age 45 with ten years of credited service or who complete 15 years of credited service, regardless of age. In the case of early retirement benefits, payments may not commence before age 55. Benefits are reduced for payments made from ages 55 through 62 by 0.25% for each calendar month the participant is younger than age 65. A benefit commencing at or after age 62 is reduced by 0.167% for each calendar month the participant is younger than age 65. The standard form of payment to married participants is a 50% joint and survivor annuity, unless waived by the participant with the written consent of the spouse. If this form is waived, the benefit options available are a single-life annuity, 100% joint and survivor annuity, 75% joint and survivor annuity, or any other form of benefit containing a modified cash refund feature.

Participants who terminate employment before becoming eligible for early retirement, but who have completed at least five years of service, are entitled to either a deferred vested pension payable at normal retirement age 65, or the return of their accumulated contributions plus a deferred vested pension payable at normal retirement, or a lump-sum vesting benefit equal to 2½ times their accumulated contributions with a possible monthly annuity equal to the present

EHS - Local 153 Pension Plan

Notes to Financial Statements

value of any remaining residual benefit. For a participant who separates from service and who completes ten years of service prior to age 45, the lump-sum vesting benefit is equal to 2½ times their accumulated contributions at the date they became eligible for an early retirement plus an additional 1¾ times the excess of the participant's accumulated contributions at their termination date over the participant's accumulated contributions at the date they became eligible for an early retirement allowance. For a participant who separates from service and who does not complete ten years of service prior to age 45, the lump-sum vesting benefit is equal to 1¾ times their accumulated contributions.

The surviving spouse of an active participant who has attained age 65 or has completed five years of vesting service is entitled to receive the greater of a death benefit equal to a 50% joint and survivor annuity or a lump-sum payment in an amount equal to the participant's accumulated contributions plus 75% of earnings during the last year of credited service. The beneficiary of an active participant who has had less than five years of vesting service at the date of death, as well as designated beneficiaries of unmarried participants, will receive a death benefit equal to 75% of the participant's earnings during the last year of credited service. Active participants who become disabled before normal retirement and have completed ten years of credited service receive a disability allowance based on completed years of credited service projected to normal retirement age and final average earnings at the date of disability.

If, upon termination of a participant's employment with HIP, the present value of the accrued benefit is more than \$1,000 but not more than \$7,000, the Plan provides for a voluntary cash-out payable in one lump sum.

Administrative Expenses

To the extent permitted by applicable law, all expenses incurred in the administration and operation of the Plan shall be borne by the Plan.

Plan Termination

In the event of termination of the Plan, the Plan's assets shall be allocated in accordance with the priorities specified in Section 4044 of ERISA. Generally, Section 4044 provides that each participant will receive a refund of the voluntary contributions made to the Plan, if any. Following this, each participant will receive a refund of mandatory contributions (net after offsetting any amounts received prior to the Plan's termination), if any. Thereafter, the priority is (1) the lowest benefit in pay status for at least three years (or that which would have been if the participant had retired that long ago), (2) other benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations, (3) other noninsured nonforfeitable benefits, and (4) all other benefits.

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 also may depend on the financial condition of EHS and the level of benefits guaranteed by the PBGC.

EHS - Local 153 Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; the disclosure of contingent assets and liabilities at the date of the financial statements; and the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The investment of the Plan is stated at fair value, which has been determined based on the fair value of the underlying investments of the Master Trust. 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 exit price). See Note 5 for a discussion of fair value measurements.

The Plan presents, in the statements of changes in net assets available for benefits, its net investment income from investment in the Master Trust, which includes its undivided interest in the appreciation or depreciation in the fair value of investments of the Master Trust (consisting of realized and unrealized gains or losses on investments) and interest and dividend income. Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the preceding year-end value or purchase price if acquired subsequent to that date. Realized gains and losses are recorded as the differences between the original purchase price of the investment and the sales price of the investment.

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.

Accumulated Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, 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 (1) retired or terminated participants or their beneficiaries, (2) beneficiaries of participants who have died, and (3) active participants or their beneficiaries. The accumulated Plan benefits for active participants are based on their final average compensation during the highest consecutive 36 months out of the last 120 months ending on the date of termination. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to participant service rendered to the valuation date.

EHS - Local 153 Pension Plan

Notes to Financial Statements

The actuarial present value of accumulated Plan benefits is determined by the Plan's independent actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payments between the valuation date and the expected date of payment.

Benefits Paid

Benefit payments to participants are recorded upon distribution. Such amounts include contributions returned to participants who are no longer employees of HIP and were not vested in the Plan.

3. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions and actuarial present value of accumulated Plan benefits are calculated based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

4. Actuarial Present Value of Accumulated Plan Benefits

The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2024 and 2023. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated Plan benefits is as follows:

January 1, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:	
Participants currently receiving payments	\$ 87,875,882
Other participants	36,934,596
	<hr/>
	124,810,478
Nonvested benefits	39,482
	<hr/>
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 124,849,960

EHS - Local 153 Pension Plan

Notes to Financial Statements

The change in the actuarial present value of accumulated Plan benefits is as follows:

Actuarial Present Value of Accumulated Plan Benefits, January 1, 2023	\$ 127,629,514
Changes during the year attributable to:	
Decrease in discount period at 5.50%	6,779,429
Benefits paid	(8,852,823)
Assumption changes	(75,950)
Additional benefits earned including gains	(630,210)
Net Decrease	(2,779,554)
Actuarial Present Value of Accumulated Plan Benefits, January 1, 2024	\$ 124,849,960

The significant assumptions underlying the 2024 actuarial computations are as follows:

Actuarial cost method	Unit credit
Assumed rate of return and discount rate	5.50% per annum (5.50% per annum in 2023)
Mortality basis	Pri-2012 no collar mortality rates, with separate contingent annuitant mortality rates for beneficiaries after the participant's death, projected generationally with Scale SSA-2023 (Pri-2012 no collar mortality rates, with separate contingent annuitant mortality rates for current beneficiaries, projected generationally with Scale SSA-2022 in 2023)
Retirement rates	Scale from 13.00% (age 55) to 45.00% (age 74); 100.00% (age 75)

Sample ages and termination rates before retirement are as follows:

Ages	Rates (%)
25	41.40
30	28.06
35	20.01
40	13.11
45	11.59
50	12.88
55-65	10.12

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

The Plan is not considered an "at-risk plan" for the 2024 Plan year.

5. Investment in Master Trust

Use of the Master Trust permits commingling of trust assets with the assets of the Plan and the Union Cash Balance Plan. The plans participating in the Master Trust have an undivided interest.

EHS - Local 153 Pension Plan

Notes to Financial Statements

The Plan's percentage interest in the fair value of the Master Trust was 99.91% and 99.92% at December 31, 2024 and 2023, respectively. The value of the Plan's interest in the Master Trust is based on the beginning-of-year value of the Plan's interest in the Master Trust, plus actual contributions and allocated net investment income, less actual distributions and actual administrative expenses. The fair value as of the previous month-end is used to calculate each plan's respective share of investment income, realized gains or losses, and unrealized appreciation or depreciation.

The following tables presents the net assets of the Master Trust and the Plan's and the Union Cash Balance Plan's corresponding interest in the underlying investments of the Master Trust:

December 31, 2024

	Interest in Master Trust		
	Plan's Interest	Union Cash Balance Plan's Interest	Master Trust Balances
Corporate bonds and debts	\$ 46,448,938	\$ 40,339	\$ 46,489,277
Municipal bonds	3,947,742	3,428	3,951,170
U.S. Treasury notes and bills	45,608,561	39,609	45,648,170
Foreign government bonds	1,077,804	936	1,078,740
Short-term investment fund	7,194,037	6,248	7,200,285
Payables for security purchases	(3,703,524)	(3,216)	(3,706,740)
Receivable for securities sold	3,327,351	2,890	3,330,241
Unrealized appreciation on derivative contracts	1,902	2	1,904
	\$ 103,902,811	\$ 90,236	\$ 103,993,047

December 31, 2023

	Interest in Master Trust		
	Plan's Interest	Union Cash Balance Plan's Interest	Master Trust Balances
Corporate bonds and debts	\$ 39,676,023	\$ 33,661	\$ 39,709,684
Municipal bonds	12,252,315	10,395	12,262,710
U.S. Treasury notes and bills	47,291,114	40,122	47,331,236
Foreign bonds	3,511,723	2,979	3,514,702
Foreign government bonds	593,727	504	594,231
Short-term investment fund	4,335,894	3,678	4,339,572
Payables for security purchases	(1,341,580)	(1,138)	(1,342,718)
Unrealized appreciation on derivative contracts	1,110,580	942	1,111,522
	\$ 107,429,796	\$ 91,143	\$ 107,520,939

EHS - Local 153 Pension Plan

Notes to Financial Statements

The following table summarizes the change in net assets for the Master Trust:

<i>Year ended December 31,</i>	2024	2023
Changes in Net Assets		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (3,700,710)	\$ 8,230,215
Interest and dividend income	4,385,338	4,077,081
Total Investment Income	684,628	12,307,296
Less: investment expenses	(382,560)	(375,565)
Net Investment Income	302,068	11,931,731
Contributions	6,383,410	11,235,559
Distributions	(8,733,331)	(10,289,724)
Administrative expenses	(1,480,039)	(1,448,140)
Net (Decrease) Increase	(3,527,892)	11,429,426
Net Assets, beginning of year	107,520,939	96,091,513
Net Assets, end of year	\$ 103,993,047	\$ 107,520,939

Fair Value Measurement

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 inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

EHS - Local 153 Pension Plan

Notes to Financial Statements

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Master Trust. Unobservable inputs are inputs that reflect the Master Trust's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances.

The following is a description of the valuation methodologies used for financial assets measured at fair value, including the general classification of such assets pursuant to the fair value hierarchy. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Debt Securities - Debt securities include corporate debt securities and U.S. government, agency obligations, municipal bonds, and foreign bonds. Where quoted prices are available in an active market, debt securities are classified in Level 1 of the fair value hierarchy. The Master Trust's Level 2 debt securities are comprised primarily of U.S. government and agency obligations and corporate securities. If Level 1 valuations are not available, the fair value is determined using models such as matrix pricing, which uses quoted market prices of debt securities with similar characteristics or discounted cash flows to estimate fair value. The Master Trust obtained one price for each of its Level 2 debt securities based on these inputs and did not adjust any prices at December 31, 2024 and 2023.

Futures Contracts - The Master Trust has investments in various interest rate and equity-related futures contracts traded on major exchanges (e.g., CBOT, CME). Fair value for exchange-traded positions is based on quoted market prices for identical instruments in the corresponding exchanges. Exchange-traded positions have collateral posting requirements, including daily variation margin movements. Any credit risk adjustment to the fair value of the instrument will be immaterial due to collateral requirements set by the exchange.

Short-Term Investment Fund - Fair value is based upon the net asset value (NAV) of the shares held by the Plan. NAV is based upon the fair value of the underlying investments. The fund's investment objective is to provide investors with a high level of current income, as is consistent with the preservation of capital and the maintenance of liquidity. The Master Trust's investment in the short-term investment fund may be redeemed daily. There are no redemption fees or notice periods and no unfunded commitments as of December 31, 2024 and 2023.

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

EHS - Local 153 Pension Plan

Notes to Financial Statements

The following tables present, by level within the fair value hierarchy, the Master Trust's financial assets and liabilities that are accounted for at fair value on a recurring basis:

December 31, 2024

	Level 1	Level 2	Level 3	Total
Corporate bonds and debts	\$ -	\$ 46,489,277	\$ -	\$ 46,489,277
Municipal bonds	-	3,951,170	-	3,951,170
U.S. Treasury notes and bills	45,101,146	547,024	-	45,648,170
Foreign government bonds	-	1,078,740	-	1,078,740
Unrealized appreciation on derivative contracts	1,904	-	-	1,904
Total Investment Assets, at fair value	\$ 45,103,050	\$ 52,066,211	\$ -	97,169,261
Short-term investment fund, measured at NAV*				<u>7,200,285</u>
Total Investments				104,369,546
Payables for security purchases				(3,706,740)
Receivable for securities sold				<u>3,330,241</u>
Net Assets Available to Participating Plans				\$ 103,993,047

December 31, 2023

	Level 1	Level 2	Level 3	Total
Corporate bonds and debts	\$ -	\$ 39,709,684	\$ -	\$ 39,709,684
Municipal bonds	-	12,262,710	-	12,262,710
U.S. Treasury notes and bills	46,798,565	532,671	-	47,331,236
Foreign bonds	-	3,514,702	-	3,514,702
Foreign government bonds	-	594,231	-	594,231
Unrealized appreciation on derivative contracts	1,111,522	-	-	1,111,522
Total Investment Assets, at fair value	\$ 47,910,087	\$ 56,613,998	\$ -	104,524,085
Short-term investment fund, measured at NAV*				<u>4,339,572</u>
Total Investments				108,863,657
Payables for security purchases				<u>(1,342,718)</u>
Net Assets Available to Participating Plans				\$ 107,520,939

* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient are not required to be and have not been categorized 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 amounts presented in the statements of net assets available for benefits.

Derivative Contracts

The Master Trust invests in exchange-traded futures contracts principally to manage the interest rate risk of the Plan's funded status, and not for hedging purposes. The utilization of interest rate

EHS - Local 153 Pension Plan

Notes to Financial Statements

futures contracts allows the Master Trust assets to more closely match the interest rate risk of the Master Trust liabilities across the yield curve. The use of futures contracts also provides for more frequent and precise rebalancing of the Master Trust interest rate risk changes over time.

Upon entering into an exchange-traded futures contract, the Master Trust is required to pledge to a broker an amount of cash equal to a certain percentage of the contract amount (initial margin deposit). Subsequent payments, known as “variation margin,” are made or received by the Master Trust each day, depending on the daily fluctuations in the fair value of the underlying futures contract. The Master Trust recognizes an unrealized gain or loss equal to the daily variation margin once the contract is terminated. The Master Trust recognizes a realized gain or loss equal to the difference between the value of the futures contract at the time it was entered into and the time it was closed. Since all exchange-traded futures contracts are held within the investments of the Master Trust, all are included at fair value in investment in EmblemHealth-OPEIU Local 153 Group Trust in the statements of net assets available for benefits. Gains and losses related to exchange-traded futures contracts are recorded in the allocated share of the Master Trust’s net investment income in the accompanying statements of changes in net assets available for benefits for the Plan.

The tables below summarize the Master Trust’s exchange-trade futures contracts’ aggregate notional value, fair value, and the impact to the statements of changes in net assets:

December 31, 2024

	Fair Value of Derivative Instruments			
	Base Notional	Derivative Asset	Base Notional	Derivative Liability
Futures contracts	\$ 20,478,338	\$ 1,904	\$ -	\$ -

Year ended December 31, 2024

	Net Realized Gains	Net Change in Unrealized Losses	Total Net Appreciation
Futures contracts	\$ 5,253,586	\$ (1,109,618)	\$ 4,143,968

December 31, 2023

	Fair Value of Derivative Instruments			
	Base Notional	Derivative Asset	Base Notional	Derivative Liability
Futures contracts	\$ 47,274,789	\$ 1,111,522	\$ -	\$ -

Year ended December 31, 2023

	Net Realized Gains	Net Change in Unrealized Gains	Total Net Appreciation
Futures contracts	\$ 5,605,193	\$ 1,145,720	\$ 6,750,913

EHS - Local 153 Pension Plan

Notes to Financial Statements

6. Offsetting of Assets and Liabilities

The Master Trust's derivative contracts are subject to master netting agreements and collateral agreements with its counterparties. These agreements generally provide the Master Trust with a right of offset under master netting arrangements, including in the event of default or bankruptcy of either party to the transactions. Margin requirement for all contracts held by the Master Trust is calculated by the exchange, taking into consideration the net exposure of all derivative assets and liabilities at fair value. The Master Trust presents its assets and liabilities subject to such arrangements on a gross basis.

As of December 31, 2024 and 2023, the total gross exposures of the Master Trust's assets at fair value amounted to \$1,904 and \$1,111,522, respectively, and liabilities at fair value amounted to \$0 and \$0, respectively.

The Master Trust has pledged, as collateral, financial instruments in the amount of \$719,981 and \$817,165 for all derivative assets and liabilities, providing an overall positive net exposure in the amount of \$721,885 and \$1,928,687 as of December 31, 2024 and 2023, respectively.

7. Transactions with Parties in Interest

BNY Mellon is the custodian and recordkeeper for the Plan assets. The Plan pays BNY Mellon fees based on transactions processed and asset values. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated December 9, 2013 stating that, in design, it is a qualified plan under Section 401(a) of the Internal Revenue Code (the IRC) and, therefore, the related trust qualifies as a tax-exempt trust under Section 501(a) of the IRC. The Plan has been amended and restated since receiving the determination letter. Continued qualification is dependent on operation of the Plan in accordance with the IRC. Plan management and tax counsel believe that the Plan is qualified in operation and design.

In 2024, The Plan administrator identified certain operational issues with respect to the Plan and intends to make the necessary corrections.

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

9. Subsequent Events

Plan management has evaluated the accompanying financial statements for subsequent events through September 30, 2025, the date the financial statements were available to be issued, and has determined that no material subsequent events have occurred that would require an adjustment to or disclosure in the accompanying financial statements.

EIN: 13-2869312, PN: 002, EHS-Local 153 Pension Plan
 Attachment to 2024 Schedule SB
 Schedule SB, Line 26a – Schedule of Active Participant Data

Years of Credited Service

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age											
Under 25											0
25 to 29											0
30 to 34											0
35 to 39											0
40 to 44						1					1
45 to 49					3	1					4
50 to 54						1					1
55 to 59					3	1	4				8
60 to 64					3	1	1				5
65 to 69											0
70 & up											0
Total	0	0	0	0	9	5	5	0	0	0	19

Actuarial Methods

The actuarial methods described in this section are either required by IRC 430 or were selected from the methods permitted by IRC 430.

Measurement Date January 1, 2024

Valuation Date First day of the plan year.

Funding Method The funding target and target normal cost for minimum funding calculations are determined using the unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the funding target liability. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

The Projected Unit Credit method is used solely for development of maximum deductible contribution.

Asset Valuation Method Market value of assets.

Benefits Not Valued We are not aware of any benefits required to be valued that were not. To the best of our knowledge we have reflected all material provisions of the plan. Due to limitations of our valuation software, we were unable to precisely value the Modified Cash Refund (“MCR”) form of payment under a Joint and Survivor annuity. We used an approximation of the guarantee provided by the MCR. This approximation is expected to appropriately capture the value of the guarantee associated with the J&S MCR, which is itself immaterial to overall valuation results.

Participants whose benefits have a present value of less than \$5,000 are eligible to receive a single lump sum payment. We have not directly valued this option, but have instead valued the benefit using the same assumptions as for other participants.

Economic Assumptions

Interest Rates

Maximum Deductible

September 2023 IRS Segment Rates:

First Segment	3.62%
Second Segment	4.46%
Third Segment	4.52%
Single Effective Rate	4.43%

Minimum Funding

September 2023 IRS Segment Rates (reflecting segment rate stabilization under ARP 2021):

First Segment	4.75%
Second Segment	4.87%
Third Segment	5.59%
Single Effective Rate	5.13%

Salary Increases

Not applicable

Expected interest on employee contributions

5.25%

Future Increases in Social Security Wage Base

Not applicable

Future Increases in Maximum Pay and Benefits

Pay and benefits limitations set by IRC 401(a)(17) and 415(b), are not assumed to increase in the future.

Future Cost of Living Adjustments

None

Lump Sum Interest Rate

Same as liability rate. This is only applicable for determining the portion of the benefit the Employee Contributions represent.

Lump Sum Mortality Table

Applicable mortality table as defined by 417(e) for the determination date. This is only applicable for determining the portion of the benefit the Employee Contributions represent.

Plan-related Expenses

\$1,334,000 was added to the Target Normal Cost to represent plan-related expenses anticipated to be paid from the plan's assets for the plan year.

Demographic Assumptions (cont.)

Termination Sample rates of termination from active employment by age and service are illustrated below:

Attained Age	Percentage
25	41.40%
30	28.06%
35	20.01%
40	13.11%
45	11.59%
50	12.88%
55 - 65	10.12%

Commencement Age

Future deferred vested benefits Age 55 for former HIP early retirement eligible records; 65 otherwise

Current deferred vested benefits Age 65

Commencement Date for Pre-retirement Death Benefits

Retirement eligible Later of participant’s death or earliest retirement age

Non-retirement eligible Participant’s normal retirement date

Marriage

80% of all plan participants are assumed to be married. Wives are assumed to be 3 years younger than husbands.

Form of Payment

	<u>Lump</u> <u>Sum</u>	<u>Single</u> <u>Life</u>	<u>50%</u> <u>J&S</u>	<u>100%</u> <u>J&S</u>
Frozen Annuity Benefit:				
- Vested Deferred	0%	65%	20%	15%
- Active Retirements	0%	65%	20%	15%
- Future Deaths	0%	0%	100%	0%
- Future Disabilities	0%	65%	20%	15%

New Employees

No new or rehired employees are assumed.

Decrement Timing

Beginning of year decrements

Sources of Data and Other Information

Sources of Data

Census data was collected as of January 1, 2024. Assets and benefit payment data was provided to Gallagher by EmblemHealth as of December 31, 2023. We have relied on this data as complete and accurate, and have made assumptions, with the concurrence of the Plan Sponsor, where data was missing. We have neither audited nor independently verified the data. Any changes to the data may result in material changes in the results provided in this report. We are not aware of any such changes in the underlying data.

Notes

Participants on long-term disability are included with inactive participants based on the assumption that they are permanently disabled.

Employees who transferred into another plan of the plan sponsor are included with inactive participants.

Employees who transferred from another business unit of the plan sponsor have been included with active participants reflecting credited service from the transfer date.

Assumptions for missing participant data:

- Retirees with a joint and survivor form of payment and missing spousal information – the spouse’s age is based on the valuation assumptions.
- An opening employee contribution balance was provided as of 1/1/2019. These contributions have been rolled forward to 12/31/2023 using the applicable interest crediting rates specified by the plan.
- Annuitants that had previously been in receipt of a monthly benefit and stopped cashing checks for longer than 1 year with all outreach attempts resulting in no response are assumed to be deceased and have been removed from the census.

Rationale for Significant Actuarial Assumptions

Interest Rate	The lookback basis was selected from the methods permitted by IRC 430. The underlying rates are based on historical market data and are published periodically by the IRS.
Plan-related Expenses	We have estimated plan-related expenses anticipated to be paid from the plan's assets for the coming plan year. This estimate is based on the prior year expenses, adjusted for anticipated PBGC premiums and one-time project work not reflected in the prior year's expenses, and rounded to the nearest thousand. Prior year expenses may include, but are not limited to trustee fees, actuarial fees, legal fees, and administration costs that are paid from the plan trust.
Mortality	The mortality tables and any applicable improvement projection scales used for purposes of this valuation were selected from those permitted by IRC 430. Updates are published periodically by the IRS.
Interest on Employee Contributions	The interest rate on Employee Contributions is set equal to applicable rate for the current plan year.
Termination and Retirement	The termination and retirement rates are based on an experience study that was conducted in 2019 and the plan sponsor's expectations of future experience. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.
Disability Incidence	There is not enough experience for the plan to complete an experience study. As such, the incidence table is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates.
Commencement Dates for Terminated Vested Participants	The commencement dates for current and future terminated vested participants are based on the plan's early commencement provisions which provide subsidized early retirement benefits for the majority of deferred vested participants. Participants not eligible for the subsidies are assumed to commence at age 65. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations.

Rationale for Significant Actuarial Assumptions (cont.)

Form of Payment

Active and deferred vested participants are assumed to commence payments with the assumed forms based on an experience study conducted in 2019 and the plan sponsor's expectations of future experience. Actual experience and gains and losses are periodically reviewed to identify any significant deviation from expectations that would materially affect the results.

Marriage Assumptions

The spousal age difference assumptions are based on an experience study conducted in 2019 and on the plan sponsor's expectations of future experience. The percentage married assumption at benefit commencement is based on actuary's experience with many plans and discussions with employer representatives.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit 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

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 EHS - LOCAL 153 PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD. OF TRUSTEES, AMENDED & RESTATED HIP-LOCAL 153 PENSION PLAN		D Employer Identification Number (EIN) 13-2869312	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	111,183,983	
b Actuarial value	2b	111,183,983	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	403	90,129,735	90,129,735
b For terminated vested participants.....	555	32,398,064	32,398,064
c For active participants	19	5,603,555	5,644,200
d Total.....	977	128,131,354	128,171,999
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	5.13 %	
6 Target normal cost.....			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	1,334,000	
c Target normal cost	6c	1,334,000	

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	<u>AL Andrew Lape</u>	<u>9/25/2025</u>
	Signature of actuary	Date
<u>Andrew Lape</u>	Type or print name of actuary	<u>23-08375</u>
<u>Gallagher Benefit Services, Inc.</u>	Firm name	Most recent enrollment number
<u>8871 South Ridgeline Boulevard Suite 110 Highlands Ranch CO 80129</u>	Address of the firm	<u>(781) 373-6900</u>
		Telephone number (including area code)

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>12.84%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2,746
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27%</u>		145
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2,891
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	86.74%
15	Adjusted funding target attainment percentage	15	86.74%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	80.01%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 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
04/15/2024	982,000	0			
07/10/2024	982,000	0			
10/10/2024	58,000	0			
01/10/2025	674,000	0			
09/12/2025	405,000	0			
			Totals ▶	18(b)	18(c)
				3,101,000	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,992,878
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 59

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	1,334,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance		Installment
	a Net shortfall amortization installment	16,988,016	1,657,930
	b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 2,991,930

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 2,991,930

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 2,992,878

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	948
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

EIN: 13-2869312, PN: 002, EHS-Local 153 Pension Plan
 Attachment to 2024 Schedule SB
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Active participants are assumed to retire in accordance with the retirement rates in column (3). The average retirement age is developed in column (5).

(1)	(2)	(3)	(4)	(5)
Age	Population	Retirement Rate	(2) * (3) Assumed Retirements	(1) * (4) Age Weight
55	100.00	13%	13.00	715.00
56	87.00	13%	11.31	633.36
57	75.69	13%	9.84	560.86
58	65.85	18%	11.85	687.48
59	54.00	18%	9.72	573.45
60	44.28	18%	7.97	478.20
61	36.31	26%	9.44	575.84
62	26.87	26%	6.99	433.11
63	19.88	26%	5.17	325.67
64	14.71	26%	3.83	244.82
65	10.89	45%	4.90	318.46
66	5.99	45%	2.69	177.85
67	3.29	45%	1.48	99.30
68	1.81	45%	0.82	55.43
69	1.00	45%	0.45	30.93
70	0.55	45%	0.25	17.26
71	0.30	45%	0.14	9.63
72	0.17	45%	0.07	5.37
73	0.09	45%	0.04	2.99
74	0.05	45%	0.02	1.67
75	0.03	100%	0.03	2.07
Average				59.49

Plan Provisions

Plan Status	The Plan is the result of the January 1, 2018 merger of the HIP Administrators of Florida, Inc. Local 153 Pension Plan and Trust (the “HIPA Plan”) and the Vytra Local 153 Pension Plan and Trust for Office and Clerical Employees (the “Vytra Plan”) into the Amended and Restated HIP-Local 153 Pension Plan (the “HIP Plan”), which was then renamed the EHS-Local 153 Pension Plan.
Effective Date	December 1, 1951. Most recent restatement generally effective January 1, 2018. Most recent amendment effective in 2020.
Status of the Plan	The plan is frozen; no additional benefits are being accrued, and no employees can join the plan. Benefit accruals were frozen on March 30, 2018 for Clerical Bargaining Unit employees, October 31, 2018 for Melville Marketing Bargaining Unit employees, and February 22, 2019 for Marketing Bargain Unit employees.
Covered Employees	<p>Employees of HIP of Greater New York (“HIP”) in a bargaining unit with employees who perform services at HIP New York City offices and covered by a collective bargaining agreement between HIP and the Office and Professional Employees International Union, Local 153 (“the Union”), whose employment commencement date was on or before November 19, 2009 (for clerical unit employees) or November 2, 2011 (for marketing unit employees).</p> <p>Employees who, on December 31, 2017, were Participants in the HIPA Plan and the Vytra Plan (the “Transferred Participants”).</p>
Participation	All employees who were a HIP NY Participant, HIPA Participant or Vytra Participant shall be participant in this plan on January 1, 2018. No HIP or Vytra employees whose employment commencement date is on or after November 3, 2011, or HIPA employees whose employment commencement date is on or after January 1, 2014, will be eligible to participate in the plan.
Credited Service	<p>Total number of years of service, and fractions thereof, rendered as an employee from date of participation in the HIP Plan, HIPA Plan or Vytra Plan, not less than the Credited Service accrued under the terms of HIPA and Vytra Plan as of December 31, 2017. Participants do not receive credited service for years in which no contributions were made, unless such contributions were suspended pursuant to section 8.1(e) of the plan.</p> <p>With regard to the following prior plans, service is limited as described:</p> <ul style="list-style-type: none">• HIP NJ: Service to April 9, 1999• HIP PA: Service to July 7, 2000• HIPA FL: Service to September 25, 2000

Plan Provisions (cont.)

- Vytra: service after January 1, 2003 and prior to transfer. Participants in the Vytra Staff Plan prior to October 1, 2006 who enter on October 1, 2006 do not receive credited service prior to October 1, 2006.

Vesting Service

Total number of years of service, and fractions thereof, rendered as an employee after attainment of age 18.

Shall not include any period with the employer prior to January 1, 2018 if service is not included in the provisions of the eligible plans (i.e. the Union, 1976, 1985, 1989, 2000, 2008, 2013, HIPA or Vytra Plans).

Vesting

100% upon attainment of the earlier of:

- (i) Five (5) years of Vesting Service
- (ii) Normal Retirement Age

Earnings

Total compensation, including Section 402(g)(3), 414(v), 125, 457 or 132(f)(4) deferrals/contributions and differential military pay, but excluding bonuses, overtime or special pay, severance, and short/long-term disability.

HIP NY Participants: Earnings for months between December 1, 1998 and November 30, 2001 used to calculate Average Final Earnings includes Incentive Compensation (marketing representative commissions) and Overtime Pay, up to \$3,000 in the aggregate for all payroll periods.

Average Final Earnings

HIP NY Participants: The average of the highest consecutive 36 months of Earnings in the last 120 months of Credited Service, or the average of all earnings if Credited Service is less than 36 months.

HIPA Participants: The average of the highest Earnings during any ten (10) consecutive years of Credited Service, or the average of all months of Credited Service if less than ten (10) years.

VYTRA Participants: The average of the highest consecutive 60 months of Earnings in the last 120 months of Credited Service, or the average of all months if Credited Service is less than 60 months.

Employee Contributions

HIP NY Participants: Minimum requirement is 1.75% of Earnings deducted at least monthly. Employee contributions were suspended from February 1999 to May 2006.

HIPA and Vytra Participants: Minimum requirement is 1.50% of Earnings deducted at least monthly.

Plan Provisions (cont.)

The plan was frozen March 30, 2018 for the Clerical Bargaining Unit and no earnings will be included after that date.

The plan was frozen October 31, 2018 and February 22, 2019 for the Marketing Bargaining Unit and no earnings will be included after that date.

Accumulation of Employee Contributions

Mandatory contributions made by a participant plus interest at the applicable rate of interest (120% of Federal Mid-term) on the first day of the Plan Year, computed annually to date of determination.

For purposes of determining the Retirement Allowance Derived from Employee Contributions, the most recent applicable rate of interest (120% of Federal Mid-term), compounded annually, is used to project from the date of determination to the participant's Normal Retirement Date.

Retirement Allowance Derived From Employee Contributions

Accumulated Contributions multiplied by the Appropriate Conversion Factor, where Appropriate Conversion Factor for years beginning on or after January 1, 2000 is the reciprocal of the age 65 life annuity using plan's Lump Sum Conversion Basis.

Return of Contributions

Any participant who has not completed five (5) years of vesting service shall be paid a lump sum equal to the accumulated contributions with interest to the payment date.

Any participant who has completed five (5) years of vesting service or has reached Normal Retirement Age but has not commenced receipt of any other benefit, upon ceasing to be an employee other than for death, may elect to be paid in one lump sum the amount of the accumulated contribution credited with interest to the payment date. The remaining retirement allowance will be reduced by the retirement allowance derived from employee contributions.

No participant shall be eligible for a duplication of benefits.

Transferred Benefit

Benefit for employees who transferred from the Vytra Staff Plan, which merged into this plan with assets and liabilities transferred, have transferred benefit (Appendix B) added to the benefit based on the provisions of this plan using only Credit Service from 10/1/2006 (the date they joined this plan) to 12/31/2006 (the date of the benefit transfer from the Vytra Staff Plan to this plan).

Normal Retirement Eligibility

The first of the month following or coincident with the attainment of age 65.

Plan Provisions (cont.)

Benefit

HIP NY Participants: 2.25% of times Average Final Earnings per year of Credited Service.

HIPA Participants: 1.50% of times Average Final Earnings per year of Credited Service.

Vytra Participants: 1.75% of Average Final Earnings per year of Credited Service plus the amount of benefit assigned to the participant on Schedule 1 of Appendix C of the Plan.

For the employees listed on Appendix B who transferred from the Vytra Staff Plan, the benefit is based on all credited service, including service with Vytra. The benefit can never be the less than the Transferred Benefit.

In general, those who transfer from another plan sponsored by the employer receive a benefit equal to the largest of (i) all service benefit less the benefit provided by the prior plan and (ii) a benefit based on credited service under this plan.

The benefits for the Clerical Bargaining Unit employees were frozen as of March 30, 2018.

The benefits for the Marketing Bargaining Unit employees were frozen as of October 31, 2018 and February 22, 2019.

HIP NY Vested Termination – Lump Sum Vested Benefit

Eligibility

The completion of five (5) years of service.

Benefit

If not eligible for early retirement: Benefit = 2.5 * Accumulated Contributions

If eligible for early retirement and attain ten (10) years of Credited Service before attaining age 45: 2.5 * Accumulated Contributions at the date first eligible for early retirement plus 1.75% of the excess of Accumulated Contributions at termination over Accumulated Contributions to date of first eligible for early retirement.

If eligible for early retirement and attain ten (10) years of Credited Service after attaining age 45: Benefit = 1.75% * accumulated contributions

Plan Provisions (cont.)

Portion of the lump sum benefit based on Credited Service after October 1, 1965 cannot exceed actuarial equivalent of retirement allowance credits accrued from October 1, 1965.

If the lump sum is elected, retirement allowance is reduced by actuarial equivalent of the lump sum.

Vested Termination – Annuity Benefit

Eligibility

Completion of five (5) years of service.

Benefit

Normal Retirement benefit calculated at termination date payable at Normal Retirement Date or actuarially reduced as early as age 55.

Early Retirement

Eligibility

HIP NY Participants:

A participant who has reached the earlier of:

- (i) Age 45 and ten (10) years of Credited Service, or
- (ii) 15 years of Credited Service

May commence benefits any time after attainment of age 55.

HIPA Participants:

A participant who has reached age 55 and 15 years of Credited Service.

Vytra Participants:

If hired prior to January 1, 2007: age 55 and ten (10) years of Vesting Service.

If hired on or after January 1, 2007: age 55 and 15 years of Credited Service.

Benefit

HIP NY Participants: Normal retirement benefit reduced by 2.00% for each year of age less than age 65 for commencement age between 62 to 65; 3.00% for each year of age less than age 65 for commencement age less than age 62.

HIPA and Vytra Participants: Normal retirement benefit reduced by 4.00% for each year of age less than age 65.

Plan Provisions (cont.)

Late Retirement

Benefit

Greater of (A) the accrued benefit based on Credited Service and Pay at the termination date, and (B) their benefit calculated at Normal Retirement Date, actuarially increased to actual retirement date. Calculations performed every year based on benefit at prior anniversary date; if payments have begun, Late Retirement Benefit is reduced actuarially for benefits paid.

The benefits for the Clerical Bargaining Unit employees were frozen as of March 30, 2018. No future earnings will be considered after that date.

The benefits for the Marketing Bargaining Unit employees were frozen as of October 31, 2018 and February 22, 2019. No future earnings will be considered after that date.

Participants may continue employment after their Normal Retirement Date.

Disability Retirement

Eligibility

HIP NY Participants: Ten (10) years of Credited Service and approval of written application for total and permanent disability.

HIPA Participants: Fifteen (15) years of Credited Service and approval of written application for total and permanent disability.

Vytra Participants: Fifteen (15) years of Credited Service and approval of written application for total and permanent disability. If hired prior to January 1, 2007, five (5) years of Vesting Service.

Benefit

HIP NY and HIPA Participants: Normal Retirement Benefit based on service projected to Normal Retirement Date and Final Average Earnings at disability, commencing on the first day of the calendar month next following approval of written application and paid retroactively to the first day of the calendar month following commencement of total and permanent disability.

Plan Provisions (cont.)

Vytra Participants: Normal Retirement Benefit based on service projected to Normal Retirement Date and Final Average Earnings at disability. If participant was hired prior to January 1, 2007 and has greater than five (5) years of Vesting Service but less than fifteen (15) years of Credited Service, the benefit commences on the participant's Normal Retirement Date. If the participant has greater than fifteen (15) years of Credited Service, the benefit commences the first day of the calendar month next following approval of written application and paid retroactively to the first day of the calendar month following commencement of total and permanent disability.

The benefits for the Clerical Bargaining Unit employees were frozen as of March 30, 2018. No future earnings will be considered after that date.

The benefits for the Marketing Bargaining Unit employees were frozen as of October 31, 2018 and February 22, 2019. No future earnings will be considered after that date.

Pre-Retirement Death Benefit

Single Participants

HIP Participants: 75% of Earnings during the last year of credited service plus Accumulated Participant Contributions with interest.

HIPA and Vytra Participants: Accumulated contributions paid as a single lump sum.

Married Participants

HIP Participants: The greatest of (i) the survivor portion of the benefit the employee would have received had the Participant survived to the earliest retirement date and retired having elected the Qualified Joint and Survivor Modified Cash Refund Annuity option, or (ii) the benefit payable as if the participant was single at time of death.

HIPA and Vytra Participants: The survivor portion of the benefit the employee would have received had the Participant elected the 50% Joint and Survivor Modified Cash Refund Annuity option. The spouse may elect to commence at the participant's earliest retirement date or can make an election to defer to a later date, but no later than the participant's normal retirement date.

Benefit is paid as a lump sum if the present value of all benefits, prior any reductions, is not greater than \$5,000.

Plan Provisions (cont.)

Other pre-retirement death or withdrawal benefits

Return of participant contributions with interest, if ineligible for any other benefit under the Plan; except that accumulated participant contributions with interest are payable in addition to the HIP lump sum pre-retirement death benefit, as noted above.

Normal Form of Payment

Single Participants

Single Life Annuity

Married Participants

50% Joint and Survivor Annuity

Optional Forms of Payment

Option 1: 50%, 75%, 100% Joint and Survivor Annuity

Option 2: Single Life Annuity

All forms include a Modified Cash Refund Feature (return of excess of Accumulated Contributions at retirement over benefits paid to participant or contingent annuitant).

Benefit is paid as a lump sum if the present value of all benefits, prior any reductions, is not greater than \$5,000.

Optional Form Conversion Basis

Optional forms are calculated as the actuarial equivalent of the Single Life Annuity, using the 1971 Group Annuity Mortality Table, 60% female and 40% male, and 7.0% interest.

The Plan uses slightly different bases for optional form conversion for HIPA and Vytra benefits; the change in liability that would result from using these different bases is immaterial, and for simplicity, we have applied the definition above (which is the basis for HIP benefits) to all optional form conversion for valuation purposes.

Lump Sum Conversion Basis

Lump sums are calculated based on the Single Life Annuity using the published IRS 417(e) mortality and interest rates for the applicable plan year using a 2-month interest lookback from the start of each plan year.

Maximum Pay and Benefits

Pay and benefits for any given year must not exceed the limitations set by IRC 401(a)(17) and 415(b), respectively. The plan is administered in compliance with these limits and increases them automatically as published by the IRS.

EIN: 13-2869312, PN: 002, EHS-Local 153 Pension Plan
 Attachment to 2024 Schedule SB
 Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Date Established	Remaining Years	Present Value of Remaining Installments	Amortization Installment
Shortfall	1/1/2024	15	(\$8,189,866)	(\$745,117)
Shortfall	1/1/2023	14	\$25,177,882	\$2,403,047
Total			\$16,988,016	\$1,657,930

EIN: 13-2869312, PN: 002, EHS-Local 153 Pension Plan
Attachment to 2024 Schedule SB
Schedule SB, Line 24 – Change in Actuarial Assumptions

- The Target Normal Cost load for estimated plan-related expenses was updated to \$1,334,000.
- The assumed employee contribution interest crediting rate was updated from 4.62% to 5.25%