

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 670 WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 06/12/1973
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 670 WELFARE FUND JOINT BOARD OF TRUSTEES 299 BROADWAY NEW YORK, NY 10007
2b Employer Identification Number (EIN) 13-2828665
2c Plan Sponsor's telephone number 212-267-8650
2d Business code (see instructions) 525100

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

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

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

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

Form 5500 (2024) v. 240311

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	1930
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)	1930
	6a(2)	1495
	6b	0
	6c	0
	6d	1495
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	470

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan LOCAL 670 WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 670 WELFARE FUND JOINT BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-2828665	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

ROTHMAN ROCCO LARUFFA LLP

3 WEST MAIN STREET, SUITE
ELMSFORD, NY 10523

(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	78335	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)

CASTIGLIA, LLP

46-2725636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50	NONE	133403	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)

BASIL CASTROVINCI ASSOC.

13-2831500

(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	52259	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)

GENERAL PRESCRIPTION

13-3271051

(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?
13 50	NONE	23012	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)

MULTIPLAN INC

13-3068979

(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?
13 50	NONE	60906	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)

BASIL CASTROVINVI ASSOC

13-2831500

(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?
13 50	NONE	584694	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 52 51	NONE	17313	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LAKESHORE BENEFIT GROUP

301 ALBANY TURNPIKE
CANTON, CT 06019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	10000	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)

SYNTONIC SYSTEMS, INC.

111 JOHN STREET
NEW YORK, NY 10011

(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?
15	NONE	14150	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)

AETNA

PO BOX 981106
EL PASO, TX 79998-1106

(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?
13 50		31227	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
AMALGAMATED BANK	19 50 52 51	
(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.	
DREYFUS CASH MANAGEMENT FUND 200 PARK AVENUE NEW YORK, NY 10166 13-3430985	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 50 52 51	
(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.	
DREYFUS GOVERNMENT CASH MANAGEMENT 200 PARK AVENUE NEW YORK, NY 10166 13-3281890	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 50 52 51	
(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.	
DREYFUS TREASURY & AGENCY CASH MANA 200 PARK AVENUE NEW YORK, NY 10166 13-3369653	SEE ATTACHED	

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
AMALGAMATED BANK	19 50 52 51	
(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.	
JPMORGAN PRIME MONEY MARKET FUND 245 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10167 13-3736024	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 50 52 51	
(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.	
JPMORGAN 100% USTREASURY MM FUND 245 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10167 31-1458343	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 50 52 51	
(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.	
JPMORGAN US GOVERNMENT MM FUND 245 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10167 23-2694160	SEE ATTACHED	

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

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(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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LOCAL 670 WELFARE FUND</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 670 WELFARE FUND JOINT BOARD OF TRUSTEES</u>	D Employer Identification Number (EIN) <u>13-2828665</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW CORE BOND VEBA FUND

b Name of sponsor of entity listed in (a): AMALGAMATED BANK

c EIN-PN <u>20-1200740-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13299566</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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 LOCAL 670 WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 670 WELFARE FUND JOINT BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-2828665

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2011632	1627385
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	849662	1080990
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	35198	35498
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	797	1433
(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)	20214233	13299566
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3680780	20001703
(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	146223	28076
f Total assets (add all amounts in lines 1a through 1e).....	1f	26938525	36074651
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	184324	56660
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	40168	62431
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	224492	119091
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26714033	35955560

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)	23066091	
(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)		23066091
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1430	
(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)		1430
(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)	638273	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		638273
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	18954104	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	19181935	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-227831
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	929935	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		227547
d Total income. Add all income amounts in column (b) and enter total.....	2d		24635445

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13855217	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	10000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13865217
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)	699889	
(3) Recordkeeping fees	2i(3)	74903	
(4) IQPA audit fees	2i(4)	58500	
(5) Investment advisory and investment management fees	2i(5)	17313	
(6) Bank or trust company trustee/custodial fees	2i(6)	3900	
(7) Actuarial fees	2i(7)	52259	
(8) Legal fees	2i(8)	78335	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	543602	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1528701
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15393918

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9241527
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: **CASTIGLIA, LLP**

(2) EIN: **46-2725636**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

LOCAL 670 WELFARE FUND
FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023
WITH SUPPLEMENTAL INFORMATION

LOCAL 670 WELFARE FUND

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CASTIGLIA, LLP
Certified Public Accountants
134 Burr Road
East Northport, NY 11731
Phone: (631) 486-7830

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Local 670 Welfare Fund

Opinion

We have audited the financial statements of Local 670 Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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 Local 670 Welfare Fund 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.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibility under those standards is further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are required to be independent of Local 670 Welfare Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 670 Welfare Fund's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement 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 Local 670 Welfare Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 670 Welfare Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 20 through 33, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information, the Schedules of Assets Held for Investments, and Transactions in Excess of 5% are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Cutyle, 22P

East Northport, NY
October 8, 2025

LOCAL 670 WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments, at fair value	<u>\$ 33,302,702</u>	<u>\$ 23,895,810</u>
Receivables:		
Interest Receivable	141	50
Employer contributions	<u>1,080,990</u>	<u>849,662</u>
Total receivables	<u>1,081,131</u>	<u>849,712</u>
Cash	<u>1,627,385</u>	<u>2,011,632</u>
Prescription plan deposit	<u>20,000</u>	<u>20,000</u>
Prepaid expenses and other assets	<u>15,357</u>	<u>15,148</u>
Fixed assets	<u>28,076</u>	<u>47,422</u>
Operating lease right-of-use assets	<u>-</u>	<u>98,801</u>
Total Assets	<u>36,074,651</u>	<u>26,938,525</u>
<u>LIABILITIES AND NET ASSETS</u>		
Accounts payable and accrued expenses	56,660	79,038
Operating lease Liabilities	-	105,286
Due to related entities	<u>62,431</u>	<u>40,168</u>
Total liabilities	<u>119,091</u>	<u>224,492</u>
Net Assets available for benefits	<u><u>\$ 35,955,560</u></u>	<u><u>\$ 26,714,033</u></u>

See accompanying notes to financial statements.

LOCAL 670 WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 702,104	\$ 1,474,362
Interest income	639,703	8,153
Total Investment income before expenses	1,341,807	1,482,515
Less investment expenses	21,213	22,337
Investment income - net	1,320,594	1,460,178
Employer contributions	23,066,091	23,887,295
Interest and Liquidated damages	227,547	391,809
Total Additions	<u>24,614,232</u>	<u>25,739,282</u>
Deductions:		
Cost of benefits	14,565,106	19,119,567
Administrative expenses	807,599	669,029
Total deductions	<u>15,372,705</u>	<u>19,788,596</u>
Net increase (decrease)	9,241,527	5,950,686
Net assets available for benefits		
Beginning of year	26,714,033	20,763,347
End of year	<u>\$ 35,955,560</u>	<u>\$ 26,714,033</u>

See accompanying notes to financial statements.

LOCAL 670 WELFARE FUND

STATEMENTS OF FUND'S BENEFIT OBLIGATIONS

AS OF DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries and dependents:		
Benefit claims payable	\$ 798,088	\$ 1,047,647
Other obligations for current benefit coverage, at present value of estimated amounts:		
Self insured claims incurred but not reported	3,770,965	4,400,119
Accumulated eligibility	1,372,609	1,801,820
	<u>5,143,574</u>	<u>6,201,939</u>
Fund's total benefit obligations	<u>\$ 5,941,662</u>	<u>\$ 7,249,586</u>

See accompanying notes to financial statements.

LOCAL 670 WELFARE FUND

STATEMENTS OF CHANGES IN FUND'S BENEFIT OBLIGATIONS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries and dependents:		
Balance at beginning of year	\$ 1,047,647	\$ 918,897
Claims reported and approved for payment	14,315,547	19,248,317
Claims paid	<u>(14,565,106)</u>	<u>(19,119,567)</u>
Balance at end of year	<u>798,088</u>	<u>1,047,647</u>
Other obligations for current benefit coverage, at present value of estimated amounts:		
Balance at beginning of year	6,201,939	5,439,754
Net change during year		
Claims incurred but not reported	(629,154)	540,751
Accumulated eligibility	<u>(429,211)</u>	<u>221,434</u>
Balance at end of year	<u>5,143,574</u>	<u>6,201,939</u>
Fund's total benefit obligations at end of year	<u><u>\$ 5,941,662</u></u>	<u><u>\$ 7,249,586</u></u>

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

1. Summary of Significant Accounting Policies

- a. The financial statements are prepared on the accrual basis of accounting.
- b. The Plan' investments are stated at fair value. Transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Bond premiums and discounts are not amortized. The Plan's Investment committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See note 5 for a discussion of fair value measurements. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.
- c. Employer contributions receivable are estimated based on collections following the year end which are applicable to the current year. This represents the amount management expects to collect from outstanding balances. Management contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligations to make required contributions to the Plan. Any additional employer contributions that are due to the plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.
- d. Fixed assets are recorded at cost. Depreciation is provided by straight-line methods, over the useful lives of 5 – 7 years.
- e. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- f. Self insured claims received by the Fund but not paid at year end are reported as claims payable in the statement of benefit obligations at the end of the year and included as benefits for the year in the statement of changes in benefit obligations. Liabilities for estimated health claims incurred but not reported was prepared by the Plan's actuary based on historical experience. Estimated future benefits based on participants' accumulated eligibility was prepared by the Plan's actuary based on 30 days of future coverage for all active eligible participants as of year end. The liability is determined by applying the average cost of benefits per eligible participant. These obligations are also reflected in the statement of benefit obligations and statement of changes in benefit obligation. These amounts are not reflected in the state of net assets available for benefit or in the statement of changes in net assets available benefit, in accordance with ASC 965.

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

1. Summary of Significant Accounting Policies (continued)

- g. Benefits are recorded when paid.
- h. The administrative office is occupied by the Plan and various related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.
- i. The Plan determines if a contract is a leasing arrangement and the classification of that lease, if applicable, at inception. Operating lease assets represent the right to control the use of an identified asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. Operating lease assets and liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. For operating leases, the Plan uses the risk-free rate of return. The Plan recognizes operating lease expense for operating lease expense for operating leases on a straight-line basis over the lease term.

2. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Plan instrument for a more complete description of the Plan's provisions.

- a. General: The Fund is a multiemployer welfare fund and was established on June 12, 1973, as a result of collective bargaining agreements between the Union and various employers, to provide health benefits (hospital, surgical, medical and dental), death benefits, prescription drugs and optical plan benefits for eligible employees and their dependents. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.
- b. Contributions: The Fund is financed entirely by employer contributions as specified in the collective bargaining agreements.
- c. Eligibility: To become initially eligible for hospitalization/surgical - medical benefits, a participant must have been employed by a contributing employer or employers and working within the jurisdiction of Local 670 and must complete a ninety-day waiting period after date of membership in the Fund as reported by the employer. All eligible members are covered for thirty days after they are terminated. If a member returns to work within ninety days of termination date, the coverage begins on the first day that the member returns to active work. All other benefits begin thirty days after date of employment.
- d. Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by COBA (consolidated Omnibus Budget Reconciliation Act), was adopted by the Fund.
- e. The Fund is entirely self-insured for all benefits provided except for dental benefits. Dental benefits are provided under group insurance contracts.

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Fund. Any remaining fund assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the plan. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the participants.

4. Tax Status

The Internal Revenue Service has advised that the Fund qualifies under Section 401(b) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under the provisions of Section 501 (a). Once qualified, the Fund is required to operate in conformity with the Internal Revenue Code to maintain its qualification. The Fund is not aware of any action or event that has occurred that might affect its status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, no uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Fair Value Measurements

The Fund's investments are recorded at fair value in the accompanying statement of assets, liabilities and fund balances.

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

5. Fair Value Measurements (continued)

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Fund has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the assets or liability, either directly or indirectly. These 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 are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest bearing cash: Valued at cost which approximates fair value based.

Mutual fund: Shares of registered investment companies are reported at fair value based on the quoted price of the shares in an active market in which the securities are traded.

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 Plan 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 report date.

The following tables present the Fund's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2024 and 2023.

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

5. Fair Value Measurements (continued)

	<u>Fair Value Measurements at Reporting Date Using:</u>			
	<u>Fair Value</u>	<u>Quoted Prices In Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2024</u>				
Cash – interest bearing	\$ 1,433	\$ 1,433	\$ --	\$ --
Mutual Fund	<u>20,001,703</u>	<u>20,001,703</u>	<u>--</u>	<u>--</u>
Total investments in the fair value hierarchy	20,003,136	<u>\$ 20,003,136</u>	<u>\$ --</u>	<u>\$ --</u>
Investments measured at NAV	<u>13,299,566</u>			
Total	<u>\$ 33,302,702</u>			
<u>December 31, 2023</u>				
Cash – interest bearing	\$ 796	\$ 796	\$ --	\$ --
Mutual Fund	<u>3,680,780</u>	<u>3,680,780</u>	<u>--</u>	<u>--</u>
Total investments in the fair value hierarchy	3,681,576	<u>\$ 3,681,576</u>	<u>\$ --</u>	<u>\$ --</u>
Investments measured at NAV	<u>20,214,234</u>			
Total	<u>\$ 23,895,810</u>			

Changes in Fair Value Levels

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

Fair value of investments in entities that use net asset value

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value (NAV) per share as of December 31, 2024 and 2023:

<u>Investment class</u>	<u>Fair Value 12/31/24</u>	<u>Fair Value 12/31/23</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trusts:				
Longview Core Bond VEBA (a)	\$ 13,299,566	\$ 20,214,234	Daily	30 days

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

5. Fair Value Measurements (continued)

- a. This Fund's investment objective is to provide investment results that approximate the performance of the Barclays Aggregate Bond Index through the use of an index sampling technique. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2024 and 2023.

The net asset value of the Fund is determined at the close of each business day, which excludes admissions and withdrawals that were executed on that day and not settled until the next business day.

6. Related Party Transactions

The Fund has common trustees and shares office facilities and staff with Union Local 670 and Local 670 Pension and Annuity Funds as well as Local 377 Pension Fund. Salaries, payroll taxes and employee benefits are paid initially by both the Union and Pension Fund. All expenses are allocated on the basis of space and staff utilized in amounts approved by the Trustees.

Shared office expenses are paid initially by 670 Welfare Fund and allocated to 670 Annuity Fund, 670 Pension Fund, and 377 Pension Fund based on the percentage of benefit received from the expenditure. Where such benefit is not easily determined, management uses an allocation rate determined by square footage and shared employee time which was approved by the board as a practical expedient.

During the years ended December 31, 2024 and 2023, the Fund reimbursed the Pension Fund \$171,187 and \$176,526, the General Fund \$40,536 and \$36,845, and the Annuity Fund \$22,029 and \$80,715, respectively.

During the years ended December 31, 2024 and 2023, the Fund received reimbursements from the Pension Fund of \$26,055 and \$13,382, from the General Fund of \$6,644 and \$27,910, from the Annuity Fund of \$17,913 and \$9,200 and from 377 Pension Fund of \$16,284 and \$8,364, respectively. The transactions above qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

The amounts due to or from related parties are as follows:

	<u>2024</u>	<u>2023</u>
<u>Due from Related Party</u>		
Due from General Fund	\$ --	\$ --
Due from 377 Pension Fund	--	--
Due from Pension Fund	--	--
	<u> </u>	<u> </u>
Total due from Related Party	<u>\$ --</u>	<u>\$ --</u>
<u>Due to Related Party</u>		
Due from General Fund	\$ --	\$ --
Due to Annuity Fund	30,754	13,119
Due from 377 Pension Fund	--	7,752
Due from Pension Fund	<u>31,677</u>	<u>19,297</u>
Total due to Related Party	<u>\$ 62,431</u>	<u>\$ 40,168</u>

LOCAL 670 WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

7. Fixed Assets

Fixed assets are summarized by major categories as follows:

	<u>Useful Lives</u>	<u>2024</u>	<u>2023</u>
Furniture and equipment	7 years	\$ 56,046	\$ 56,046
Computers and software	5 years	<u>208,184</u>	<u>208,184</u>
Total Fixed Assets		264,230	264,230
Less: accumulated depreciation		<u>236,154</u>	<u>216,808</u>
Net book value		<u>\$ 28,076</u>	<u>\$ 47,422</u>

Depreciation of furniture and equipment, computers and software for the years ended December 31, 2024 and 2023 was \$19,346 and \$22,278, respectively. Depreciation is provided by utilizing straight line method over a period of 5-7 years.

8. Leases

The Fund shares office space with Union Local 670 and related sister funds. The Fund's allocated share is 33% of the total monthly lease payments, which was determined based on an analysis of the square footage used by the fund. Allocated lease payments are made directly to the third party landlord. The shared lease is categorized as an operating lease and expires on December 31, 2024. The Plan recognizes operating lease expense on a straight line basis over the lease term.

	<u>2024</u>	<u>2023</u>
Operating Leases		
Right-of-use asset	<u>\$ --</u>	<u>\$ 98,801</u>
Lease liability:		
Current Operating lease liability	--	105,286
Noncurrent operating lease liability	<u>--</u>	<u>--</u>
Total operating lease liabilities	<u>\$ --</u>	<u>\$105,286</u>

Rent expense for the years ended December 31, 2024 and 2023 amounted to \$112,363 and \$118,617 respectively.

LOCAL 670 WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

8. Leases (continued)

The aggregate future lease payments below summarize the remaining future undiscounted cash flows for operating leases as of December 31, 2024, and a reconciliation to operating lease liabilities reported on the consolidated statement of financial position:

	<u>Total</u>	<u>33% Share</u>
2025	\$ --	\$ --
Total minimum lease payments	\$ --	--
Less interest:		--
Present value of lease liability		\$ --

Operating lease terms and discount rate at December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Remaining lease term (years)	0	1
Discount rate	5.242%	5.242%

9. Pension Plans

The Fund pays its share of contributions to Local 670 Pension Fund, a noncontributory multiemployer defined benefit pension plan which was established as a result of collective bargaining agreements with employers to provide benefits to eligible participants. Local 670 Benefit Funds are contributing employers to the plan. Pension contributions for the years ended December 31, 2024 and 2023 were \$15,149 and \$7,090 respectively.

10. Benefit Obligations

There was no plan deficiency of net assets over benefit obligations at December 31, 2024 and 2023.

11. Risks and Uncertainties

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

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

11. Risks and Uncertainties (continued)

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

12. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 855, Subsequent Events, the Fund has evaluated events and transactions that occurred after the balance sheet date for potential recognition and disclosure through October 8, 2025, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of October 8, 2025, have been incorporated into these financial statements herein.

13. Employer Contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Payroll examinations are performed on a rotating basis to verify that proper contributions are being made.

14. Contingencies and Litigation

The Plan is subject to various claims and legal proceedings covering a range of matters for benefit claims that arise in the ordinary course of its business activities. Management believes that any liability that may ultimately result from the resolution of these matters will not have a material adverse effect on the financial status of the Plan.

15. Participation in Multiemployer Plan

The Plan, on behalf of its office employees which it shares with other affiliated benefit funds, contribute to a multiemployer defined benefit pension plan that covers its employees. The risks of participating in this multiemployer plan is different from single-employer plans in the following aspects:

Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

LOCAL 670 WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

15. Participation in Multiemployer Plan (continued)

If the Plan chooses to stop participating in this multiemployer plan, the Plan may be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the Plan. The Plan has no intention of stopping its participation in this multiemployer plan.

The Plan's participation in these Plans for the annual periods ended December 31, 2024 and 2023, is outlined below. The EIN and Pension Plan Number rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Plan's year end at December 31, 2024 and December 31, 2023, respectively.

The zone status is based on information that the Plan received from the multiemployer plans and is certified by the Plan's actuary. Among other factor, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented.

There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

Legal name of Plan:	Local 670 Pension Fund
EIN:	13-6567359
Pension Plan Number:	001
PPA Zone Status:	
2024	Green
2023	Green
FIP / RP Status:	N/A
Contributions:	
2024	\$15,149 (allocated)
2023	\$7,090 (allocated)

LOCAL 670 WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

16. Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income (loss)	\$ 1,320,594	\$ 21,213	\$ 1,341,807
Interest and Liquidated damages	227,547	--	227,547
Contributions	<u>23,066,091</u>	<u>--</u>	<u>23,066,091</u>
Total additions	<u>24,614,232</u>	<u>21,213</u>	<u>24,635,445</u>
Cost of benefits	14,565,106	(699,889)	13,865,217
Administrative expenses	<u>807,599</u>	<u>721,102</u>	<u>1,528,701</u>
Total deductions	<u>15,372,705</u>	<u>21,213</u>	<u>15,393,918</u>
Net increase (decrease)	<u>\$ 9,241,527</u>	<u>\$ --</u>	<u>\$ 9,241,527</u>

SUPPLEMENTAL INFORMATION

LOCAL 670 WELFARE FUND

SUPPLEMENTAL INFORMATION

FINANCIAL DATA

A summary of the financial data of the Fund and its operations for the years ended December 31, 2024 and 2023 is shown below, followed by additional comments relating to the financial statements at December 31, 2024:

	<u>Year Ended December 31,</u>		<u>Increase</u>
	<u>2024</u>	<u>2023</u>	<u>(Decrease)</u>
Net assets	\$ 35,955,560	\$ 26,714,033	\$ 9,241,527
Employer contributions	\$ 23,066,091	\$ 23,887,295	\$ (821,204)
Cost of administration			
Amount	\$ 807,599	\$ 669,029	\$ 138,570
Percent to employer contributions	3.50%	2.80%	0.70%
Net increase (decrease) in net assets	\$ 9,241,527	\$ 5,950,686	\$ 3,290,841

LOCAL 670 WELFARE FUND

SUPPLEMENTAL INFORMATION

COMMENTS ON FINANCIAL STATEMENTS

STATEMENT OF NET ASSETS

Cash (non-interest bearing)

Cash accounts at year end were as follows:

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
Checking account (non-interest bearing)	\$ 1,806,998	\$ 2,122,861
Addus Checking Account (non-interest bearing)	<u>(179,613)</u>	<u>(111,229)</u>
	<u>\$ 1,627,385</u>	<u>\$ 2,011,632</u>

STATEMENT OF CHANGES IN NET ASSETS

Employer Contributions

Employers contribute to the Fund at a contracted rate per month per eligible employee. Eligibility is determined by plan rules and collective bargaining or participating agreements.

Plan management mailed negative contribution received confirmations to all contributing employers. No responses indicating material differences have been reported as of the date these financial statements were issued.

LOCAL 670 WELFARE FUND

SUPPLEMENTAL INFORMATION

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
<u>Cost of Benefits</u>		
Claims paid by fund - Hospital and medical	<u>\$ 12,997,661</u>	<u>\$ 17,024,859</u>
N.Y. State DRG Surcharge	<u>513,291</u>	<u>951,436</u>
Service fees - Hospital & medical	<u>676,877</u>	<u>649,358</u>
Prescription plan		
Drugs	222,212	251,615
Service fees	<u>23,012</u>	<u>26,872</u>
Total prescription cost	<u>245,224</u>	<u>278,487</u>
Death Benefit	<u>10,000</u>	<u>92,500</u>
Optical and screening	<u>5,290</u>	<u>8,030</u>
Patient-Centered Outcomes Research fees	<u>11,064</u>	<u>10,978</u>
Dental benefit	<u>105,699</u>	<u>103,919</u>
Total cost of benefits	<u>\$ 14,565,106</u>	<u>\$ 19,119,567</u>

LOCAL 670 WELFARE FUND

SUPPLEMENTAL INFORMATION

ADMINISTRATIVE EXPENSES

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Rent	\$ 112,363	\$ 118,617
Telephone	11,486	12,160
Printing, stationery and supplies	13,676	55,587
Postage	2,031	4,819
Insurance – office & fiduciary	19,981	13,655
Surety Bond	63	63
Professional fees and expenses:		
Legal (net of insurance reimbursement)	78,335	72,767
Auditing	58,500	58,500
Accounting – payroll audits	74,903	21,899
Consultant – actuary	52,259	52,103
Consultant – RFP	10,000	6,363
Bank charges and sundry	--	--
Depreciation and amortization	19,346	22,278
Data processing	14,150	--
Messenger	4,143	5,350
	<u>471,236</u>	<u>444,161</u>
Allocated to Local 670 Annuity, Pension, Union <u>Local 377 Pension by Local 670 Welfare Fund:</u>		
Shared expenses paid	\$ 151,637	\$ --
Reimbursement received	<u>(66,896)</u>	<u>--</u>
Net Cost to Welfare Fund	<u>84,741</u>	<u>--</u>
Allocated to Welfare Fund by Union <u>Local 670, Annuity Fund and by Pension Fund:</u>		
Salaries and payroll taxes	\$ 180,961	\$ 165,830
Employee benefit expenses	<u>70,661</u>	<u>59,038</u>
Total allocated	<u>251,622</u>	<u>224,868</u>
Total	<u>\$ 807,599</u>	<u>\$ 669,029</u>

LOCAL 670 WELFARE FUND

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD FOR INVESTMENTS

AS OF DECEMBER 31, 2024

<u>Description</u>	<u>Maturity Date</u>	<u>Interest Rate %</u>	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>COMMON COLLECTIVE TRUSTS</u>					
Longview Core Bond VEBA Fund			66,937.703	<u>11,674,029</u>	<u>13,299,566</u>
<u>Mutual Funds</u>					
PIMCO Income Fund Institutional Fund			1,269,193.710	\$ 13,296,173	\$13,351,917
Fidelity Total International Index Fund			98,999.540	\$ 1,344,295	\$ 1,329,564
Fidelity Total Market Index Fund			32,989.530	\$ 4,614,396	\$ 5,320,222
			subtotal	<u>\$ 5,958,691</u>	<u>\$20,001,703</u>
			Cash - interest bearing	<u>\$ 1,433</u>	<u>\$ 1,433</u>
			Total Assets Held For Investment	<u><u>\$ 17,634,153</u></u>	<u><u>\$33,302,702</u></u>

EIN: 13-2828665; PLAN 501
 FORM 5500; SCH. H, 4j

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE

ACCOUNT NUMBER:

PAGE 34
 1001040

FROM 01/01/24 TO 12/31/24

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
 CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
 YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
 RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
 BEGINNING MARKET VALUE: 20,214,289.07

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208 DREYFUS GOVERNMENT CASH MANAGEMENT										
BUY	02/20/24	02/20/24	1,566	1.00	1,566,164		1,566,164	1,566,164		7.75%
SELL	02/21/24	02/21/24	1,566	1.00	1,566,164		1,566,164	1,566,164		7.75%
COMMON/COLLECTIVE FUNDS										
103721112 LONGVIEW CORE BOND VEBA										
BUY	02/21/24	02/21/24	8,134.29	192.54	1,566,164		1,566,164	1,566,164		7.75%
SELL	04/11/24	04/11/24	55,019.50	190.84	10,500,000		10,500,000	9,274,730	1,225,270	51.94%
				CATEGORY TOTAL			15,198,492	13,973,222	1,225,270	

EIN: 13-2828665; PLAN 501
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YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND

ACCOUNT NUMBER: 1001040
 PAGE 36

TRADE DATE FROM 01/01/24 TO 12/31/24

BEGINNING MARKET VALUE: 20,214,289.07

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
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CASH EQUIVALENTS

AB2006208 DREYFUS GOVERNMENT CASH MANAGEMENT										
BUY	01/02/24	01/02/24	46.54	1.00	47		47	47		40.22%
BUY	01/17/24	01/17/24	0.88	1.00	1		1	1		
BUY	02/01/24	02/01/24	0.31	1.00	0		0	0		
BUY	02/20/24	02/20/24	1,566.164	1.00	1,566.164		1,566.164	1,566.164		
BUY	03/01/24	03/01/24	223.41	1.00	223		223	223		
BUY	03/15/24	03/15/24	4.28	1.00	4		4	4		
BUY	04/01/24	04/01/24	0.50	1.00	1		1	1		
BUY	04/26/24	04/26/24	700.000.00	1.00	700,000		700,000	700,000		
BUY	05/01/24	05/01/24	298.53	1.00	299		299	299		
BUY	05/14/24	05/14/24	5.73	1.00	6		6	6		
BUY	06/03/24	06/03/24	1.24	1.00	1		1	1		
BUY	06/06/24	06/06/24	366.763.00	1.00	366,763		366,763	366,763		
BUY	07/02/24	07/02/24	52.25	1.00	52		52	52		
BUY	07/16/24	07/16/24	1.00	1.00	1		1	1		
BUY	08/01/24	08/01/24	0.07	1.00	0		0	0		
BUY	10/30/24	10/30/24	886.078.00	1.00	886,078		886,078	886,078		
BUY	11/01/24	11/01/24	115.37	1.00	115		115	115		
BUY	11/13/24	11/13/24	2.42	1.00	2		2	2		
BUY	12/02/24	12/02/24	0.07	1.00	0		0	0		
BUY	12/23/24	12/23/24	544.993.00	1.00	544,993		544,993	544,993		
SUB-TOTAL BUYS			20		4,064,750		4,064,750	4,064,750		

SUB-TOTAL SELLS										
SELL	02/21/24	02/21/24	1,566.164.00	1.00	1,566,164		1,566,164	1,566,164		
SELL	03/11/24	03/11/24	326.71	1.00	327		327	327		
SELL	04/29/24	04/29/24	700.000.00	1.00	700,000		700,000	700,000		
SELL	06/05/24	06/05/24	310.28	1.00	310		310	310		
SELL	06/07/24	06/07/24	366.763.00	1.00	366,763		366,763	366,763		
SELL	07/09/24	07/09/24	52.25	1.00	52		52	52		
SELL	08/06/24	08/06/24	1.07	1.00	1		1	1		
SELL	10/31/24	10/31/24	886.078.00	1.00	886,078		886,078	886,078		
SELL	11/05/24	11/05/24	115.37	1.00	115		115	115		
SELL	11/20/24	11/20/24	2.42	1.00	2		2	2		
SELL	12/24/24	12/24/24	544.993.00	1.00	544,993		544,993	544,993		
SECURITY CLASS TOTAL			11		4,064,805		4,064,805	4,064,805		
SECURITY TOTAL			31		8,129,555		8,129,555	8,129,555		
COMMON/COLLECTIVE FUNDS					0		8,129,555	8,129,555		

EIN: 13-2828665; PLAN 501
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5500 5% REPORT
 LOCAL 670 WELFARE FUND

ACCOUNT NUMBER:

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 1001040

TRADE DATE
 FROM 01/01/24 TO 12/31/24

BEGINNING MARKET VALUE: 20,214,289.07

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRAND	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
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COMMON/COLLECTIVE FUNDS

103721112 LONGVIEW CORE BOND VEBA										
BUY	02/21/24	02/21/24	8,134.29	192.54	1,566,164		1,566,164	1,566,164		76.64%
BUY	03/11/24	03/11/24	1.67	195.23	327		327	327		
BUY	04/29/24	04/29/24	526.51	189.93	100,000		100,000	100,000		
BUY	04/29/24	04/29/24	3,159.06	189.93	600,000		600,000	600,000		
BUY	06/05/24	06/05/24	1.59	194.88	310		310	310		
BUY	06/07/24	06/07/24	1,876.98	195.40	366,763		366,763	366,763		
BUY	07/09/24	07/09/24	0.27	196.35	52		52	52		
BUY	08/06/24	08/06/24	0.01	201.89	1		1	1		
BUY	09/16/24	09/16/24	584.37	205.96	120,356		120,356	120,356		
BUY	09/16/24	09/16/24	684.36	205.96	140,948		140,948	140,948		
BUY	10/31/24	10/31/24	4,429.80	200.03	886,078		886,078	886,078		
BUY	11/05/24	11/05/24	0.58	199.95	115		115	115		
BUY	11/20/24	11/20/24	0.01	200.00	2		2	2		
BUY	12/24/24	12/24/24	2,751.13	198.10	544,993		544,993	544,993		
SUB-TOTAL BUYS			14		4,326,109		4,326,109			

SELL	01/23/24	01/23/24	29.79	193.92	5,777		5,777	4,966	811	
SELL	04/11/24	04/11/24	55,019.50	190.84	10,500,000		10,500,000	9,274,730	1,225,270	
SELL	04/19/24	04/19/24	33.36	189.78	6,330		6,330	5,623	707	
SELL	07/17/24	07/17/24	3,268.67	198.07	647,420		647,420	557,835	89,585	
SELL	07/22/24	07/22/24	17.73	197.18	3,497		3,497	3,026	471	
SELL	10/21/24	10/21/24	17.69	202.12	3,576		3,576	3,033	543	
SUB-TOTAL SELLS			6		11,166,600		9,849,213		1,317,387	

SECURITY TOTAL	TXN CNT:	20
SECURITY CLASS TOTAL	0	15,492,709
CATEGORY TOTAL	0	23,622,264

22,304,877 1,317,387

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5500 5% REPORT
LOCAL 670 WELFARE FUND

ACCOUNT NUMBER:

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TRADE DATE
FROM 01/01/24 TO 12/31/24

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	04/26/24	04/26/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		31.78%
SELL	04/29/24	04/29/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		31.78%
BUY	06/06/24	06/06/24	244,533.00	1.00	244,533		244,533	244,533		6.64%
SELL	06/07/24	06/07/24	244,533.00	1.00	244,533		244,533	244,533		6.64%
BUY	10/30/24	10/30/24	721,971.00	1.00	721,971		721,971	721,971		19.61%
SELL	10/31/24	10/31/24	721,971.00	1.00	721,971		721,971	721,971		19.61%
BUY	12/23/24	12/23/24	620,063.00	1.00	620,063		620,063	620,063		16.84%
SELL	12/24/24	12/24/24	620,063.00	1.00	620,063		620,063	620,063		16.84%

INVESTMENT FUNDS

31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND	14.40	279,231	279,231	279,231	996,345	996,345	996,345	996,345	27.06%
BUY	07/17/24	07/17/24	19,391.04	14.40	279,231		279,231	279,231		7.58%
31591I693 FIDELITY TOTAL MARKET INDEX FUND										
BUY	07/17/24	07/17/24	6,393.38	155.84	996,345		996,345	996,345		27.06%
BUY	09/16/24	09/16/24	2,082.37	154.70	322,142		322,142	322,142		8.75%

72201F490	PIMCO INCOME FUND INSTITUTIONAL FUND	10.45	10,500,000	10,500,000	10,500,000	840,000	840,000	840,000	840,000	285.21%
BUY	04/11/24	04/11/24	1,004,784.69	10.39	840,000		840,000	840,000		22.82%
BUY	04/29/24	04/29/24	80,846.97	10.39	330,000		330,000	330,000		8.96%
BUY	04/29/24	04/29/24	31,761.31	10.39	330,000		330,000	330,000		8.96%
SELL	07/17/24	07/17/24	59,204.15	10.61	628,156		628,156	618,421	9,735	17.06%
BUY	09/16/24	09/16/24	28,009.52	10.82	303,053		303,053	303,053		8.23%
BUY	09/16/24	09/16/24	33,764.51	10.82	365,332		365,332	365,332		9.92%
BUY	10/31/24	10/31/24	43,823.16	10.58	463,649		463,649	463,649		12.59%
BUY	12/24/24	12/24/24	38,232.16	10.51	401,820		401,820	401,820		10.91%

CATEGORY TOTAL

20,942,872 20,933,137 9,735

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5500 5% REPORT
 LOCAL 670 WELFARE FUND

ACCOUNT NUMBER:

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TRADE DATE
 FROM 01/01/24 TO 12/31/24

BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRAND	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
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CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT										
BUY	01/02/24	01/02/24	3.41	1.00	3		3	3		157.22%
BUY	02/01/24	02/01/24	3.41	1.00	3		3	3		
BUY	02/20/24	02/20/24	137.167	1.00	137,167		137,167	137,167		
BUY	03/01/24	03/01/24	22.42	1.00	22		22	22		
BUY	04/01/24	04/01/24	3.41	1.00	3		3	3		
BUY	04/26/24	04/26/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		
BUY	05/01/24	05/01/24	494.37	1.00	494		494	494		
BUY	06/03/24	06/03/24	5.58	1.00	6		6	6		
BUY	06/06/24	06/06/24	244,533.00	1.00	244,533		244,533	244,533		
BUY	07/02/24	07/02/24	39.51	1.00	40		40	40		
BUY	08/01/24	08/01/24	5.88	1.00	6		6	6		
BUY	09/03/24	09/03/24	5.89	1.00	6		6	6		
BUY	10/01/24	10/01/24	5.48	1.00	5		5	5		
BUY	10/30/24	10/30/24	721,971.00	1.00	721,971		721,971	721,971		
BUY	11/01/24	11/01/24	96.91	1.00	97		97	97		
BUY	12/02/24	12/02/24	5.40	1.00	5		5	5		
BUY	12/23/24	12/23/24	620,063.00	1.00	620,063		620,063	620,063		
SUB-TOTAL BUYS			17		2,894,424		2,894,424			

SUB-TOTAL SELLS										
SELL	02/21/24	02/21/24	137.167	1.00	137,167		137,167	137,167		
SELL	04/29/24	04/29/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		
SELL	06/07/24	06/07/24	244,533.00	1.00	244,533		244,533	244,533		
SELL	10/31/24	10/31/24	721,971.00	1.00	721,971		721,971	721,971		
SELL	12/24/24	12/24/24	620,063.00	1.00	620,063		620,063	620,063		
SUB-TOTAL SELLS			5		2,893,734		2,893,734			
SECURITY TOTAL			22		5,788,158		5,788,158			
SECURITY CLASS TOTAL					0		5,788,158		5,788,158	

INVESTMENT FUNDS

31635V638 FIDELITY TOTAL INTERNATIONAL INDEX FUND										
BUY	02/21/24	02/21/24	4,265.63	13.21	56,349		56,349	56,349		17.74%
BUY	06/07/24	06/07/24	1,676.31	14.10	23,636		23,636	23,636		
BUY	07/17/24	07/17/24	19,391.24	14.40	279,231		279,231	279,231		
BUY	09/16/24	09/16/24	5,256.68	14.38	75,591		75,591	75,591		
BUY	10/31/24	10/31/24	5,569.20	14.35	79,918		79,918	79,918		
BUY	12/16/24	12/16/24	2,486.97	0.00	0		0	0		
BUY	12/24/24	12/24/24	7,701.56	13.47	103,740		103,740	103,740		

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5500 5% REPORT
LOCAL 670 WELFARE FUND

ACCOUNT NUMBER:

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TRADE DATE
FROM 01/01/24 TO 12/31/24

BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
INVESTMENT FUNDS									
3165SV638 FIDELITY TOTAL INTERNATIONAL INDEX FUND				(CONT)	(CONT)				
SUB-TOTAL BUYS TXN CNT: 7									
SELL 09/16/24	09/16/24	2,410.50	14.38	34,663		618,465	652,835	2,729	17.74%
SUB-TOTAL SELLS TXN CNT: 1									
SECURITY TOTAL TXN CNT: 8									
SUB-TOTAL BUYS TXN CNT: 8									
SUB-TOTAL SELLS TXN CNT: 1									
SECURITY TOTAL TXN CNT: 9									
315911693 FIDELITY TOTAL MARKET INDEX FUND									
SUB-TOTAL BUYS TXN CNT: 8									
BUY 02/21/24	02/21/24	589.70	137.05	80,818		80,818	80,818	23,103	51.98%
BUY 04/16/24	04/16/24	42.54	0.00	0		0	5,988		
BUY 06/07/24	06/07/24	376.98	146.63	55,276		55,276	55,276		
BUY 07/17/24	07/17/24	6,393.38	155.84	996,345		996,345	996,345		
BUY 09/16/24	09/16/24	2,082.37	154.70	322,142		322,142	322,142		
BUY 10/31/24	10/31/24	1,112.45	160.37	178,404		178,404	178,404		
BUY 12/24/24	12/24/24	699.64	163.66	114,503		114,503	114,503		
BUY 12/24/24	12/24/24	324.66	0.00	0		0	52,807		
SUB-TOTAL SELLS TXN CNT: 1									
SECURITY TOTAL TXN CNT: 9									
72201F490 PIMCO INCOME FUND INSTITUTIONAL FUND									
SUB-TOTAL BUYS TXN CNT: 8									
SELL 09/16/24	09/16/24	1,073.98	154.70	166,145		166,145	143,042	23,103	380.21%
SUB-TOTAL SELLS TXN CNT: 1									
SECURITY TOTAL TXN CNT: 9									

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5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24
 ACCOUNT NUMBER: 1001040
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BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCOD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
INVESTMENT FUNDS										
72201F490				(CONT)	(CONT)					
BUY	12/31/24	12/31/24	6,459.89	0.00	0		0	67,958		380.21%
SUB-TOTAL BUYS			TXN CNT:	17			13,369,485	13,914,594		
SELL 07/17/24 07/17/24			59,204.15	10.61	628,156		628,156	618,421		9,735
SUB-TOTAL SELLS			TXN CNT:	1			628,156	618,421		9,735
SECURITY TOTAL			TXN CNT:	18			13,997,641	14,533,015		9,735
SECURITY CLASS TOTAL					0		16,564,402	17,167,109		35,567
CATEGORY TOTAL					0		22,352,560	22,955,267		35,567

ADDITIONAL INFORMATION

LOCAL 670 WELFARE FUND

FIVE YEAR SUMMARY OF OPERATIONS

	<u>CALENDAR YEAR</u>				
	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Additions:					
Employer contributions	\$23,066,091	\$23,887,295	\$21,240,276	\$21,991,328	\$21,477,037
COBRA – member contributions	--	--	--	--	7,350
Interest and Liquidated damages	227,547	391,809	--	--	--
Investment income - net	<u>1,320,594</u>	<u>1,460,178</u>	<u>(1,950,024)</u>	<u>670,730</u>	<u>1,443,535</u>
	<u>24,614,232</u>	<u>25,739,282</u>	<u>19,290,252</u>	<u>22,662,058</u>	<u>22,927,922</u>
Deductions:					
Cost of benefits	14,565,106	19,119,567	16,867,166	19,485,171	26,303,612
Administrative expenses	<u>807,599</u>	<u>669,029</u>	<u>563,344</u>	<u>598,101</u>	<u>719,983</u>
	<u>15,372,705</u>	<u>19,788,596</u>	<u>17,430,510</u>	<u>20,083,272</u>	<u>27,023,595</u>
Net increase (decrease)	9,241,527	5,950,686	1,859,742	2,578,786	(4,095,673)
Net assets available for benefits					
Beginning of year	<u>26,714,033</u>	<u>20,763,347</u>	<u>18,903,605</u>	<u>16,324,819</u>	<u>20,420,492</u>
End of year	<u>\$35,955,560</u>	<u>\$26,714,033</u>	<u>\$20,763,347</u>	<u>\$18,903,605</u>	<u>\$16,324,819</u>



- 3e. AB receives indirect compensation in the form of sub-administration fees received on short term investment funds (“STIF”) or mutual funds invested on behalf of clients. AB does not receive finder’s fees, “soft dollar” revenue, float revenue, and/or brokerage commissions or other transaction-based fees for transactions or services involving the Plan that were not paid directly by the Plan or the Plan sponsor (whether or not they are capitalized as investment costs).

The sub-administration fees are intended to compensate AB for services performed by AB on behalf of one of the STIF sweep vehicles or the mutual funds.

AB performed an analysis to identify all eligible indirect or indirect compensation or sub-administration fees paid by the STIF sweep vehicle or mutual funds generated by each client account. The calculation of the fee was based upon the client’s average monthly balance and the portion of the management fee shared with AB using the same methodology as the STIF sweep vehicle or mutual funds . Each monthly analysis was combined to arrive at the total annual fee for each account. Client accounts may have multiple portfolios, different investment managers, and/or different STIF sweep vehicles, so fees earned on each portfolio were separately computed and combined to arrive at the total annual fee for each account. The total amount of fees generated from your client account is listed on Exhibit I attached.

LOCAL 670 WELFARE FUND

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD FOR INVESTMENTS

AS OF DECEMBER 31, 2024

<u>Description</u>	<u>Maturity Date</u>	<u>Interest Rate %</u>	<u>Par Value/ Shares</u>	<u>Cost</u>	<u>Fair Value</u>
<u>COMMON COLLECTIVE TRUSTS</u>					
Longview Core Bond VEBA Fund			66,937.703	11,674,029	13,299,566
<u>Mutual Funds</u>					
PIMCO Income Fund Institutional Fund			1,269,193.710	\$ 13,296,173	\$13,351,917
Fidelity Total International Index Fund			98,999.540	\$ 1,344,295	\$ 1,329,564
Fidelity Total Market Index Fund			32,989.530	\$ 4,614,396	\$ 5,320,222
			subtotal	\$ 5,958,691	\$20,001,703
			Cash - interest bearing	\$ 1,433	\$ 1,433
			Total Assets Held For Investment	\$ 17,634,153	\$33,302,702

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 34
 ACCOUNT NUMBER: 1001040

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
 CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
 YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
 RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
 BEGINNING MARKET VALUE: 20,214,289.07

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									
BUY	02/20/24	02/20/24	1,566,164.00	1.00	1,566,164		1,566,164	1,566,164		7.75%
SELL	02/21/24	02/21/24	1,566,164.00	1.00	1,566,164		1,566,164	1,566,164		7.75%
COMMON/COLLECTIVE FUNDS										
103721112	LONGVIEW CORE BOND VEBA									
BUY	02/21/24	02/21/24	8,134.29	192.54	1,566,164		1,566,164	1,566,164		7.75%
SELL	04/11/24	04/11/24	55,019.50	190.84	10,500,000		10,500,000	9,274,730	1,225,270	51.94%
CATEGORY TOTAL							15,198,492	13,973,222	1,225,270	

EIN: 13-2828665; PLAN 501
 FORM 5500; SCH. H, 4j

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 36
 ACCOUNT NUMBER: 1001040

BEGINNING MARKET VALUE: 20,214,289.07

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									40.22%
BUY	01/02/24	01/02/24	46.54	1.00	47		47	47		
BUY	01/17/24	01/17/24	0.88	1.00	1		1	1		
BUY	02/01/24	02/01/24	0.31	1.00	0		0	0		
BUY	02/20/24	02/20/24	1,566,164.00	1.00	1,566,164		1,566,164	1,566,164		
BUY	03/01/24	03/01/24	223.41	1.00	223		223	223		
BUY	03/15/24	03/15/24	4.28	1.00	4		4	4		
BUY	04/01/24	04/01/24	0.50	1.00	1		1	1		
BUY	04/26/24	04/26/24	700,000.00	1.00	700,000		700,000	700,000		
BUY	05/01/24	05/01/24	298.53	1.00	299		299	299		
BUY	05/14/24	05/14/24	5.73	1.00	6		6	6		
BUY	06/03/24	06/03/24	1.24	1.00	1		1	1		
BUY	06/06/24	06/06/24	366,763.00	1.00	366,763		366,763	366,763		
BUY	07/02/24	07/02/24	52.25	1.00	52		52	52		
BUY	07/16/24	07/16/24	1.00	1.00	1		1	1		
BUY	08/01/24	08/01/24	0.07	1.00	0		0	0		
BUY	10/30/24	10/30/24	886,078.00	1.00	886,078		886,078	886,078		
BUY	11/01/24	11/01/24	115.37	1.00	115		115	115		
BUY	11/13/24	11/13/24	2.42	1.00	2		2	2		
BUY	12/02/24	12/02/24	0.07	1.00	0		0	0		
BUY	12/23/24	12/23/24	544,993.00	1.00	544,993		544,993	544,993		
SUB-TOTAL BUYS					TXN CNT: 20		4,064,750	4,064,750		
SELL	02/21/24	02/21/24	1,566,164.00	1.00	1,566,164		1,566,164	1,566,164		
SELL	03/11/24	03/11/24	326.71	1.00	327		327	327		
SELL	04/29/24	04/29/24	700,000.00	1.00	700,000		700,000	700,000		
SELL	06/05/24	06/05/24	310.28	1.00	310		310	310		
SELL	06/07/24	06/07/24	366,763.00	1.00	366,763		366,763	366,763		
SELL	07/09/24	07/09/24	52.25	1.00	52		52	52		
SELL	08/06/24	08/06/24	1.07	1.00	1		1	1		
SELL	10/31/24	10/31/24	886,078.00	1.00	886,078		886,078	886,078		
SELL	11/05/24	11/05/24	115.37	1.00	115		115	115		
SELL	11/20/24	11/20/24	2.42	1.00	2		2	2		
SELL	12/24/24	12/24/24	544,993.00	1.00	544,993		544,993	544,993		
SUB-TOTAL SELLS					TXN CNT: 11		4,064,805	4,064,805		
SECURITY TOTAL					TXN CNT: 31		8,129,555	8,129,555		
SECURITY CLASS TOTAL							0	8,129,555	8,129,555	

COMMON/COLLECTIVE FUNDS

EIN: 13-2828665; PLAN 501
 FORM 5500; SCH. H, 4j

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 37
 ACCOUNT NUMBER: 1001040

BEGINNING MARKET VALUE: 20,214,289.07

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
COMMON/COLLECTIVE FUNDS (CONT)										
103721112	LONGVIEW CORE BOND VEBA									76.64%
BUY	02/21/24	02/21/24	8,134.29	192.54	1,566,164		1,566,164	1,566,164		
BUY	03/11/24	03/11/24		1.67			327		327	
BUY	04/29/24	04/29/24		526.51	100,000		100,000	100,000		
BUY	04/29/24	04/29/24	3,159.06	189.93	600,000		600,000	600,000		
BUY	06/05/24	06/05/24		1.59			310		310	
BUY	06/07/24	06/07/24	1,876.98	195.40	366,763		366,763	366,763		
BUY	07/09/24	07/09/24		0.27			52		52	
BUY	08/06/24	08/06/24		0.01			1		1	
BUY	09/16/24	09/16/24		584.37	120,356		120,356	120,356		
BUY	09/16/24	09/16/24		684.36	140,948		140,948	140,948		
BUY	10/31/24	10/31/24	4,429.80	200.03	886,078		886,078	886,078		
BUY	11/05/24	11/05/24		0.58			115		115	
BUY	11/20/24	11/20/24		0.01			2		2	
BUY	12/24/24	12/24/24	2,751.13	198.10	544,993		544,993	544,993		
SUB-TOTAL BUYS					TXN CNT:	14	4,326,109	4,326,109		
SELL	01/23/24	01/23/24		29.79		5,777	5,777	4,966	811	
SELL	04/11/24	04/11/24	55,019.50	190.84	10,500,000		10,500,000	9,274,730	1,225,270	
SELL	04/19/24	04/19/24		33.36		6,330	6,330	5,623	707	
SELL	07/17/24	07/17/24	3,268.67	198.07	647,420		647,420	557,835	89,585	
SELL	07/22/24	07/22/24		17.73		3,497	3,497	3,026	471	
SELL	10/21/24	10/21/24		17.69		3,576	3,576	3,033	543	
SUB-TOTAL SELLS					TXN CNT:	6	11,166,600	9,849,213	1,317,387	
SECURITY TOTAL					TXN CNT:	20	15,492,709	14,175,322	1,317,387	
SECURITY CLASS TOTAL							0	15,492,709	14,175,322	1,317,387
CATEGORY TOTAL							0	23,622,264	22,304,877	1,317,387

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 38
 ACCOUNT NUMBER: 1001040

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
 CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
 YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
 RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
 BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	04/26/24	04/26/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		31.78%
SELL	04/29/24	04/29/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		31.78%
BUY	06/06/24	06/06/24	244,533.00	1.00	244,533		244,533	244,533		6.64%
SELL	06/07/24	06/07/24	244,533.00	1.00	244,533		244,533	244,533		6.64%
BUY	10/30/24	10/30/24	721,971.00	1.00	721,971		721,971	721,971		19.61%
SELL	10/31/24	10/31/24	721,971.00	1.00	721,971		721,971	721,971		19.61%
BUY	12/23/24	12/23/24	620,063.00	1.00	620,063		620,063	620,063		16.84%
SELL	12/24/24	12/24/24	620,063.00	1.00	620,063		620,063	620,063		16.84%
INVESTMENT FUNDS										
31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND									
BUY	07/17/24	07/17/24	19,391.04	14.40	279,231		279,231	279,231		7.58%
315911693	FIDELITY TOTAL MARKET INDEX FUND									
BUY	07/17/24	07/17/24	6,393.38	155.84	996,345		996,345	996,345		27.06%
BUY	09/16/24	09/16/24	2,082.37	154.70	322,142		322,142	322,142		8.75%
72201F490	PIMCO INCOME FUND INSTITUTIONAL FUND									
BUY	04/11/24	04/11/24	1,004,784.69	10.45	10,500,000		10,500,000	10,500,000		285.21%
BUY	04/29/24	04/29/24	80,846.97	10.39	840,000		840,000	840,000		22.82%
BUY	04/29/24	04/29/24	31,761.31	10.39	330,000		330,000	330,000		8.96%
SELL	07/17/24	07/17/24	59,204.15	10.61	628,156		628,156	618,421	9,735	17.06%
BUY	09/16/24	09/16/24	28,009.52	10.82	303,063		303,063	303,063		8.23%
BUY	09/16/24	09/16/24	33,764.51	10.82	365,332		365,332	365,332		9.92%
BUY	10/31/24	10/31/24	43,823.16	10.58	463,649		463,649	463,649		12.59%
BUY	12/24/24	12/24/24	38,232.16	10.51	401,820		401,820	401,820		10.91%
CATEGORY TOTAL							20,942,872	20,933,137	9,735	

EIN: 13-2828665; PLAN 501
 FORM 5500; SCH. H, 4j

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 40
 ACCOUNT NUMBER: 1001040

BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									157.22%
BUY	01/02/24	01/02/24	3.41	1.00	3		3	3		
BUY	02/01/24	02/01/24	3.41	1.00	3		3	3		
BUY	02/20/24	02/20/24	137,167.00	1.00	137,167		137,167	137,167		
BUY	03/01/24	03/01/24	22.42	1.00	22		22	22		
BUY	04/01/24	04/01/24	3.41	1.00	3		3	3		
BUY	04/26/24	04/26/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		
BUY	05/01/24	05/01/24	494.37	1.00	494		494	494		
BUY	06/03/24	06/03/24	5.58	1.00	6		6	6		
BUY	06/06/24	06/06/24	244,533.00	1.00	244,533		244,533	244,533		
BUY	07/02/24	07/02/24	39.51	1.00	40		40	40		
BUY	08/01/24	08/01/24	5.88	1.00	6		6	6		
BUY	09/03/24	09/03/24	5.89	1.00	6		6	6		
BUY	10/01/24	10/01/24	5.48	1.00	5		5	5		
BUY	10/30/24	10/30/24	721,971.00	1.00	721,971		721,971	721,971		
BUY	11/01/24	11/01/24	96.91	1.00	97		97	97		
BUY	12/02/24	12/02/24	5.40	1.00	5		5	5		
BUY	12/23/24	12/23/24	620,063.00	1.00	620,063		620,063	620,063		
SUB-TOTAL BUYS			TXN CNT:	17			2,894,424	2,894,424		
SELL	02/21/24	02/21/24	137,167.00	1.00	137,167		137,167	137,167		
SELL	04/29/24	04/29/24	1,170,000.00	1.00	1,170,000		1,170,000	1,170,000		
SELL	06/07/24	06/07/24	244,533.00	1.00	244,533		244,533	244,533		
SELL	10/31/24	10/31/24	721,971.00	1.00	721,971		721,971	721,971		
SELL	12/24/24	12/24/24	620,063.00	1.00	620,063		620,063	620,063		
SUB-TOTAL SELLS			TXN CNT:	5			2,893,734	2,893,734		
SECURITY TOTAL			TXN CNT:	22			5,788,158	5,788,158		
SECURITY CLASS TOTAL					0		5,788,158	5,788,158		

INVESTMENT FUNDS

31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND									17.74%
BUY	02/21/24	02/21/24	4,265.63	13.21	56,349		56,349	56,349		
BUY	06/07/24	06/07/24	1,676.31	14.10	23,636		23,636	23,636		
BUY	07/17/24	07/17/24	19,391.04	14.40	279,231		279,231	279,231		
BUY	09/16/24	09/16/24	5,256.68	14.38	75,591		75,591	75,591		
BUY	10/31/24	10/31/24	5,569.20	14.35	79,918		79,918	79,918		
BUY	12/16/24	12/16/24	2,486.97	0.00	0		0	0		
BUY	12/24/24	12/24/24	7,701.56	13.47	103,740		103,740	103,740		

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 41
 ACCOUNT NUMBER: 1001040

BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRACND	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
INVESTMENT FUNDS (CONT)										
31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND			(CONT)						17.74%
SUB-TOTAL BUYS				TXN CNT:	7		618,465	652,835		
SELL	09/16/24	09/16/24	2,410.50	14.38	34,663		34,663	31,934	2,729	
SUB-TOTAL SELLS				TXN CNT:	1		34,663	31,934	2,729	
SECURITY TOTAL				TXN CNT:	8		653,128	684,769	2,729	
315911693 FIDELITY TOTAL MARKET INDEX FUND 51.98%										
BUY	02/21/24	02/21/24	589.70	137.05	80,818		80,818	80,818		
BUY	04/16/24	04/16/24	42.54	0.00	0		0	5,988		
BUY	06/07/24	06/07/24	376.98	146.63	55,276		55,276	55,276		
BUY	07/17/24	07/17/24	6,393.38	155.84	996,345		996,345	996,345		
BUY	09/16/24	09/16/24	2,082.37	154.70	322,142		322,142	322,142		
BUY	10/31/24	10/31/24	1,112.45	160.37	178,404		178,404	178,404		
BUY	12/24/24	12/24/24	699.64	163.66	114,503		114,503	114,503		
BUY	12/24/24	12/24/24	324.66	0.00	0		0	52,807		
SUB-TOTAL BUYS				TXN CNT:	8		1,747,488	1,806,283		
SELL	09/16/24	09/16/24	1,073.98	154.70	166,145		166,145	143,042	23,103	
SUB-TOTAL SELLS				TXN CNT:	1		166,145	143,042	23,103	
SECURITY TOTAL				TXN CNT:	9		1,913,633	1,949,325	23,103	
72201F490 PIMCO INCOME FUND INSTITUTIONAL FUND 380.21%										
BUY	04/11/24	04/11/24	1,004,784.69	10.45	10,500,000		10,500,000	10,500,000		
BUY	04/29/24	04/29/24	80,846.97	10.39	840,000		840,000	840,000		
BUY	04/29/24	04/29/24	31,761.31	10.39	330,000		330,000	330,000		
BUY	04/30/24	04/30/24	3,596.04	0.00	0		0	37,255		
BUY	05/31/24	05/31/24	5,877.45	0.00	0		0	61,654		
BUY	06/07/24	06/07/24	15,698.67	10.55	165,621		165,621	165,621		
BUY	06/28/24	06/28/24	5,984.52	0.00	0		0	62,718		
BUY	07/31/24	07/31/24	5,772.69	0.00	0		0	61,595		
BUY	08/30/24	08/30/24	5,629.11	0.00	0		0	60,232		
BUY	09/16/24	09/16/24	28,009.52	10.82	303,063		303,063	303,063		
BUY	09/16/24	09/16/24	33,764.51	10.82	365,332		365,332	365,332		
BUY	09/30/24	09/30/24	5,779.54	0.00	0		0	62,361		
BUY	10/31/24	10/31/24	43,823.16	10.58	463,649		463,649	463,649		
BUY	10/31/24	10/31/24	6,092.27	0.00	0		0	64,334		
BUY	11/29/24	11/29/24	6,285.36	0.00	0		0	67,002		
BUY	12/24/24	12/24/24	38,232.16	10.51	401,820		401,820	401,820		

EIN: 13-2828665; PLAN 501
 FORM 5500; SCH. H, 4j

YEAR END PACKAGE

5500 5% REPORT
 LOCAL 670 WELFARE FUND
 TRADE DATE
 FROM 01/01/24 TO 12/31/24

PAGE 42
 ACCOUNT NUMBER: 1001040

BEGINNING MARKET VALUE: 3,681,520.79

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE		
INVESTMENT FUNDS (CONT)												
72201F490	BUY 12/31/24	PIMCO INCOME FUND INSTITUTIONAL FUND	6,459.89	0.00	(CONT)	0	0	67,958		380.21%		
SUB-TOTAL BUYS						TXN CNT: 17	13,369,485	13,914,594				
SELL 07/17/24						07/17/24	59,204.15	10.61	628,156	628,156	618,421	9,735
SUB-TOTAL SELLS						TXN CNT: 1	628,156	618,421	9,735			
SECURITY TOTAL						TXN CNT: 18	13,997,641	14,533,015	9,735			
SECURITY CLASS TOTAL							0	16,564,402	17,167,109	35,567		
CATEGORY TOTAL							0	22,352,560	22,955,267	35,567		

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form Is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 670 WELFARE FUND	1b Three-digit plan number (PN) ▶	501
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 670 WELFARE FUND JOINT BOARD OF TRUSTEES 299 BROADWAY NEW YORK NY 10007	1c Effective date of plan 06/12/1973	2b Employer Identification Number (EIN) 13-2828665
	2c Plan Sponsor's telephone number 212-267-8650	2d Business code (see instructions) 525100

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

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

SIGN HERE	<i>Thelma Winston</i>	9/29/25	THELMA WINSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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