

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>UNION MUTUAL MEDICAL FUND HEALTH PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>UNION MUTUAL MEDICAL FUND</u> <u>111 JOHN STREET 450</u> <u>NEW YORK, NY 10038</u>	1c Effective date of plan <u>04/01/1979</u> 2b Employer Identification Number (EIN) <u>22-2241328</u> 2c Plan Sponsor's telephone number <u>212-989-8787</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2025	ROBERT LICHTERMAN
	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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor UNION MUTUAL MEDICAL FUND BOARD OF TRUSTEES 111 JOHN STREET NEW YORK, NY 10038		3b Administrator's EIN 22-2659901	
		3c Administrator's telephone number 212-989-8787	
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	251
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)	251
		6a(2)	227
		6b	
		6c	
		6d	227
		6e	
		6f	227
		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	0

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

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 UNION MUTUAL MEDICAL FUND HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 UNION MUTUAL MEDICAL FUND	D Employer Identification Number (EIN) 22-2241328	

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)

ZELIN & ASSOCIATES CPA LLC

555 EIGHTH AVENUE
SUITE 2203
NEW YORK, NY 10018

46-4721814

(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	AUDITOR	45995	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 10038

13-2925049

(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?
14	PLAN ADMINISTRATOR	96621	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)

LOUIS FLACKS

2485 PINE GROVE COURT
YORKTOWN HEIGHTS, NY 10598

22-2241328

(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?
20	TRUSTEE	5000	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)

PAUL BERKMAN

17 WEST 71ST STREET
NEW YORK, NY 10023

22-2241328

(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?
20	TRUSTEE	5000	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)

LEON SILVERMAN

1701 59TH STREET
BROOKLYN, NY 11204

22-2241328

(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?
20	TRUSTEE	5000	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)

SYLVIA PARR

502 YEW DRIVE
BRICK, NJ 08724

22-2241328

(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?
20	TRUSTEE	5000	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)

NEUBERGER BERMAN BD LLC

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104-0001

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	2560	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)

PALMER-TANNO AGENCY, INC.

33 WEST MAIN STREET
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?
23	INSURANCE	23124	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"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNION MUTUAL MEDICAL FUND HEALTH PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 UNION MUTUAL MEDICAL FUND	D Employer Identification Number (EIN) 22-2241328

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	61293	64175
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26249	139904
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(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)	767426	171614
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	854968	375693
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	854968	375693

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)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	33019	
(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)		33019
(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)	3922	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3922
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1537	
(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		
d Total income. Add all income amounts in column (b) and enter total	2d		35404

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	281461	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		281461
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)	96621	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	29000	
(5) Investment advisory and investment management fees	2i(5)	2560	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	23707	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	20000	
(11) Other expenses	2i(11)	61330	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		233218
j Total expenses. Add all expense amounts in column (b) and enter total	2j		514679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-479275
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: **ZELIN & ASSOCIATES CPA LLC**

(2) EIN: **46-4721814**

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.		X	

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

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

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

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

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

UNION MUTUAL MEDICAL FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

UNION MUTUAL MEDICAL FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

TABLE OF CONTENTS

	<u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1 - 3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits (Modified Cash Basis) as of December 31, 2024, and 2023	4
Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the Year Ended December 31, 2024	5
Notes to Financial Statements	6 - 12
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024	13
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year) as of December 31, 2024	14
Schedule H, Line 4j – Schedule of Reportable Transactions as of December 31, 2024	15 - 17



INDEPENDENT AUDITOR'S REPORT

To the Trustees of Union Mutual Medical Fund

Opinion

We have audited the accompanying financial statements of Union Mutual Medical Fund, 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 (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (modified cash basis) of Union Mutual Medical Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits (modified cash basis) 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Union Mutual Medical 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.

Emphasis of Matter

As discussed in Note 3, to the financial statements, the Board of Trustees resolved to terminate the Plan, with a target completion date of December 31, 2025. The Board is currently formulating a detailed order of liquidation, ensuring compliance with all regulatory requirements and the fair treatment of all stakeholders. Our conclusion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, 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 Union Mutual Medical Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Union Mutual Medical 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.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules (modified cash basis) of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year), and Schedule H, Line 4j – Schedule of Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Zelin & Associates CPA LLC". The signature is written in a cursive style with a large, stylized initial "Z".

Zelin & Associates CPA LLC

New York, NY

September 16, 2025

**UNION MUTUAL MEDICAL FUND
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
Investments, at fair value:		
Exchange-traded products	\$ 171,614	\$ 767,426
Money market fund	139,904	26,249
Total investments	311,518	793,675
Cash	64,175	61,293
TOTAL ASSETS	375,693	854,968
NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)	375,693	854,968
	375,693	854,968
	\$ 375,693	\$ 854,968

The accompanying notes are an integral part of these financial statements.

UNION MUTUAL MEDICAL FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR
BENEFITS (MODIFIED CASH BASIS)
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:			
Dividends	\$	3,922	
Interest		33,019	
Net appreciation in fair value of investments:		<u>(1,537)</u>	
Total			35,404
Less: investment advisory fee		(2,560)	
			(2,560)
Net investment income			32,844
TOTAL ADDITIONS			32,844

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to/for participants (Notes 1):			
Medicare Part B reimbursement	\$	244,450	
Hospital, surgical, and medical benefits		28,459	
Dental benefits		<u>8,552</u>	
			281,461
Other deductions:			
Administrative expenses (Note 4)		96,621	
Professional fees		69,702	
Trustee fees		20,000	
Storage		18,543	
Insurance expense		23,124	
Bank charges		919	
Printing, stationary, and postage		918	
Filing fee		<u>831</u>	
			230,658
TOTAL DEDUCTIONS			512,119

NET (DECREASE) DURING YEAR (MODIFIED CASH BASIS) (479,275)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year		854,968
End of year	\$	375,693

The accompanying notes are an integral part of these financial statements.

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of Union Mutual Medical Fund (“the Plan”) provides only general information about the Plan’s provisions. Participants should refer to the plan document and the summary plan description for a complete description of the Plan’s provisions, copies of which may be obtained from the Plan Administrator.

A. GENERAL

The Plan provides health benefits (medical, hospital, surgical, dental, and optical) solely and exclusively for members of Union Mutual Benefit Association, a voluntary retiree organization comprised of retired employees (and certain of their dependents) of employers that had entered into collective bargaining agreements with Local 815, International Brotherhood of Teamsters or with Allied Trades Council as of their retirement date. The Plan is an excess coverage plan whose function is to provide excess coverage for the reimbursement of medical expenses for which its participants have no other insurance coverage other than Medicare. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Health claims of participants are processed by Syntonic Systems, Inc. (See Note 4D), but the responsibility for payments to participants and providers is retained by the Plan.

B. FUNDING

Contributions should be made to the Plan by both contributing employers and by Union Mutual Benefit Association on behalf of its members. The amount of contributions made to the Plan by contributing employers is determined by collective bargaining agreements, while the amount of contributions made to the Plan by Union Mutual Benefit Association is subject to an annual review by the Executive Board of the Association. As of December 31, 2024, the Plan did not have any active agreements with employers.

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. BASIS OF ACCOUNTING

The accompanying financial statements have been prepared on the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles. Consequently, certain revenues and the related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred.

B. VALUATION OF INVESTMENTS AND INCOME RECOGNITION

The Plan's policy is to report investments at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Board of Trustees also determines the Plan's valuation policies. The plan's investments are held by a private investment management firm. See Note 2C for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Pursuant to the modified cash basis of accounting, interest and dividend income is recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. During 2024, the Plan's investments (including investments bought, sold and held during the year), depreciated in value by \$1,537 as follows:

	<u>Net Change During The Year</u>
Exchange-traded products	(1,537)

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The fair value of individual investments that represent 5% or more of the Plan's net assets are as follows:

	<u>2024</u>	<u>2023</u>
Dreyfus Govt Cash Management Administrative Shares	\$139,904	\$26,249
United States Treasury Bills, zero coupon, due January 21, 2025	171,614	-
United States Treasury Bills, zero coupon, due January 30, 2024	-	98,336
United States Treasury Bills, zero coupon, due February 15, 2024	-	196,306
United States Treasury Bills, zero coupon, due March 31, 2024	-	195,258
United States Treasury Bills, zero coupon, due March 12, 2024	-	123,198
United States Treasury Bills, zero coupon, due June 30, 2024	-	146,508

C. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)
FAIR VALUE MEASUREMENTS (CONTINUED)

December 31, 2024

Fair Value Measurements at the End of the Reporting Period Using:

Account	Fair Value	Quoted Prices in Active Markets for Identical Assets No Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	No Observable Inputs (Level 3)
U.S. Government securities	171,614	171,614		
Money market fund	<u>139,904</u>	<u>139,904</u>	-	-
	<u>\$311,518</u>	<u>\$311,518</u>	\$ -	\$ -

December 31, 2023

Account	Fair Value	Quoted Prices in Active Markets for Identical Assets No Observable Inputs (Level 1)	Significant Other Observable Inputs (Level 2)	No Observable Inputs (Level 3)
U.S. Government securities	767,426	767,426	\$ -	\$ -
Money market fund	<u>26,249</u>	<u>26,249</u>	\$ -	\$ -
	<u>\$793,675</u>	<u>\$793,675</u>	\$ -	\$ -

D. USE OF ESTIMATES

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets, benefit obligations and changes therein, incurred but not reported (IBNR), claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

E. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 16, 2025 the date the financial Statements were available to be issued. Other than the subsequent event mentioned below in Note 3B, no additional events have occurred subsequent to the statement of financial position date through September 16, 2025, that would require disclosure in the financial statements.

F. CASH

In accordance with a recommendation by the Financial Reporting Executive Committee of the AICPA, the Plan is including the balance in a bank money market account with its investments on the statement of net assets available for benefits.

NOTE 3: PLAN TERMINATION

- A. The Board of Trustees has approved the termination of the Plan, effective December 31, 2025. All participants and beneficiaries have been formally notified, and the Plan will cease processing claims for services rendered after March 31, 2025.

- B. The Board is currently developing a comprehensive liquidation strategy. This strategy aims to settle all remaining obligations in full compliance with applicable laws, regulations, and contractual commitments. As part of this process, the Board is conducting a thorough evaluation of the Plan's financial position and anticipates issuing a final distribution to participants and beneficiaries. This distribution will occur after retaining sufficient reserves to cover projected administrative and other expenses through the termination date. Once the Plan's assets have been fully liquidated and distributed, participants and beneficiaries will have no further rights and interests in the Plan.

NOTE 4: OTHER MATTERS

A. TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4: OTHER MATTERS (CONTINUED)

A. TAX STATUS (CONTINUED)

determination letter from the Internal Revenue Service and the Plan's Administrator and Trustees believe that the Trust, as amended, continues to qualify and to operate in compliance with the applicable provisions of the Internal Revenue Code.

The preparation of financial statements on the modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and disclose 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 federal taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require disclosure in the financial statements. In addition, the Plan's administrator believes it is no longer subject to income tax examinations for years prior to 2021.

B. RELATED PARTY TRANSACTIONS AND CONCENTRATIONS OF CREDIT RISK

- a. The Plan has several arrangements with service providers. These transactions are party-in-interest transactions under ERISA.
- b. The Plan has maintained cash deposits in a bank within federally insured limits during the calendar year of 2024.

C. ADMINISTRATIVE EXPENSES

The Plan pays administrative expenses that consist primarily of administrative fees paid to its third-party administrator, trustee fees, and professional fees (legal, accounting and auditing). These expenses are reported on the Statement of Changes in Net Assets Available for Benefits as other deductions.

D. ADMINISTRATION OF PLAN

Effective September 2006, the Trustees of the Plan engaged Syntonic Systems, Inc. to be its Third Party Administrator.

UNION MUTUAL MEDICAL FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4: OTHER MATTERS (CONTINUED)

D. ADMINISTRATION OF PLAN (CONTINUED)

The contract signed with Syntonic Systems (which through 2011 required monthly payments to Syntonic Systems based upon the number of persons participating in the Plan) initially extended for twenty-four months. During 2008, this agreement automatically renewed for an additional 12 month period, and it was expected to continue to automatically renew for additional 12-month periods unless either party decides to terminate and provides appropriate notice thereof.

During 2012, the Plan's contract with Syntonic Systems was changed to require a fixed monthly fee of \$18,000. Initially during 2018, the monthly rate was reduced to \$4,000. After collection of the law suit proceeds in August 2018, the monthly fee paid to Syntonic Systems for the last three months of 2018 and continuing throughout 2019 was \$12,000. The monthly fee was subsequently reduced to \$8,000 in May 2020, and continues to date.

E. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

No material differences exist between the financial statements and Form 5500

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current Value
Dreyfus Govt Cash Mgmt Administrative Shares	Registered investment company	\$139,904	\$139,904
United States Treasury Bills	Zero coupon, due January 21,2025	<u>171,203</u>	<u>171,614</u>
		<u>\$311,107</u>	<u>\$311,518</u>

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
DECEMBER 31, 2024

(a)Identity of issue, borrower, lessor, or similar party	(b)Description of investment, including Maturity date, rate of interest, collateral, par or maturity value	(c)Cost of acquisition	(d)Proceeds of dispositions
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/02/24	99,384	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/09/24	99,285	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/14/24	198,420	200,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/21/24	99,114	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 06/18/24	98,710	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 06/11/24	99,488	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/06/24	98,719	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 07/09/24	99,195	99,784
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/20/24	98,588	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 07/11/24	49,636	49,189
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/27/24	49,295	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/24/24	49,031	49,965
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 09/17/24	74,152	75,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/08/24	49,644	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/10/24	49,189	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/29/24	147,614	150,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 09/19/24	74,550	75,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 09/12/24	74,760	74,941
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 09/26/24	74,611	75,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/01/24	49,755	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/31/24	99,422	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 11/07/24	49,690	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 11/12/24	206,134	207,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 11/29/24	170,338	171,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 12/31/24	119,265	120,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 12/26/24	207,879	208,797

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a)Identity of Party Involved	(b)Description of asset (include Interest rate and maturity in case of a loan)	(c)Purchase price	(d)Selling price	(e)Lease rental	(f)Expense incurred with transaction	(g)Cost of asset	(h)Current value of asset on transaction date	(i)Net gain or (loss)
	'U.S. Treas Bills Zero Coupon 0.00000% 01/21/2025	171,203	-			171,203	171,615	-
	'U.S. Treas Bills Zero Coupon 0.00000% 12/26/2024	207,879	208,797			207,879	-	918
	'U.S. Treas Bills Zero Coupon 0.00000% 12/31/2024	119,265	120,000			119,265	-	735
	'U.S. Treas Bills Zero Coupon 0.00000% 11/12/2024	206,134	207,000			206,134	-	866
	'U.S. Treas Bills Zero Coupon 0.00000% 11/07/2024	49,690	50,000			49,690	-	310
	'U.S. Treas Bills Zero Coupon 0.00000% 10/31/2024	99,422	100,000			99,422	-	578
	'U.S. Treas Bills Zero Coupon 0.00000% 10/01/2024	49,755	50,000			49,755	-	245
	'U.S. Treas Bills Zero Coupon 0.00000% 09/12/2024	74,760	74,941			74,760	-	181

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a)Identity of Party Involved	(b)Description of asset (include Interest rate and maturity in case of a loan)	(c)Purchase price	(d)Selling price	(e)Lease rental	(f)Expense incurred with	(g)Cost of asset	(h)Current value of asset on	(i)Net gain or (loss)
	'U.S. Treas Bills Zero Coupon 0.00000% 09/26/2024	74,611	75,000			74,611	-	389
	'U.S. Treas Bills Zero Coupon 0.00000% 09/19/2024	74,550	75,000			74,550	-	450
	'U.S. Treas Bills Zero Coupon 0.00000% 09/17/2024	74,152	75,000			24,857	-	848
	'U.S. Treas Bills Zero Coupon 0.00000% 10/29/2024	147,614	150,000			147,614	-	2,386
	'U.S. Treas Bills Zero Coupon 0.00000% 08/08/2024	49,644	50,000			49,644	-	356
	'U.S. Treas Bills Zero Coupon 0.00000% 10/10/2024	49,189	50,000			49,189	-	811
	'U.S. Treas Bills Zero Coupon 0.00000% 10/24/2024	49,031	49,965			49,031	-	934
	'U.S. Treas Bills Zero Coupon 0.00000% 07/11/2024	49,636	49,189			49,636	-	(447)
	'U.S. Treas Bills Zero Coupon 0.00000% 08/27/2024	49,295	50,000			49,295	-	705

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of asset (include Interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with	(g) Cost of asset	(h) Current value of asset on	(i) Net gain or (loss)
	'U.S. Treas Bills Zero Coupon 0.00000% 07/09/2024	99,195	99,784			99,195	-	589
	'U.S. Treas Bills Zero Coupon 0.00000% 08/20/2024	98,588	100,000			98,588	-	1,412
	'U.S. Treas Bills Zero Coupon 0.00000% 08/06/2024	98,719	100,000			98,719	-	1,281
	'U.S. Treas Bills Zero Coupon 0.00000% 06/11/2024	99,488	100,000			99,488	-	512
	'U.S. Treas Bills Zero Coupon 0.00000% 05/02/2024	99,384	100,000			99,384	-	616
	'U.S. Treas Bills Zero Coupon 0.00000% 05/09/2024	99,285	100,000			99,285	-	715
	'U.S. Treas Bills Zero Coupon 0.00000% 05/14/2024	198,420	200,000			198,420	-	1,580
	'U.S. Treas Bills Zero Coupon 0.00000% 05/21/2024	99,114	100,000			99,114	-	886
	'U.S. Treas Bills Zero Coupon 0.00000% 06/18/2024	98,710	100,000			98,710	-	1,290

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(c) Cost	(d) Current Value
Dreyfus Govt Cash Mgmt Administrative Shares	Registered investment company	\$139,904	\$139,904
United States Treasury Bills	Zero coupon, due January 21,2025	<u>171,203</u>	<u>171,614</u>
		<u>\$311,107</u>	<u>\$311,518</u>

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
DECEMBER 31, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including Maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisition	(d) Proceeds of dispositions
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/02/24	99,384	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/09/24	99,285	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/14/24	198,420	200,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 05/21/24	99,114	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 06/18/24	98,710	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 06/11/24	99,488	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/06/24	98,719	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 07/09/24	99,195	99,784
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/20/24	98,588	100,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 07/11/24	49,636	49,189
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/27/24	49,295	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/24/24	49,031	49,965
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 09/17/24	74,152	75,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 08/08/24	49,644	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/10/24	49,189	50,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/29/24	147,614	150,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 09/19/24	74,550	75,000
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U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 10/31/24	99,422	100,000
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U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 11/12/24	206,134	207,000
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U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 12/31/24	119,265	120,000
U.S. Treasury Bills Zero Coupon	U.S. Government Security, 0.00000% 12/26/24	207,879	208,797

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of asset (include Interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
	'U.S. Treas Bills Zero Coupon 0.00000% 01/21/2025	171,203	-			171,203	171,615	-
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	'U.S. Treas Bills Zero Coupon 0.00000% 09/12/2024	74,760	74,941			74,760	-	181

UNION MUTUAL MEDICAL FUND - PLAN 501, E.I.N. 22-2241328

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	'U.S. Treas Bills Zero Coupon 0.00000% 07/11/2024	49,636	49,189			49,636	-	(447)
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DECEMBER 31, 2024

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	'U.S. Treas Bills Zero Coupon 0.00000% 08/20/2024	98,588	100,000			98,588	-	1,412
	'U.S. Treas Bills Zero Coupon 0.00000% 08/06/2024	98,719	100,000			98,719	-	1,281
	'U.S. Treas Bills Zero Coupon 0.00000% 06/11/2024	99,488	100,000			99,488	-	512
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	'U.S. Treas Bills Zero Coupon 0.00000% 05/09/2024	99,285	100,000			99,285	-	715
	'U.S. Treas Bills Zero Coupon 0.00000% 05/14/2024	198,420	200,000			198,420	-	1,580
	'U.S. Treas Bills Zero Coupon 0.00000% 05/21/2024	99,114	100,000			99,114	-	886
	'U.S. Treas Bills Zero Coupon 0.00000% 06/18/2024	98,710	100,000			98,710	-	1,290