

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: SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1957
2a Plan sponsor's name (employer, if for a single-employer plan): SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND
Mailing address (include room, apt., suite no. and street, or P.O. Box): 121 EAST 24TH STREET, 8TH FLOOR NEW YORK, NY 10010
2b Employer Identification Number (EIN): 22-6073053
2c Plan Sponsor's telephone number: 212-925-3706
2d Business code (see instructions): 561110

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, Date, and Name. Rows include: 1. SIGN HERE: Filed with authorized/valid electronic signature, Signature of plan administrator, Date: 10/09/2025, Name: FREDERICK SCHNEIDER. 2. SIGN HERE: Filed with authorized/valid electronic signature, Signature of employer/plan sponsor, Date: 10/09/2025, Name: STUART BERMAN. 3. SIGN HERE: Signature of DFE, Date, Name.

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	1292
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)	0
	6a(2)	0
	6b	943
	6c	312
	6d	1255
	6e	
	6f	1255
	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:
1B 1I

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" 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 SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	D Employer Identification Number (EIN) 22-6073053	

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

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

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

NJBLS WELFARE FUND

22-1764453

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	RELATED PARTY	108000	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)

INVESTMENT PERFORMANCE SERVICES

58-2433239

(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	59375	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 type="checkbox"/>

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

CBIZ RETIREMENT PLAN SERVICES

31-1582098

(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	53350	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)

COHEN, WEISS & SIMON LLP

13-1592323

(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	38564	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)

PENSION BENEFIT INFORMATION, LLC

333 SOUTH SEVENTH STREET SUITE 2400
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	30767	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	18750	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)

PRUDENTIAL TRUST CO

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	9978	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 type="checkbox"/>

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

WEDGE CAPITAL MANAGEMENT

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	5505	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 type="checkbox"/>

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

WELLS FARGO BANK

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	5290	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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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>SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>22-6073053</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: <u>NTC RUSSELL 1000 GROWTH INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRSUT INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-109</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>2268499</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRUDENTIAL INVESTMENT HIGH YIELD FD</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST COMPANY</u>		
c EIN-PN <u>23-6994310-127</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>4503800</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS INTERMEDIATE FIXED INC. FD</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES</u>		
c EIN-PN <u>20-0065449-004</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>6928936</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASB LABOR EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</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>2274447</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	D Employer Identification Number (EIN) 22-6073053

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	230363	161274
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	29370842	10828758
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	526515	608503
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1054563	2415812
(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)	1983646	7400735
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1051710	2117825
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	2093206	2400104
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2796337	15975682
(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)		2250000
(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	2106	
f Total assets (add all amounts in lines 1a through 1e).....	1f	39109288	44158693
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	59895	66857
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	104601	2256161
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	164496	2323018
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38944792	41835675

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)	166386	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	197626	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1014852	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1378864
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	24635	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		24635
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	40644143	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	40570187	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		73956
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	140406	
(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)	580747
(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	6813965
d Total income. Add all income amounts in column (b) and enter total	2d	9012573

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5658030
(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)	5658030
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)	95965
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	18750
(5) Investment advisory and investment management fees	2i(5)	99163
(6) Bank or trust company trustee/custodial fees	2i(6)	9802
(7) Actuarial fees	2i(7)	53350
(8) Legal fees	2i(8)	38564
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	148066
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	463660
j Total expenses. Add all expense amounts in column (b) and enter total	2j	6121690

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2890883
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 0.

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 558675.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	D Employer Identification Number (EIN) 22-6073053	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer TERMINATED PLAN - NO EMPLOYERS

b EIN 22-6073053 **c** Dollar amount contributed by employer 0

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 25 Year 2007

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

(1) Contribution rate (in dollars and cents) 0.00

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	1255
b The plan year immediately preceding the current plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	1292
c The second preceding plan year. <input checked="" type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	1337

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 6.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 58.0 %
 High-Yield Debt: 13.8 % Real Assets: 7.4 % Cash or Cash Equivalents: 0.0 % Other: 14.3 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**SPORTS ARENA EMPLOYEES’
LOCAL NO. 137 RETIREMENT PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Sports Arena Employees' Local
No.137 Retirement Plan

Unmodified Opinion on 2024 and Qualified Opinion on 2023

We have audited the financial statements of the Sports Arena Employees' Local No.137 Retirement Plan (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 (in liquidation) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (in liquidation) for the years then ended, and the related notes to the financial statements.

In our opinion, except for the possible effects on the 2023 financial statements of the matter described in the Basis for Qualified Opinion section of our report, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits (in liquidation) of the Plan as of December 31, 2024 and 2023, and 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 Unmodified Opinion on 2024 and Qualified Opinion on 2023

As more fully described in Note 8 to the financial statements, we were unable to determine the future collectability of the withdrawal liability receivable at December 31, 2023 solely due to the long-term nature of the receivable. This was the sole basis for our qualified opinion on the 2023 financial statements and was noted since the Plan is in mass withdrawal. While we saw no inherent issue with the withdrawal liability arrangement, we had determined to issue a qualified opinion for plans in mass withdrawal with significant extended payment periods for withdrawal liability.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our unmodified opinion on the 2024 financial statements and our qualified audit opinion on the 2023 financial statements.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Sports Arena Employees' Local No.137 Retirement Plan'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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and the Schedules of Administrative Expenses - Liquidation Basis of Accounting, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions represent supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Supplemental 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, 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.

Novak Francella LLC

Bala Cynwyd, Pennsylvania
October 9, 2025

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS OF ACCOUNTING)**

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
INVESTMENTS - at fair value		
Common collective trust funds - fixed income	\$ 11,432,736	\$ 2,796,337
Common stock	2,117,825	1,051,710
Corporate bonds	7,400,735	1,983,646
Common collective trust fund - real estate	2,400,104	2,093,206
Common collective trust funds - equity	4,542,946	881,868
Equity mutual fund	2,250,000	-
Money market mutual funds	2,415,812	172,695
Total investments	<u>32,560,158</u>	<u>8,979,462</u>
RECEIVABLES		
Employer withdrawal liability, net	10,828,758	29,370,842
Accrued interest	100,875	26,895
Due from affiliate	-	2,789
Other receivables	40,335	42,734
Total receivables	<u>10,969,968</u>	<u>29,443,260</u>
PROPERTY, FURNITURE AND EQUIPMENT		
Automobile	14,040	14,040
Less: accumulated depreciation	<u>(14,040)</u>	<u>(11,934)</u>
Property, furniture and equipment - net	<u>-</u>	<u>2,106</u>
OTHER ASSETS		
Cash	161,274	230,363
Prepaid expenses	739	19,989
Prepaid pension benefits	466,554	434,108
Total other assets	<u>628,567</u>	<u>684,460</u>
Total assets	<u>44,158,693</u>	<u>39,109,288</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	66,857	59,895
Due to broker	2,250,000	-
Due to affiliates	6,161	104,601
Total liabilities	<u>2,323,018</u>	<u>164,496</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 41,835,675</u>	<u>\$ 38,944,792</u>

See accompanying notes to financial statements.

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 744,310	\$ 348,626
Interest and dividends	443,963	248,600
	1,188,273	597,226
Less: investment expenses	(103,675)	(78,182)
Investment income - net	1,084,598	519,044
Other income	4,074	12,106
Withdrawal liability interest	1,014,852	1,698,281
Withdrawal liability reserve adjustments	6,805,374	20,993,635
	8,908,898	23,223,066
DEDUCTIONS		
Benefit payments	5,658,030	5,761,368
Loss disposal of fixed assets	-	6,292
Administrative expenses	359,985	380,677
	6,018,015	6,148,337
NET INCREASE	2,890,883	17,074,729
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	38,944,792	21,870,063
End of year	\$ 41,835,675	\$ 38,944,792

See accompanying notes to financial statements.

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the liquidation basis of accounting.

Investments - Investments in common stock, corporate bonds and the mutual funds are carried at fair value which generally represents quoted market value or net asset value of the mutual funds as provided by the investment custodian as of the last business day of the year.

The common collective trust funds are carried at estimated fair value as provided by the trusts. The estimated market value of the common collective trust fund - real estate is determined through an appraisal process. These estimated market values may vary significantly from the prices at which the underlying real estate investments would sell, since market prices of real estate investments can only be determined by negotiations between a willing buyer and seller and could be material to the financial statements. Although the estimated market values represent subjective estimates, management believes these estimated market values are reasonable approximations of market prices and the aggregate estimated value of investments in real estate is fairly presented.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

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

Property, Furniture and Equipment - Property, furniture and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the useful lives of the respective assets are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, generally 5 years. Depreciation totaled \$2,106 and \$3,217 for the years ended December 31, 2024 and 2023, respectively.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established January 1, 1957 under the provisions of the agreement and declaration of trust as amended among Sports Arena Employees' Local Union No. 137 (Local 137) and the contributing employers to provide retirement benefits to eligible participants of the Plan. Local 137 merged into Laborers Local 108 (Local 108) in 2015. The Plan is a multiemployer, defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides pension benefits to eligible members of Local 108.

Effective December 25, 2007, the employers effectuated a mass withdrawal resulting in a termination of the Plan. As a result, benefit rates were frozen, participants stopped accruing benefits, contributions ceased, and all participants vesting percentages were frozen.

The Plan provides retirement, survivor and death benefits for eligible participants. A participant is eligible to retire on a regular pension at age 65 with at least 5 years of participation in the Plan. A participant may elect early retirement with a reduced benefit once they have reached age 62.

Participants should refer to the Plan agreement for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

The Board of Trustees notified the Pension Benefit Guaranty Corporation that, as of December 25, 2007, the Plan terminated. All participants' vesting percentages were frozen.

Due to the Plan terminating, the Trustees shall now apply the Trust to pay any and all obligations of the Trust and shall distribute and apply any remaining surplus in such manner as will serve the purpose of providing benefits for the participants and beneficiaries. Under no circumstances shall any portion of the income of the Trust, directly or indirectly, be used for the benefit of any contributing Employer or the Union.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on January 22, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under Section 501(a).

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 if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, Plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 5. UNFUNDED VESTED BENEFIT LIABILITY

The unfunded vested benefit liability as of December 31, 2024 and 2023 is the amount used in the determination of withdrawal liability under the Multiemployer Pension Plan Amendments Act of 1980. The vested benefit liability was calculated using the PBGC interest rates and mortality assumptions as required for a mass withdrawal.

The calculation of the unfunded vested benefit liability is shown below:

1. Vested Benefit Liability*		
	<u>2024</u>	<u>2023</u>
a. For retired participants and beneficiaries in pay status	\$ 48,149,909	\$ 49,722,393
b. For other participants	13,740,929	17,711,692
c. Expense liability	<u>329,750</u>	<u>777,490</u>
d. Total	62,220,588	68,211,575
2. Less Market Value of Assets (including withdrawal payments)	<u>42,279,411</u>	<u>46,234,605</u>
3. Unfunded/(overfunded) vested benefit liability	<u><u>\$ 19,941,177</u></u>	<u><u>\$ 21,976,970</u></u>

*For 2024, the Vested Benefit Liability was measured using the 12/31/24 ERISA 4044 yield curve prescribed by the PBGC. For 2023, the interest rates prescribed by the PBGC for the month of December 2024 are 5.06% for the first 20 years and 4.37% thereafter.

Actuarial Assumptions and Methods
(To calculate Unfunded Vested Benefit Liability)

Mortality:	
Healthy Lives	Mortality as prescribed by Appendix A of Section 4044
Disabled Lives	Mortality Table specified in Section 4281.14
Assumed Retirement Age	Assumed starting date under Section 4281.12(b)

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

In accordance with Subtopic 820 investment that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 2,117,825	\$ 2,117,825	\$ -	\$ -
Corporate bonds	7,400,735	-	7,400,735	-
Equity mutual fund	2,250,000	2,250,000	-	-
Money market mutual funds	2,415,812	2,415,812	-	-
Total assets in the fair value hierarchy	14,184,372	\$ 6,783,637	\$ 7,400,735	\$ -
Investments measured at NAV	18,375,786			
Total investments	\$ 32,560,158			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Corporate stock	\$ 1,051,710	\$ 1,051,710	\$ -	\$ -
Corporate bonds	1,983,646	-	1,983,646	-
Money market mutual funds	172,695	172,695	-	-
Total assets in the fair value hierarchy	3,208,051	\$ 1,224,405	\$ 1,983,646	\$ -
Investments measured at NAV	5,771,411			
Total investments	\$ 8,979,462			

The unfunded commitments and redemption information were as follows at December 31, 2024:

	2024 Fair Value	2023 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:					
American Core Realty *	\$ 2,400,104	\$ 2,093,206	\$ -	*Quarterly	*10 days
NIS Intermediate Fixed Income #	6,928,936	1,637,935	-	#Semi-Monthly	#3 days
Prudential High Yield ^	4,503,800	1,158,402	-	^Daily	^5 days
NTC Russell 1000 Growth %	2,268,499	-	-	Daily	Daily
AFL-CIO Equity Index Fund (a)	2,274,447	881,868	-	Daily	Daily
Total	\$ 18,375,786	\$ 5,771,411	\$ -		

* - The objective of the American Core Realty Fund is to allow Taft-Hartley pension funds, governmental retirement plans, corporate pension plans and qualified trusts forming part of a pension or profit-sharing plan, endowments, charitable foundations and other taxable and tax-exempt organizations to pool their assets to make investments primarily in core stable institutional quality office, retail, industrial and multifamily residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence.

- The objective of the NIS Intermediate Fixed Income Fund is to outperform the Barclays Intermediate Government Credit Index over a full market cycle. Investments in the Fund may also include domestic preferred stocks, asset-backed securities, and short-term investment funds.

^ - The objective of the Prudential High Yield Fund is to outperform the Barclays Capital U.S. High Yield Ba/B 1% Issuer Capped Bond Index over a full market cycle by investing primarily in fixed income securities rated below investment grade.

% - The objective of the NTC Russell 1000 Growth Fund is to provide investment results that approximate the overall performance of the common stock included in the Russell 1000 Growth Index.

a - The objective of the AFL-CIO Equity Index is to provide investment returns nearly identical to those of the Standard and Poor's 500 Index. This is achieved by full replication of the benchmark index by the funds; security positions are added, deleted, or amended in the accounts as warranted by changes in the composition of the benchmark.

NOTE 7. RELATED PARTY TRANSACTIONS

Operating expenses for the years ended December 31, 2024 and 2023 include costs for facilities and other management, accounting and administrative expenses provided and paid for by the NJBLS Welfare Fund and allocated to the Retirement Fund. The allocation is based on a study performed by the Fund office and reviewed by the Fund Administrator. Such charges amounted to \$117,000 for the year ended December 31, 2024 and \$71,687 for 2023. At December 31, 2024 and 2023, the Plan owed the NJBLS Welfare Fund \$8,950 and \$71,687, respectively. Additionally, the Plan reimbursed the Recycling and General Industrial Union Local 108 Welfare Fund for payroll and related expenses. Reimbursements totaled \$32,914 for the year ended December 31, 2023. At December 31, 2023, the Plan owed the Recycling and General Industrial Union Local 108 Welfare Fund \$32,914. Additionally, the Plan reimburses the Recycling and General Industrial Union Local 108 Pension Fund for shared administrative expenses. Such charges amounted to \$3,718 for the year ended December 31, 2023. At each of the years ended December 31, 2024 and 2023, the Recycling and General Industrial Union Local 108 Pension Fund owed the Plan \$2,789.

Certain plan investments are shares of money market funds managed by Principal Custody Solutions (Principal). Principal is the investment custodian, and therefore, these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. EMPLOYER WITHDRAWAL LIABILITY

The remaining employers of Sports Arena Employees' Local No. 137 Retirement Plan effectuated a mass withdrawal from the Fund effective December 25, 2007. Due to the mass withdrawal, the Plan is terminated. Withdrawal liabilities have been calculated by the actuary but are subject to change.

The withdrawal liabilities at December 31, 2024 were as follows:

	Reallocated Withdrawal Liabilities	Reserve	Withdrawal Liabilities Receivable (net)
The Meadowlands Racetrack	\$ 6,794,148	\$ -	\$ 6,794,148
The Meadows Racetrack and Casino	4,033,036	-	4,033,036
Laborers Local Union 108	1,574	-	1,574
Total	<u>\$ 10,828,758</u>	<u>\$ -</u>	<u>\$ 10,828,758</u>

NOTE 8. EMPLOYER WITHDRAWAL LIABILITY (continued)

The payment schedules for the withdrawal liabilities are as follows:

	Quarterly payment amount	Number of Remaining Payments
Freehold Raceway, Inc.	\$ 72,316	*
The Meadowlands Racetrack	234,185	**
The Meadows Racetrack and Casino	77,252	100
Monmouth Park	72,413	**
Laborers Local Union 108	2,160	1

The quarterly payments include interest of 4.48% for the first 25 years and 4.51% thereafter.

Principal and interest payments received during 2024 and 2023 were as follows:

	2024	2023
Freehold Raceway, Inc.	\$ 4,444,632	\$ 289,264
The Meadowlands Racetrack	15,722,500	936,740
The Meadows Racetrack and Casino	309,008	386,260
Monmouth Park	5,877,529	289,652
Laborers Local Union 108	8,640	10,800
Total	<u>\$ 26,362,309</u>	<u>\$ 1,912,716</u>

* - On June 26, 2024, Freehold Raceway, Inc. (Freehold) entered into a settlement agreement with the Plan to settle its withdrawal liability obligation. Freehold paid \$4,300,000 to the Plan on July 9, 2024 to fully pay its withdrawal liability obligation.

** - On May 16, 2024, the New Jersey Sports and Exhibition Authority (NJSEA) entered into a settlement agreement with the Plan. NJSEA paid the Plan \$14,000,000 of this amount, \$5,805,116 was allocated towards Monmouth Park's withdrawal liability, fully satisfying the Plan's withdrawal liability claim against Monmouth Park. The \$8,194,884 balance of the payment was attributed towards The Meadowlands Racetrack's (Meadowlands) \$22,040,796 withdrawal liability, leaving a balance due of \$13,845,912. In consideration of the payment towards the Meadowlands' withdrawal liability, the Plan agrees to accept reduced installments of \$147,536.56 for one year, starting with the May 1, 2024 installment. It is the parties' intention that the balance of the Meadowlands' liability will be paid within one year. If the balance is not paid by May 1, 2025, the Meadowlands agrees that it shall resume payment of the full \$234,185.01 installment amount as of May 1, 2025 and thereafter. On August 19, 2024, an additional withdrawal liability payment of \$7,000,000 was received by the Plan as payment towards the Meadowlands' withdrawal liability balance. On August 13, 2025, a payment of \$6,984,302 was received by the Plan, fully satisfying the Plan's withdrawal liability claim against the Meadowlands.

NOTE 8. EMPLOYER WITHDRAWAL LIABILITY (continued)

The withdrawal liabilities at December 31, 2023 were as follows:

	Reallocated Withdrawal Liabilities	Reserve	Withdrawal Liabilities Receivable (net)
Freehold Raceway, Inc.	\$ 4,341,433	\$ -	\$ 4,268,476
The Meadowlands Racetrack	22,004,970	6,805,373	15,195,884
The Meadows Racetrack and Casino	4,234,696	-	4,108,378
Monmouth Park	5,794,038	-	5,792,890
Laborers Local Union 108	15,510	-	5,214
Total	<u>\$ 36,390,647</u>	<u>\$ 6,805,373</u>	<u>\$ 29,370,842</u>

NOTE 9. RISKS AND UNCERTAINTIES

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

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

NOTE 10. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

On August 13, 2025, a payment of \$6,984,302 was received by the Plan, fully satisfying the Plan's withdrawal liability claim against the Meadowlands.

SUPPLEMENTAL INFORMATION

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

**SCHEDULES OF ADMINISTRATIVE EXPENSES
(LIQUIDATION BASIS OF ACCOUNTING)**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
PROFESSIONAL FEES		
Accounting and auditing	\$ 18,750	\$ 18,000
Actuary	53,350	37,150
Legal	38,564	11,799
Death audit	30,767	3,000
PERSONNEL COSTS		
Salaries	57,731	85,457
Employee benefits	38,234	31,693
Payroll taxes	4,484	8,036
Auto expenses	718	2,617
Insurance	90,214	86,536
Computer expenses	6,500	8,880
Rent	6,903	55,538
Office maintenance	2,843	6,436
Office supplies and expenses	3,829	14,072
Telephone	492	715
Utilities	417	310
Printing and postage	899	4,442
Bank fees	5,290	5,996
	\$ 359,985	\$ 380,677
Total		

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Schedule H, Line 4i

EIN: 22-6073053
Plan No. 001

(a)	(b)	(c)	(d)	(e)		
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Common collective trust funds - fixed income:</u>						
NIS Intermediate Fixed Income		314			\$ 6,470,196	\$ 6,928,936
Prudential Investment High Yield		69,460			4,558,191	4,503,800
Total common collective trust funds - fixed income					<u>11,028,387</u>	<u>11,432,736</u>
<u>Common stock:</u>						
3M Co		43			5,395	5,551
AbbVie Inc		76			11,635	13,505
Abercrombie & Fitch		178			24,463	26,606
Acuity Brands Inc RR.		19			3,954	5,550
AerCap Holdings Nv		187			17,992	17,896
Agco Corp		59			5,337	5,515
Allison Transmission Holdings		48			2,878	5,187
Ally Financial Inc.		515			21,060	18,545
Alphabet Inc CL A		179			31,296	33,885
Amcor Plc		307			3,386	2,889
Amdocs Limited Com		385			32,530	32,779
Ameriprise Finl Inc.		37			12,166	19,700
Amphenol Corp CL A		445			28,965	30,905
Apple Inc.		128			22,249	32,054
Arista Networks Inc		296			15,445	32,717
Atkore Inc		66			7,329	5,508
Auto Liv Inc.		62			5,677	5,815
Baker Hughes Co		242			7,470	9,927
Berry Plastics Group Inc		50			2,743	3,234
Bio Rad Labs Inc CL A		43			14,039	14,126
Biogen Inc		88			19,550	13,457
Block H & R Inc		385			24,679	20,343
Boise Cascade Co		41			4,687	4,873
Booz Allen Hamilton Holding		219			29,396	28,185
Borg Warner Inc		167			5,740	5,309
Bp Plc Adr		342			11,560	10,110
Brinker Intl Inc		191			23,577	25,267
Bristol Myers Squibb Co		242			11,408	13,688
Builders Firstsource Inc		17			2,318	2,430
Cadence Design Systems Inc		110			24,238	33,051
Cardinal Health Inc Com		128			14,357	15,139
Carlisle Cos Inc		13			3,727	4,795
Carnival Corp		959			23,853	23,898
Caseys Gen Stores Inc		54			17,483	21,396
Cencora, Inc		62			10,884	13,930

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Common stock (continued):</u>					
Centene Corp Del		239			\$ 17,027	\$ 14,479
CF Inds Hldgs Inc		36			2,941	3,072
Cisco Systems Inc		538			30,546	31,850
Citi Group Inc		285			16,187	20,061
Commercial Metals Co		56			2,780	2,778
Core & Main Inc		103			4,027	5,244
CSX Corp		174			5,937	5,615
Cummins Inc		15			3,449	5,229
DaVita Inc		87			10,178	13,011
Deckers Outdoor Corp		111			14,993	22,543
Dicks Sporting Goods Inc		113			21,450	25,859
Dominion Energy Inc		114			6,017	6,140
Dover Corp Com		27			3,920	5,065
Eastman Chem Co		32			2,971	2,922
EMCOR Group Inc		11			2,540	4,993
Emerson Electric Co		44			4,020	5,453
Equitable Holdings Inc		388			17,803	18,302
Evergy Inc		95			5,634	5,847
Expand Energy Corp		104			8,460	10,353
F5 Inc		136			29,400	34,200
Fabrinet		140			33,923	30,783
FirstEnergy Corp Com		148			6,136	5,887
FNF Group		294			14,149	16,505
Fortinet Inc		360			22,320	34,013
Fox Corp		513			22,457	23,465
Garmin Ltd.		112			19,614	23,101
Gartner Inc		65			26,225	31,491
Gentex Corp		199			5,730	5,717
Genuine Parts Co		41			5,412	4,787
Gilhead Sciences Inc		146			10,945	13,486
GoDaddy Inc		161			24,986	31,777
Goldman Sachs Group Inc		34			14,414	19,469
Halliburton Co		321			10,931	8,728
HCA Holdings		42			12,980	12,606
Hologic Inc Com		176			13,385	12,688
Ingredion Inc		23			2,530	3,164
Intuit Com		48			26,845	30,168
Jackson Financial Inc		184			15,497	16,023
Jacobs Solutions Inc		42			4,446	5,612
Jazz Pharmaceuticals Plc		123			13,863	15,147
KB Home		285			20,231	18,730
KLA Corp		50			31,400	31,506
Knight-Swift Transportation		109			5,835	5,781
LabCorp Holdings Inc		66			13,756	15,135
Lear Corp		55			6,525	5,209
Leidos Holdings Inc		218			32,876	31,405
Lithia Motors Inc CL A Com		63			22,979	22,518
Lockheed Martin Corp		67			35,534	32,558
Louisiana Pac Corp		29			2,542	3,003
LyondellBasell Indu-Cl A		38			3,465	2,822
Masco Corp		69			4,126	5,007
Matson Inc		35			5,682	4,719
McKesson Corp		23			10,302	13,108

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Common stock (continued):</u>					
Meritage Homes Corp		119			\$ 22,582	\$ 18,305
Meta Platforms Inc CL A		51			25,561	29,861
MetLife Inc		214			13,986	17,522
Microsoft Corp		71			29,719	29,927
Molina Healthcare Inc		44			13,950	12,806
Molson Coors Beverage Co - B		231			12,972	13,241
Mueller Inds Inc		65			3,241	5,158
Murphy Oil Corp		318			11,584	9,623
Murphy USA Inc		42			17,078	21,073
NetApp Inc		273			30,245	31,690
Northrop Grumman Corp		66			33,905	30,973
Norwegian Cruise Line Holding		825			22,777	21,227
NRG Energy Inc		63			3,992	5,684
Nucor Corp		23			2,976	2,684
OGE Energy Corp		140			5,105	5,775
Oshkosh Corp		55			5,776	5,229
Ovintiv Inc		256			11,682	10,368
Owens Corning Inc		16			2,120	2,725
Packaging Corp of America		14			2,185	3,152
Parker Hannifin Corp		8			3,059	5,088
Parsons Corp		327			30,690	30,166
Paychex Inc		207			25,191	29,026
Pfizer Inc		487			13,803	12,920
PG&E Corp Com		293			6,172	5,913
Phillip Morris Intl Inc		119			12,064	14,322
Pinnacle West Cap Corp		66			5,139	5,595
Post Holdings Inc		125			12,372	14,307
PPL Corporation		204			5,911	6,622
Prudential Finl Inc		144			16,260	17,068
Quest Diagnostics Inc		96			13,697	14,483
Regions Finl Corp New		757			14,785	17,805
Reliance Inc		10			2,304	2,693
Royal Caribbean Cruise		101			12,320	23,300
Royal Dutch Shell PLC ADR		159			10,305	9,961
Ryder Sys Inc		34			3,784	5,333
SM Energy Co		248			10,219	9,612
Snap On Inc		16			3,877	5,432
Sonoco Prods Co		63			3,398	3,077
State Street Corp		197			14,774	19,335
Steel Dynamics Inc. Com		24			2,149	2,738
Synchrony Financial		282			11,273	18,330
Synovus Financial Corp		330			12,798	16,906
Taylor Morrison Home Corp		339			20,083	20,750
Tenet Healthcare Corp		101			11,824	12,749
The Cigna Group		40			11,808	11,046
The Hartford Insurance Group		153			13,761	16,738
Timken Co		68			5,546	4,853
T-Mobile US Inc.		26			3,783	5,739
Totalenergies SE-Spon ADR		163			10,114	8,883
Trinet Group Inc		61			6,191	5,537
UFP Industries Inc		25			2,505	2,816
UGI Corp New		214			5,376	6,041
United Parcel Service- CL B		43			5,585	5,422

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity			Cost	Current Value	
	Value					
	Type	Shares/ Principal	Interest Rate	Maturity Date		
<u>Common stock (continued):</u>						
United Rental Inc Com		7			\$ 3,116	\$ 4,931
United Therapeutics Cord Del		40			11,232	14,114
Unum Group		249			11,706	18,184
Verizon Communications		152			6,553	6,078
Vistra Corp		42			3,180	5,791
Vontier Corp		147			5,023	5,361
Wells Fargo & Co		255			12,489	17,911
Western Union Co		1,224			14,772	12,974
Westlake Corp		24			2,754	2,752
Xcel Energy Inc		88			5,584	5,942
Zions Bancorp NA		355			15,210	19,259
Total common stock					<u>1,921,762</u>	<u>2,117,825</u>
<u>Corporate bonds:</u>						
AECOM	Bond	175,000	5.125 %	03/15/27	172,107	173,320
Allegheny Technologi	Bond	195,000	4.875	10/01/29	189,150	185,743
Boyd Gaming Corp	Bond	213,000	4.750	12/01/27	205,514	205,926
Care Capital Property	Bond	210,000	5.125	08/15/26	206,636	209,836
Carpenter Technology	Bond	215,000	6.375	07/15/28	215,510	215,032
CDW LLC/CDW Finance	Bond	180,000	4.125	05/01/25	176,892	178,749
Centene Corp	Bond	215,000	4.250	12/15/27	205,913	208,271
Century Communities	Bond	210,000	6.750	06/01/27	211,404	210,122
Charter Comm Opt LLC	Bond	210,000	4.908	07/23/25	209,375	209,750
Cleveland-Cliffs Inc	Bond	210,000	5.875	06/01/27	209,808	208,809
Crown Amer/Cap Corp	Bond	215,000	4.750	02/01/26	214,018	212,650
Encompass Health Corp	Bond	200,000	4.750	02/01/30	193,615	189,604
EnLink Midstream Par	Bond	210,000	4.150	06/01/25	205,711	209,099
GLP Capital LP/Fin	Bond	95,000	5.250	06/01/25	98,981	94,978
GLP Capital LP/Fin	Bond	115,000	5.375	04/15/26	114,374	115,002
GXO Logistics Inc	Bond	155,000	6.250	05/06/29	159,150	158,718
H.B. Fuller Co	Bond	225,000	4.250	10/15/28	213,328	211,622
Hillenbrand Inc	Bond	215,000	4.500	09/15/26	219,805	212,930
Hilton Worldwide Fin	Bond	80,000	4.875	04/01/27	81,396	78,910
Icahn Enterprises L.	Bond	42,000	6.250	05/15/26	41,447	41,643
Icahn Enterprises L.	Bond	145,000	5.250	05/15/27	136,992	137,283
Lamar Media Corp	Bond	220,000	3.750	02/15/28	206,005	206,314
NMI Holdings	Bond	150,000	6.000	08/15/29	149,124	150,639
OneMain Finance Corp	Bond	145,000	3.500	01/15/27	135,815	138,313
OneMain Finance Corp	Bond	15,000	3.875	09/15/28	13,856	13,823
Penske Automotive Gr	Bond	215,000	3.500	09/01/25	212,221	212,276
SBA Communications	Bond	220,000	3.875	02/15/27	214,958	210,610
Service Corp Intl	Bond	215,000	4.625	12/15/27	208,184	209,208
Silgan Holdings Inc	Bond	220,000	4.125	02/01/28	207,188	209,970
SLM Corp	Bond	215,000	4.200	10/29/25	214,868	213,078
Springleaf Finance	Bond	50,000	7.125	03/15/26	50,887	50,898
Starwood Property	Bond	126,000	4.750	03/15/25	126,668	125,934
Sunoco LP/Finance Co	Bond	215,000	6.000	04/15/27	217,484	214,574
Tegna Inc	Bond	230,000	4.625	03/15/28	211,047	217,350
Teleflex Inc	Bond	215,000	4.625	11/15/27	208,166	208,348
Tenet Healthcare	Bond	105,000	5.125	11/01/27	103,069	102,834
Tenet Healthcare	Bond	110,000	4.250	06/01/29	103,231	103,268
Teva Pharmaceuticals	Bond	70,000	3.150	10/01/26	64,411	67,263
Teva Pharmaceutical	Bond	75,000	4.750	05/09/27	72,712	73,187

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Type	Shares/ Principal	Interest Rate	Maturity Date		
	<u>Corporate bonds (continued):</u>					
Teva Pharmaceuticals	Bond	70,000	6.750 %	03/01/28	\$ 71,889	\$ 71,474
Under Armour Inc	Bond	220,000	3.250	06/15/26	215,292	212,388
United Rentals North	Bond	210,000	5.500	05/15/27	210,516	208,746
Vici Properties LP	Bond	80,000	4.750	02/15/28	78,642	79,327
Western Digital Corp	Bond	220,000	4.750	02/15/26	222,521	217,879
Wyndham Worldwide	Bond	215,000	4.500	04/01/27	213,622	215,037
	Total corporate bonds				<u>7,413,502</u>	<u>7,400,735</u>
	<u>Common collective trust-real estate:</u>					
American Core Realty Fund		20			2,313,628	2,400,104
	<u>Mutual fund - equity:</u>					
Vanguard Ext Mkt Indx		15,616			2,250,000	2,250,000
	<u>Money market mutual funds:</u>					
* Allspring Treasury Plus Money Market Fund		50,436			50,436	50,436
* Principal Deposit Sweep Program Fed Hermes Cash		115,146			115,146	115,146
		2,250,230			2,250,230	2,250,230
	Total money market mutual funds				<u>2,415,812</u>	<u>2,415,812</u>
	<u>Commingled trusts - equity:</u>					
NTC Russell 1000 Growth Index Fund		1,723			2,250,000	2,268,499
ASB Labor Equity Index Fund		39,795			1,651,627	2,274,447
	Total commingled trusts - equity				<u>3,901,627</u>	<u>4,542,946</u>
	Total investments				<u>\$ 31,244,718</u>	<u>\$ 32,560,158</u>

* A party-in-interest as defined by ERISA.

**SPORTS ARENA EMPLOYEES'
LOCAL NO. 137 RETIREMENT PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4j

EIN: 22-6073053

Plan No.: 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)	
* Principal Deposit Sweep Program	\$ 32,748,313 N/A	N/A \$ 32,729,152	\$ 32,748,313 32,729,152	\$ 32,748,313 32,729,152	N/A -	
* Allspring Treasury Plus Money Market Fund	1,613,044 N/A	N/A 1,575,175	1,613,044 1,575,175	1,613,044 1,575,175	N/A -	
Fed Hermes Cash Reserve	4,800,311 N/A	N/A 2,550,121	4,800,311 2,550,121	4,800,311 2,550,121	N/A -	
NIS Intermediate Fixed Income High	5,620,278 N/A	N/A 455,000	5,620,278 327,649	5,620,278 455,000	N/A 127,351	
Prudential Income Fund	3,305,088 N/A	N/A 169,921	3,305,088 184,081	3,305,088 169,921	N/A (14,160)	
NTC Russell 1000 Growth	2,250,000	N/A	2,250,000	2,250,000	N/A	
Vanguard Ext Mkt Indx	2,250,000	N/A	2,250,000	2,250,000	N/A	
Dreyfus Fund Dreyfus Fund	1,410,591 N/A	- 1,410,591	1,410,591 1,410,591	1,410,591 1,410,591	N/A -	

* A party-in-interest as defined by ERISA.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

SPORTS ARENA EMPLOYEES LOCAL 137
RETIREMENT FUND

EIN: 22-6073053, PLAN NO. 001

SCHEDULE R , LINE 14 - INFORMATION ON INACTIVE PARTICIPANTS WHOSE CONTRIBUTING EMPLOYER IS NO LONGER MAKING
CONTRIBUTIONS TO THE PLAN
YEAR ENDED DECEMBER 31, 2024

2024

No. of Employees with
no contributions:

Withdrawn Employer Name:

Fund went mass withdrawal 12/25/2007

1292

Total

1292

Box 14b

2023

No. of Employees with
no contributions:

Withdrawn Employer Name:

Fund went mass withdrawal 12/25/2007

1337

Total

* 1337

Box 14c

* Fund went mass withdrawal 12/25/2007

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II Basic Plan Information - enter all requested information	
1a Name of plan SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND	1b Three-digit plan number (PN) ▶ 001
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) SPORTS ARENA EMPLOYEES LOCAL 137 RETIREMENT FUND 121 EAST 24TH STREET, 8TH FLOOR NEW YORK NY 10010	1c Effective date of plan 01/01/1957 2b Employer Identification Number (EIN) 22-6073053 2c Plan Sponsor's telephone number 212-925-3706 2d Business code (see instructions) 561110

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	<input checked="" type="checkbox"/>	<u>x 10/9/2025</u>	FREDERICK SCHNEIDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10-9-25</u>	STUART REAMAN
	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. 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	1292
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	6a(1)	0
a (2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits	6b	943
c Other retired or separated participants entitled to future benefits	6c	312
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1255
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	1255
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	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:
1B 1I

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

9a Plan funding arrangement (check all that apply) (1) <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)

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS