

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NOITU INSURANCE TRUST FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/13/1954
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES, NOITU INSURANCE TRUST FUND 148-06 HILLSIDE AVENUE JAMAICA, NY 11435-3331
2b	Employer Identification Number (EIN) 11-1896570
2c	Plan Sponsor's telephone number 718-291-3434
2d	Business code (see instructions) 525100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	STEVEN SCHLAPP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 3583
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) 3583 6a(2) 3721 6b 31 6c 6d 3752 6e 6f 3752 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 184

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

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

4A 4B 4D 4E 4L 4Q 4U

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NOITU INSURANCE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NOITU INSURANCE TRUST FUND	D Employer Identification Number (EIN) 11-1896570	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD GROUP
23-1945930

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

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

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

PROSKAUER ROSE LLP

13-1840454

(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	NONE	133308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CYNOMYS INC.

82-2668930

(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	NONE	91000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GINAMARIE BAKATSIAS

11-1740492

(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?
30 50	NONE	76430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VALERIE BERMUDEZ

11-1740492

(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?
30 50	NONE	91040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JODI CIOFFI

11-1740492

(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?
30 50	NONE	74199	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSE COLLADO

11-1740492

(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?
30 50	NONE	103583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH HAWLADER

11-1740492

(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?
50 30	NONE	108389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSALIE HENRY

11-1740492

(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?
30 50	NONE	123283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FARLEY KAMHI

11-1740492

(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?
30 50	NONE	272073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROOPKUMAR LACHMAN

11-1740492

(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?
30 50	NONE	95541	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACQUELINE LUMSDEN-GRAHAM

11-1740492

(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?
30 50	NONE	87148	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANE LUTIN

11-1740492

(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?
30 50	NONE	67172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IVAN NIEVES

11-1740492

(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?
30 50	NONE	110765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAISY PEREZ

11-1740492

(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?
30 50	NONE	99333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATRINA GRAHAM

11-1740492

(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?
30 50	NONE	57263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIELA RUSSELL-GORE

11-1740492

(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?
30 50	NONE	180029	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH FORTE

11-1740492

(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?
30 50	NONE	176684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANA SOLORZANO

11-1740492

(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?
30 50	NONE	78731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NANCY TARNATE

11-1740492

(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?
30 50	NONE	30332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANIA GUTIERREZ

11-1740492

(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?
30 50	NONE	94113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDRE WILLIAMS

11-1740492

(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?
30 50	NONE	270907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NELLY ARGOTI-TORRES

11-1740492

(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?
30 50	NONE	54617	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYLMA MARTIN

11-1740492

(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?
30 50	NONE	51685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEVEN TURNER

11-1740492

(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?
30 50	NONE	57785	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEANINE CUFFEY

11-1740492

(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?
30 50	NONE	34735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND YOUNG

11-1740492

(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?
30 50	NONE	100542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANNA JAYATILAKA

11-1740492

(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?
30 50	NONE	114842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DAVID LIEBERMAN

11-1740492

(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?
30 50	NONE	238944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXIS MICHELMAN

11-1740492

(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?
30 50	NONE	137156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDRA MONAHAN

11-1740492

(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?
30 50	NONE	96174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NANCY MORALES

11-1740492

(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?
30 50	NONE	47981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDITH PAULINO

11-1740492

(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?
30 50	NONE	78228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LILLIAN OLIVO

11-1740492

(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?
30 50	NONE	87136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STEPHANIE SARANITI

11-1740492

(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?
30 50	NONE	135981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDA SCARSELLA

11-1740492

(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?
30 50	NONE	133416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NADAV SEGAL

11-1740492

(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?
30 50	NONE	85631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WAYNE SMITH

11-1740492

(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?
30 50	NONE	148669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATALIE AMAYA

11-1896570

(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?
50 30	NONE	39120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVISORY RESEARCH, INC.

36-2831881

(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?
51 27 28	NONE	43164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANGISTIC NETWORKS

11-3594616

(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?
50 49 70	NONE	152943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASYS, INC.

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 49	NONE	376284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHARMACY DATA MANAGEMENT, LLC

55-0722131

(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 49	NONE	9400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DAHAB ASSOCIATES

11-2783874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	21151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOULD, KOBRICK & SCHLAPP

11-3082707

(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	UNIONS' ACCOUNTANT	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPIRE HEALTHCHOICE ASSURANCE INC

23-7391136

(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?
12 13 15 49 62	NONE	667499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAEMIN KWAK

11-1740492

(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?
30 50	NONE	177866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AKIM WILLIAMS

11-1740492

(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?
30 50	NONE	113431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DULCE URENA

11-1740492

(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?
30 50	NONE	87260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMPARO ZOUROS

11-1740492

(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?
50 30	NONE	125860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUAN MANANA

11-1740492

(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?
50 30	NONE	70530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HELENE AMICO

11-1740492

(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?
30 50	NONE	43932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VELEZWENI MORRIS

11-1740492

(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?
30 50	NONE	111687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WANDALID LEACH

11-1740492

(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?
30 50	NONE	71505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSEMARY RAMIREZ

11-1740492

(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?
50 30	NONE	46193	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CLAUDIA VARGAS

11-1740492

(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?
50 30	NONE	45961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL TRUST CO.

81-6695909

(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?
51 28	NONE	22409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WCM INVESTMENT MANAGEMENT, LLC

281 BROOKS STREET
LAGUNA BEACH, CA 92651

95-3046237

(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	NONE	99710	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

LILLIAN ANTOMMARCHI

11-1740492

(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?
50 30	NONE	33905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRENDRA SHANKAR

11-1740492

(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?
50 30	NONE	163750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDERSON NANOTECH SOLUTION, INC.

2793 MILBURN AVE
BALDWIN, NY 11510

47-2649695

(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	48453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OTIS ELEVATOR COMPANY

PO BOX 13716
NEWARK, NJ 07188

(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	11764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITA RODRIGUEZ

11-1740492

(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?
30 50	NONE	46577	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL TRUST CO.

86-1791757

(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?
51 28	NONE	34583	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

TRAVISOF SOFTWARE INC

127 OSIGIAN BLVD
WARNER ROBINS, GA 31088

46-1673994

(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?
70	NONE	10305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARNES, IACCARINO & SHEPHERD, PLLC

26-3858697

(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	NONE	5690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOITU

148-06 HILLSIDE AVENUE
JAMAICA, NY 11435

(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 LABOR ORG	904910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CVS

2211 SANDERS RD
NORTHBROOK, IL 60062

(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?
12	NONE	194797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAREEN MATTADEEN-HALL

11-1740492

(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?
30 50	NONE	118809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELAINE WILLIAMS

11-1740492

(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?
30 50	NONE	67016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISABELLA ANGLERO

11-1740492

(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?
30 50	NONE	56449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INETICO, LLC D.B.A VALENZ CARE

36-4869660

(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?
70	NONE	86017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGE SOFTWARE, INC

2 WEST 45TH STREE
SUITE 1705
NEW YORK, NY 10036

13-3962870

(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	11865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YUZHARA RIVADENEIRA

11-1740492

(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?
50 30	NONE	129854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILDA COLL-VALENTINE

11-1740492

(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?
50	NONE	74653	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAFAEL DIAZ

11-1740492

(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?
50 30	NONE	72816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHANAN EDWARDS

11-1740492

(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?
50 30	NONE	57812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERMAN BALL EDERER MILLER ZUCKER

1201 RXR PLAZA
UNIONDALE, NY 11556

(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	14391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TA REALTY

ONE FEDERAL STREET
17TH FLOOR
BOSTON, MA 02110

(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 50	NONE	56428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JACINTA FEVRIERE

11-1740492

(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?
50 30	NONE	74294	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELIZABETH GUERRA

11-1740492

(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?
50 30	NONE	26473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOANNA ORZELOWSKI

11-1740492

(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?
50 30	NONE	44338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SABRINA M BAUER

11-1740492

(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?
50 30	NONE	36848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHANIE DURAN ORTIZ

11-1740492

(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?
50 30	NONE	35244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEGAN SHEMANSKI

11-1740492

(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?
50 30	NONE	31060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GABRIELLA DEL CASTILLO

11-1740492

(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?
50 30	NONE	28231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARITY LLC

250 W 34TH ST
3RD FL
NEW YORK, NY 10119

(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?
99	NONE	56976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT

2701 E INSIGHT WAY
CHANDLER, AZ 85286

(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?
99	NONE	28247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HOCS CONSULTING

3009 AVE K
BROOKLYN, NY 11210

(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	NONE	27600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCLOSKEY MECHANICAL CONTRACTORS, I

445 LOWER LANDING RD
BLACKWOOD, NJ 08012

(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?
99	NONE	25005	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SABA SOFTWARE INC.

711 CAPITOL WAY S STE 204
OLYMPIA, WA 98501-1267

(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?
99	NONE	14317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DRAIN PRO SEWER & DRAIN SERVICE

1215 TERRY ROAD
RONKONKOMA, NY 11779

11-3288674

(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?
99	NONE	6397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
M&T BANK INSTITUTIONAL SERVICES 16-0538020		INFORMATION ON INDIRECT COMPENSATION
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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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 NOITU INSURANCE TRUST FUND	B Three-digit plan number (PN) ▶	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NOITU INSURANCE TRUST FUND	D Employer Identification Number (EIN) 11-1896570	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM QS S&P 500 INDEX FUND IBT			
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.			
c EIN-PN 86-1791757-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48808751	
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM CORE CONSERVATIVE BOND FD			
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.			
c EIN-PN 81-6695909-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20561361	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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

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

A Name of plan NOITU INSURANCE TRUST FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NOITU INSURANCE TRUST FUND	D Employer Identification Number (EIN) 11-1896570

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5308617	3499067
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2878494	2714482
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6257057	4432808
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3884140	4558252
(5) Partnership/joint venture interests	1c(5)	15301003	20200420
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	63376507	69370112
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43479185	46721778
(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	5094347	4616524
f Total assets (add all amounts in lines 1a through 1e)	1f	145579350	156113443
Liabilities			
g Benefit claims payable	1g	8314879	7638337
h Operating payables	1h	192435	151246
i Acquisition indebtedness	1i		
j Other liabilities	1j	7429710	6906978
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15937024	14696561
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	129642326	141416882

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)	48293209	
(B) Participants	2a(1)(B)	317105	
(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)		48610314
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	287230	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1171988	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1459218
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	266063	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1165743	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1431806
(3) Rents	2b(3)		108690
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1843613	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1250441	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		593172
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-442344	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-442344

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10550596
(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)		2322024
c Other income	2c		2038451
d Total income. Add all income amounts in column (b) and enter total	2d		66671927

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92500	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	44192913	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		44285413
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)	5535383	
(2) Contract administrator fees	2i(2)	1052500	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	75000	
(5) Investment advisory and investment management fees	2i(5)	265504	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	94821	
(8) Legal fees	2i(8)	133235	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	22384	
(11) Other expenses	2i(11)	3433131	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10611958
j Total expenses. Add all expense amounts in column (b) and enter total	2j		54897371

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11774556
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: **GOULD, KOBRICK & SCHLAPP PC**

(2) EIN: **13-3082707**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY
CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024, AND 2023**

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

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D. ROBERT GOULD, C.P.A. (1933-2015)
STUART L. KOBRICK, C.P.A. (RETIRED)
STEVEN T. SCHLAPP, C.P.A.
MICHAEL A. VAN SERTIMA, C.P.A., C.F.E., M.S.
RONDELL E. MARSHALL, C.P.A.

TEL: 212-564-9451
FAX: 212-268-6562

EMAIL: GKS@GKSPC.COM
WWW.GKSPC.COM

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary

Opinion

We have audited the consolidated financial statements of National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the consolidated statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related consolidated statements of changes in benefit obligations and in net assets available for benefits for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary as of December 31, 2024 and 2023, and the changes in benefit obligations and in net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary's ability to continue as a going concern for one year after the date the consolidated 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 consolidated 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.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 consolidated financial statements.

INDEPENDENT AUDITORS' REPORT (continued)

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements (continued)

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 consolidated 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 consolidated 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 National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary'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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Information Required by ERISA

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 attached to Schedule H of Form 5500 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including its form and content, is 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 consolidated 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.

Other Matter—Other Supplemental Information

The supplemental schedules on pages 20 through 23 are presented for purposes of additional analysis and are not a required part of the basic financial statements. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

And, Kohut's Atty, P.C.

New York, NY
August 26, 2025

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF BENEFIT OBLIGATIONS
AND NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
BENEFIT OBLIGATIONS		
Health claims payable	\$ 6,617,859	\$ 6,169,601
Claims payable and incurred but not reported	808,002	1,839,998
Prescription claims payable	110,305	173,264
Dental claims payable	58,786	60,873
Medical center expenses payable	23,385	71,143
Death benefits payable	20,000	0
Total Benefit Obligations	<u>7,638,337</u>	<u>8,314,879</u>
ASSETS		
Investments, at fair value	145,283,370	132,297,892
Receivables:		
Drug rebates	850,592	657,624
Due from related organizations	297,812	329,056
Other	39,098	42,064
Total Receivables	<u>1,187,502</u>	<u>1,028,744</u>
Other assets:		
Fixed assets, net of accumulated depreciation	4,616,524	5,094,347
Cash, operating accounts	3,499,067	5,308,617
Right-of-use asset - operating lease	1,279,936	1,577,794
Prepaid expenses	193,443	220,452
Security deposits	51,504	51,504
Other	2,097	0
Total Other Assets	<u>9,642,571</u>	<u>12,252,714</u>
Total Assets	<u>156,113,443</u>	<u>145,579,350</u>
LIABILITIES		
Employees' postretirement benefits	2,835,081	2,965,093
Severance payable	1,636,426	1,533,652
Lease obligation - operating	1,328,643	1,614,529
Deferred employer contributions	1,049,570	1,275,600
Accrued expenses payable	151,246	192,435
Other	56,682	40,260
Due to related organizations	576	576
Total Liabilities	<u>7,058,224</u>	<u>7,622,145</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>149,055,219</u>	<u>137,957,205</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 141,416,882</u>	<u>\$ 129,642,326</u>

The accompanying notes are an integral part of the consolidated financial statements.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
AND IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS		
Health claims payable	\$ 448,258	\$ 2,211,041
Claims payable and incurred but not reported	(1,031,996)	(939,049)
Prescription claims payable	(62,959)	62,034
Dental claims payable	(2,087)	(21,296)
Medical center expenses payable	(47,758)	17,226
Death benefits payable	20,000	0
Net Increase (Decrease) in Benefit Obligations	(676,542)	1,329,956
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Employer contributions	48,293,209	45,535,363
Participant contributions	317,105	253,926
Total Contributions	48,610,314	45,789,289
Investment income:		
Net appreciation in fair value of investments	12,143,439	12,995,446
Interest and dividends	3,771,033	3,648,918
	15,914,472	16,644,364
Less - Investment fees	265,504	237,918
Net Investment Income	15,648,968	16,406,446
Other income:		
Rental income, net of expenses	108,690	107,532
Orthodontic fees	27,025	23,401
Other	14,663	18,219
Total Other Income	150,378	149,152
Total Additions	64,409,660	62,344,887
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid		
Insurance Trust Fund benefits paid	40,705,223	31,421,844
Medical center disbursements	4,256,732	4,142,024
Total Benefits Paid	44,961,955	35,563,868
Administrative expenses	7,728,619	7,445,280
Building Corp. operating expenses	844,176	765,971
Total Deductions	53,534,750	43,775,119
Net increase in net assets available for benefits before adjustments to employee postretirement benefit plans	10,874,910	18,569,768
Adjustment to employee postretirement benefit plans	223,104	47,953
Net increase in net assets available for benefits	11,098,014	18,617,721
Net increase in excess of net assets available for benefits over benefit obligations	11,774,556	17,287,765
Excess of net assets available for benefits over benefit obligations:		
Beginning	129,642,326	112,354,561
Ending	\$ 141,416,882	\$ 129,642,326

The accompanying notes are an integral part of the consolidated financial statements.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the National Organization of Industrial Trade Unions Insurance Trust Fund and Subsidiary (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document and its’ Summary Plan Description for a more complete description of Plan provisions.

General: The Plan is a multi-employer health benefit plan established November 8, 1968, for the purpose of providing health care and other benefits to participants who are covered employees of participating employers under collective bargaining agreements with the National Organization of Industrial Trade Unions and its affiliated local unions (the “Union”). The Plan also accepts contributions for employees of the Union, the Louis Lasky Memorial Medical and Dental Center, LLC (the “Center”) and various other non-collectively bargained employees under separate participation agreements. The Center is a disregarded entity for income tax purposes, and its financial information is included in the tax returns filed by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Plan Administration: The administration of the Plan is the responsibility of a Board of Trustees comprised of Union and Employer Trustees. The Union Trustees and Employer Trustees have equal voting rights. The investments of the Plan are managed by investment advisers and maintained by separate Plan custodians.

Benefits: The Plan provides health benefits as enumerated in Note 17 to active participants of the Plan and to their beneficiaries and covered dependents. The benefit that a participant is entitled to is based upon the collective bargaining agreement signed by the participant’s employer and the number of hours worked in covered employment. In addition, the Plan also operates a medical and dental center to provide certain health benefits to participants directly (see Note 19). The expenses reflected in Notes 17 and 19 are reported on a cash basis.

During the year, the following administrative benefit contracts were in effect:

Third Party Administrator	Benefits
Empire HealthChoice Assurance (Anthem)	Dental
CVS	Prescription drug
Empire HealthChoice Assurance (Anthem)	Medical PPO

Plan Termination: The Plan document provides that the Plan may terminate if in the opinion of the Trustees, the Plan is unable to carry out the intent and purpose of the Trust, when there is no longer in force and effect a collective bargaining agreement between any employer and any union requiring contributions to the Plan or by joint agreement between the Union and employers. In the event the Plan is terminated, the Trustees shall continue to pay or provide for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such a manner as will, in their opinion, best effectuate the purpose of the Plan. However, no part of the Plan shall be used for or diverted for purposes other than for the exclusive benefit of the participants and their beneficiaries or for the payment of the administrative expenses of the Plan or for any payments in accordance with the provisions of the Plan. Under no circumstances shall any portion of the corpus or income of the Plan, directly or indirectly, revert or accrue to the benefit of any contributing employer or union. Upon the disbursement of the entire corpus, the Plan shall terminate.

Funding: Employers make monthly contributions for covered participants based on the collective bargaining agreements in effect at the time. The Plan also accepts contributions for other non-collectively bargained employees under separate participation agreements.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 – DESCRIPTION OF PLAN (continued)

Other: Although they have not expressed any intention to do so, the Trustees have the right to amend or terminate the Plan subject to the provisions set forth in ERISA. The Plan may be terminated completely or partially at any time by the Board of Trustees, subject to the provisions set forth in ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The consolidated financial statements were prepared on the accrual basis of accounting.

Lease Policies: Standards require that leases with a term of more than 12 months be classified as either finance or operating leases. Leases are classified as finance leases when the Plan expects to consume a major part of the economic benefits of the leased assets over the remaining lease term. Conversely, the Plan is not expected to consume a major part of the economic benefits of assets classified as operating leases. The lease classification affects both the pattern and presentation of expense recognized in the income statement, the categorization of assets and liabilities in the balance sheet, and classification of cash flows in the statement of cash flows.

Total lease cost consists of two components: amortization expense related to the write-off of right-of-use assets, and interest expense from lease obligations.

For financing leases, total lease cost is recorded on an accelerated basis whereby interest expense is recorded using the effective interest method and right-of-use assets are amortized on a straight-line basis over the remaining lease term. For operating leases, total lease cost is measured and recorded on a straight-line basis over the lease term.

Non-lease components, such as common area maintenance (CAM) charges, are separated from lease components based on the terms of the related lease. Variable lease components consist of real estate taxes and insurance charges related to the real estate lease and are recorded as lease expense as incurred.

Lease obligations are measured and recorded at the present value of future lease payments using a discount rate. Because the Plan generally does not have access to the rate implicit in its leases, lease obligations are measured using the risk free rate as the discount rate for all leases. The incremental borrowing rate is the rate that would be paid to borrow on a collateralized basis over a similar term and amount equal to the lease payments in a similar economic environment.

Right-of-use assets are generally measured and recorded at the sum of the lease obligation, any initial direct costs to consummate the lease, and any lease payments made on or before the commencement date. No additional leases were capitalized in 2024.

Election For a Nonpublic Entity to Use a Risk-Free Rate as Its Discount Rate: The Plan has made an accounting policy election to use a risk-free rate as the discount rate in measuring its lease obligations. Under this election, the risk-free rate used is the rate for a United States Treasury instrument with a term consistent with the remaining lease term of an applicable lease. This election is made for all leases.

Valuation of Investments: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for a discussion of fair value measurements.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Valuation of Investments (continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Unrealized gains or losses are the differences between the fair value of the investments held at year-end and those held at the beginning of the year. Realized gains or losses on the sale of investments are based on the historical costs of the individual investments sold.

Fixed Assets and Depreciation: Fixed assets are stated at cost less depreciation accumulated since their acquisition and do not purport to represent replacement or realizable value. All assets are depreciated over estimated useful lives using the straight-line method. Expenditures for normal repairs of equipment are charged to current operations. All other expenditures for fixed assets are capitalized.

Use of Estimates: The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Plan Benefits: Plan obligations at December 31 for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value.

Employer Contributions: The amounts of employer contributions receivable and employer contribution income do not include any estimates of amounts due from employers where remittance reports were not received by the Plan office or any amounts due but unpaid as a result of disputed payroll audits, unless agreed to by the employer. Contributions receivables are presented net of an allowance for bad debts of \$0 (2024) and \$0 (2023).

Consolidation: The accompanying consolidated financial statements include the accounts of the Plan, the Center, and the Plan's wholly owned subsidiary, the NOITU Organization Building Corp. (the "Building Corp."). The Building Corp. began operations in January 2004, with the Plan as its sole shareholder. The Building Corp's. objective is to own and manage the land and building located at 148-06 Hillside Avenue, Jamaica, New York, which is the operating facility of the Plan and other related organizations. All significant inter-organization transactions have been eliminated in the consolidation.

Current Expected Credit Losses: The Plan has adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The core principles of ASU 2016-13 (the "ASU") significantly change the way organizations recognize credit losses by replacing the incurred loss model with an expected loss model. The financials assets held by the Plan that are subject to the ASU are accounts receivable.

The Plan assesses credit losses on accounts receivable on a regular basis to determine the allowance for doubtful accounts. Given the nature of the Plan's financial assets and historical loss experience, the adoption of the ASU did not have a significant impact on the financial statements.

Postretirement Benefit Obligations: The Plan provides health, dental and death benefits for eligible employees upon retirement. Eligible employees are those employees working for the Plan, the Union, the Center or National Organization of Industrial Trade Unions Individual Account Plan (the "Individual Account Plan") who were not covered by a collective bargaining agreement during their employment. The estimated costs for these benefits are accrued over periods of employee service on an actuarially determined basis.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Postretirement Benefit Obligations (continued)

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the consolidated financial statements, reduced by the actuarial present value of contributions expected to be received in the future for current plan employees. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and (2) active employees after retirement from service with the Plan and related organizations. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the Plan rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims costs data to estimate future annual incurred claims costs per employee and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were significant assumptions used in the valuations as of December 31, 2024 and 2023:

	2024	2023
Mortality	PRI 2012 White Collar projected with scale MP 2021	PRI 2012 White Collar projected with scale MP 2021
Weighted average assumptions		
Discount rate	5.50%	4.80%
Assumed medical care cost trends		
Starting rate	6.75%	7.00%
Ultimate rate	4.00%	4.00%
Year that the ultimate rate is achieved	2035	2035
Assumed medical/dental center cost trends		
Starting rate	3.00%	3.00%
Ultimate rate	3.00%	3.00%

Impact of 1% change in assumed health care cost trend rates:

	Increase	Decrease
Impact of 1% change in assumed health care cost trend rates		
Effect on service cost plus interest cost	\$ 45,441	\$ (33,563)
Effect on postretirement benefit obligation	350,509	(222,955)

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Postretirement Benefit Obligations (continued)

Significant assumptions (continued)

Cash flows:

Expected employer contributions	\$	140,227
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The following benefits, which reflect expected future service, as appropriate, are expected to be paid:

Year	Benefits
2025	\$ 140,227
2026	149,512
2027	167,963
2028	188,117
2029	207,786
2030 - 2034	1,193,964

The following amounts are estimated to be amortized from accumulated net assets into the Plan's net periodic postretirement benefit cost (NPBCC) over the next fiscal year:

	2024	2023
Net (gain)	\$ (123,904)	\$ (93,987)

NOTE 3 – POSTRETIREMENT BENEFIT OBLIGATIONS

The year-end status of the postretirement benefit arrangement is as follows:

	2024	2023
Current liabilities	\$ 140,227	\$ 136,793
Noncurrent liabilities	2,694,854	2,828,300
Accumulated Postretirement Benefit Obligation	\$ 2,835,081	\$ 2,965,093

For the years ended December 31, 2024 and 2023, the Plan's net periodic postretirement benefit cost (NPPBC) is as follows:

	2024	2023
Service cost	\$ 131,160	\$ 111,203
Interest cost	144,835	143,756
Amortization of net (gain)	(93,987)	(92,333)
Net Periodic Postretirement Benefit Cost (NPPBC)	\$ 182,008	\$ 162,626

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 3 – POSTRETIREMENT BENEFIT OBLIGATIONS (continued)

Changes in the status during the year are as follows:

	2024	2023
Accumulated postretirement benefit obligation - Beginning	\$ 2,965,093	\$ 2,949,606
Increase (decrease) during the period attributable to:		
Service cost	131,160	111,203
Interest	144,835	143,756
Actuarial (gain)	(317,091)	(140,286)
Benefits paid	(88,916)	(99,186)
Net Increase	(130,012)	15,487
Accumulated postretirement benefit obligation - Ending	2,835,081	2,965,093
Fair value of plan assets - Beginning	0	0
Increase (decrease) during period attributable to:		
Benefits paid	(88,916)	(99,186)
Employer contributions	88,916	99,186
Net Increase	0	0
Fair value of plan assets - Ending	0	0
Funded status of the Plan	\$ (2,835,081)	\$ (2,965,093)

The change of the adjustment to the Plan's net assets available for benefits attributable to the postretirement benefit plan resulted in an increase of \$223,104 and an increase of \$47,953 in net assets available for benefits for 2024 and 2023, respectively.

The change is comprised of the following:

	2024	2023
Actuarial (gain)	\$ (317,091)	\$ (140,286)
Amortization of net loss	93,987	92,333
(Increase) in Net Assets	\$ (223,104)	\$ (47,953)

NOTE 4 – TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, as amended and, accordingly, the trust's net income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service (IRS) dated December 23, 1957, that states the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Trust has been amended since receiving the determination letter. However, Plan management believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
INSURANCE TRUST FUND AND SUBSIDIARY**

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 – TAX STATUS (continued)

The IRS has determined and informed the NOITU Organization Building Corp. by letter dated September 9, 2005, that the wholly owned subsidiary is a not-for-profit title-holding corporation exempt under section 501(c)(2) of the Internal Revenue Code.

The Center was created as a Delaware LLC on December 16, 2005, with the Plan being the sole member. The LLC is a disregarded entity for income tax purposes whose financial information is included in the tax returns filed by the Plan.

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

NOTE 5 – CONCENTRATION OF CREDIT RISK

Financial instruments that subject the Plan to concentration of credit risk include cash and short-term investments. While the Plan attempts to limit any financial exposure, its cash deposit balances may, at times, exceed federally insured limits. Short-term investments are not covered by the Federal Deposit Insurance Corporation.

NOTE 6 – RISKS AND UNCERTAINTIES

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

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

NOTE 7 – EVALUATION OF SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 26, 2025, the date the consolidated financial statements were available to be issued.

NOTE 8 – PENSION PLANS FOR EMPLOYEES

The Plan participates in the National Organization of Industrial Trade Unions Individual Account Plan, a multi-employer, defined contribution profit sharing pension plan.

Contributions to the Individual Account Plan for the years ended December 31, 2024 and 2023 were \$1,155,912 and \$1,115,891, respectively.

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NOTE 9 – FIXED ASSETS

	2024	2023
Building	\$ 7,448,399	\$ 7,561,986
Leasehold improvements	1,936,882	1,936,882
Computers, software and equipment	993,837	981,760
Medical equipment	802,163	797,926
Furniture and fixtures	225,930	225,930
Land	102,734	102,734
Office equipment	70,097	46,853
	<u>11,580,042</u>	<u>11,654,071</u>
Less - Accumulated depreciation	6,963,518	6,559,724
Net Fixed Assets	<u>\$ 4,616,524</u>	<u>\$ 5,094,347</u>

NOTE 10 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Interest bearing cash: Interest bearing cash which is readily convertible into cash is carried at cost, which approximates fair value.

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NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

Corporate stocks: Corporate stocks are valued at the closing price reported on the New York Stock Exchange and other exchanges.

Registered investment companies: Certain registered investment companies are valued at the closing price reported in the active market on which they are traded. Others are valued at estimated fair value as determined by the investment manager based on the market value and estimated fair value of the underlying investments in the portfolio. In establishing the fair value of these investments, the investment manager takes into consideration information about the net asset value of shares held by the Plan at year end.

Partnership/joint ventures, and common/collective trusts: Valued at net asset value (NAV) of units held (or its equivalent, such as member units or an ownership interest in partners' capital). The NAV or its equivalent is used as a practical expedient to estimate fair value. The NAV or its equivalent is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV or its equivalent.

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

The following table sets forth by Level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024, and 2023:

December 31, 2024				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 4,432,808	\$ 0	\$ 0	\$ 4,432,808
Corporate stocks	4,558,252	0	0	4,558,252
Registered investment companies	46,721,778	0	0	46,721,778
Total Assets in Fair Value Hierarchy	\$ 55,712,838	\$ 0	\$ 0	55,712,838
Investments measured at NAV				89,570,532
Total Investments at fair value				<u>\$ 145,283,370</u>

December 31, 2023				
Investment	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 6,257,057	\$ 0	\$ 0	\$ 6,257,057
Corporate stocks	3,884,140	0	0	3,884,140
Registered investment companies	43,479,185	0	0	43,479,185
Total Assets in Fair Value Hierarchy	\$ 53,620,382	\$ 0	\$ 0	53,620,382
Investments measured at NAV				78,677,510
Total Investments at fair value				<u>\$ 132,297,892</u>

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NOTE 10 – FAIR VALUE MEASUREMENTS (continued)

The following table summarizes investments measured at fair value based on NAV per share (or its equivalent) as of December 31, 2024, and 2023:

Description	Fair Market Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	December 31, 2024	December 31, 2023			
Partnership/joint ventures:					
WCM Focused International Growth Fund, L.P.	\$ 10,840,392	\$ 10,744,761	N/A	last day of month	5 days
TA Realty Core Property Fund, L.P.	4,568,299	4,556,242	N/A	quarterly	45 days
U.S. Real Estate Investment Fund, LLC	4,791,729	0	None	quarterly	90 days
	20,200,420	15,301,003			
Common/collective trusts:					
Prudential QS S&P 500 Index Fund IBT	48,808,751	44,542,119	N/A	daily	2 days
Prudential PGIM Core Conservative Bond	20,561,361	18,834,388	N/A	daily	1 day
	69,370,112	63,376,507			
Total Investments measured at NAV	\$ 89,570,532	\$ 78,677,510			

The common/collective trusts entities are measured at fair value by using the NAV practical expedient and file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these entities is not required.

The investment objectives of partnership/joint ventures invested in at December 31, 2024 and 2023 is listed below:

U.S Real Estate Investment Fund, LLC.: The U.S REIF's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments.

WCM Focused International Growth Fund, L.P.: Long-term capital appreciation.

TA Realty Core Property Fund, L.P.: The Partnership was formed for the purpose of investing alongside other feeder funds in TAR CPF OP, LLC ("CPF Master") a limited liability company investing directly in real estate assets.

NOTE 11 – PARTY-IN-INTEREST TRANSACTIONS

The Plan is related to another jointly administered, collectively bargained employee benefit fund and the National Organization of Industrial Trade Unions and its affiliated local unions. Since these organizations share the same premises, utilizing each other's equipment and personnel to effectuate cost savings and to minimize duplication of efforts, cost-sharing relationships have been established on a continuing basis. The entities share the premises under a license fee agreement described in Note 15.

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**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 11 – PARTY-IN-INTEREST TRANSACTIONS (continued)

Direct expenses are charged to the appropriate trust fund or union, and common administrative expenses are allocated to the applicable entities based on percentages reflecting actual utilization in accordance with an allocation study reviewed by an independent CPA. The fiscal year end of the agreed-upon procedures for the allocation of common administrative expenses between the National Organization of Industrial Trade Unions Benefit Funds and the National Organization of Industrial Trade Unions is September 30. Estimates are paid by the respective entities monthly in order to minimize any year-end adjustments. The financial effect of the change in allocation periods was reviewed and it was determined that no material adjustments were necessary, noting that a majority of the expenses are offset between the respective entities.

During 2024 and 2023, the Plan's share of allocable common administrative expenses as per the allocation study totaled \$5,034,542 and \$4,911,073, respectively.

NOTE 12 – RECONCILIATION OF CONSOLIDATED FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the consolidated financial statements to the Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 149,055,219	\$ 137,957,205
Less: Health claims payable	6,617,859	6,169,601
Claims payable and incurred but not reported	808,002	1,839,998
Prescription claims payable	110,305	173,264
Dental claims payable	58,786	60,873
Medical center expenses payable	23,385	71,143
Death benefits payable	20,000	0
	7,638,337	8,314,879
Net assets available for benefits per Form 5500, Schedule H, Line 11	\$ 141,416,882	\$ 129,642,326

The following is a reconciliation of benefits paid per the consolidated financial statements to the Form 5500:

	2024	2023
Benefits paid per the financial statements	\$ 44,961,955	\$ 35,563,868
Less: Claims payable and incurred but not reported, beginning of year	(8,314,879)	(6,984,923)
Add: Claims payable and incurred but not reported, end of year	7,638,337	8,314,879
Benefits paid per Form 5500, Schedule H, Item 2e(4)	\$ 44,285,413	\$ 36,893,824

Amounts currently payable to or for participants, dependents and beneficiaries are recorded on the Form 5500 for benefits claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date.

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
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**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 13 – SEVERANCE PAY PLAN

The Plan participates, through an allocation in the NOITU Severance Pay Plan (the "Severance Plan"), a benefit plan covering substantially all the employees of the Union and Plan. The effective date of the Severance Plan was October 26, 1985.

The severance benefits are based on years of service in the employ of the Union and/or its affiliated local unions, a related NOITU Individual Account Plan and the Plan.

The Severance Plan pays benefits to an eligible, terminated participant who was a salaried employee on or after October 26, 1985.

Upon termination, an employee who has accumulated 10 years of service shall be entitled to a severance benefit equal to one week's pay for 10 to 19 years of cumulative service, two week's pay for 20 to 29 years of cumulative service, and three week's pay for 30 or more years of cumulative service, with each year of service multiplied by the weekly pay received at the time of termination. The maximum severance benefit is limited to two times the compensation paid to the terminated employee in the year preceding the year of termination.

Severance benefits will be paid in two (2) payments, the first at termination, and the second, six (6) months later unless another form is requested by the participant, subject to approval by the Plan administrator. All severance payments will be made within one year of termination.

The liability for severance pay is recorded when an eligible employee accrues at least 10 years of service. The expense for severance pay for the years ended December 31, 2024 and 2023 amounted to \$171,535 and \$274,770, respectively.

NOTE 14 – LEASES

Amounts recognized as right-of-use assets related to operating leases are included in fixed assets in the balance sheet, while related lease liabilities are included in debt. The Plan had no finance leases as of December 31, 2024, and 2023.

As of December 31, 2024, and 2023, right-of-use assets and lease liabilities related to operating leases were as follows:

	<u>2024</u>	<u>2023</u>
Right-of-use asset:		
Operating lease asset	\$ 1,279,936	\$ 1,577,794
Lease liability:		
Operating lease liability	\$ 1,328,643	\$ 1,614,529

The Plan entered into a non-cancelable lease agreement to rent space from Sunrise Plaza Associates, Inc. for its Long Island medical center for the period April 1, 2014 to March 31, 2019, and renewed it for the period April 1, 2019 to March 31, 2029. The lease contains escalation clauses relating to operating expenses and real estate taxes. Rent expense for the years ended December 31, 2024 and 2023 were \$352,115 and \$349,495, respectively. The lease includes provisions for increasing annual minimum payments.

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**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 14 – LEASES (continued)

The following are the Plan's future undiscounted cash flows for operating leases as of December 31, 2024, and a reconciliation to operating lease liabilities reported:

Periods ending December 31:	2025	\$	299,413
	2026		308,396
	2027		317,647
	2028		327,177
	2029		82,394
			<u>1,335,027</u>
Aggregate future minimum rentals			1,335,027
Less interest			(6,384)
Present value of lease liability		\$	<u>1,328,643</u>

NOTE 15 – RENTAL REVENUE UNDER LICENSING AGREEMENT

A license fee agreement has been entered into between the Plan, the Building Corp., the Individual Account Plan, and the Union. The current term of the agreement is from April 1, 2020 through March 31, 2025. The lease contains escalation clauses relating to increases in operating expenses and real estate taxes.

The minimum future license fee revenue, exclusive of escalations relating to increased operating expenses and real estate taxes at December 31, 2024, is:

Periods ending December 31:	2025	\$	24,559
Aggregate future minimum revenue		\$	<u>24,559</u>

During the years ended December 31, 2024 and 2023, rental revenue from related parties other than the Plan amounted to \$97,442 and \$96,564, respectively.

NOTE 16 – BUILDING CORP. OPERATING EXPENSES

	2024	2023
Professional fees:		
Legal	\$ 550	\$ 500
Payroll, benefits and taxes	284,062	230,354
Depreciation	242,291	267,870
Repairs and maintenance	119,987	109,762
Real estate taxes	115,214	92,430
Utilities	52,066	42,942
Insurance	26,943	19,968
Other	3,063	2,145
Total Building Corp. Operating Expenses	<u>\$ 844,176</u>	<u>\$ 765,971</u>

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**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
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NOTE 17 – INSURANCE TRUST FUND BENEFITS PAID

	2024	2023
Self-Insured:		
Medical	\$ 36,468,484	\$ 27,055,090
Prescription drugs, net of rebates	3,588,122	3,675,117
Dental	459,430	518,402
Optical	96,687	93,235
Death	92,500	80,000
Total Insurance Trust Fund Benefits Paid	<u>\$ 40,705,223</u>	<u>\$ 31,421,844</u>

NOTE 18 – ADMINISTRATIVE EXPENSES

	2024	2023
Professional fees:		
Benefits administrators	\$ 1,051,962	\$ 958,202
Legal	132,685	44,073
Actuary and consultant	94,821	84,000
Claims consultants	87,021	174,874
Auditing	75,000	78,087
Payroll, benefits and taxes	5,426,279	5,532,005
Computer	656,412	611,739
Postretirement benefits	182,008	162,626
Depreciation	144,133	155,271
Insurance	103,437	105,938
Telephone	72,234	78,456
Office	68,957	56,420
Automobile expense - allocated	68,427	53,423
Equipment rental, repairs and maintenance	56,119	53,263
Temporary employees	53,900	9,000
Rent and occupancy	22,512	21,945
Educational conferences and meetings	22,384	30,983
Printing	8,075	6,978
Dues and subscriptions	4,930	7,801
Travel	0	3,679
Total Administrative Expenses	<u>8,331,296</u>	<u>8,228,763</u>
Less: allocated to related organizations	602,677	783,483
Net Administrative Expenses	<u>\$ 7,728,619</u>	<u>\$ 7,445,280</u>

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
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**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 19 – MEDICAL CENTER DISBURSEMENTS

	2024	2023
Medical:		
Physicians' payroll and fees	\$ 254,644	\$ 260,158
Medical assistants' payroll	109,543	110,612
Outside consultation	57,664	57,356
Employee benefits - welfare	48,188	49,524
Malpractice insurance	42,044	39,679
Payroll taxes	31,417	32,127
Supplies	19,311	16,459
Medical laboratory fees	18,114	13,614
Linens - allocated	8,283	20,143
Carting	182	142
X-rays	65	20
Total Medical	<u>589,455</u>	<u>599,834</u>
Dental:		
Dentists' payroll and fees	812,553	800,285
Employee benefits - welfare	423,739	359,007
Dental assistants' payroll	354,236	330,754
Dental hygienists' payroll	183,810	183,508
Prosthetics & orthodontic fees, net of reimbursements	139,026	147,221
Supplies	121,181	105,399
Payroll taxes	115,308	112,150
Oral surgery	108,000	108,000
Malpractice insurance - allocated	12,159	11,072
Equipment maintenance	5,718	3,202
Total Dental	<u>2,275,730</u>	<u>2,160,598</u>
Administrative:		
Payroll, benefits and taxes	645,539	649,509
Rent	352,115	349,495
Depreciation	203,123	186,429
Cleaning and maintenance	47,849	55,489
Utilities	40,152	42,462
Miscellaneous	27,511	35,586
Computer and equipment maintenance	25,039	19,408
Telephone	23,678	18,586
Office expenses	22,259	20,574
Office supplies	3,068	2,943
Security and protection	754	869
Legal fees	460	242
Total Administrative	<u>1,391,547</u>	<u>1,381,592</u>
Total Medical Center Disbursements	<u>\$ 4,256,732</u>	<u>\$ 4,142,024</u>

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
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**CONSOLIDATED SUPPLEMENTAL STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024				2023
	NOITU Insurance Trust Fund	NOITU Building Corp.	Louis Lasky Memorial Medical and Dental Center, LLC	Eliminations	Consolidated Totals
					Consolidated Totals
BENEFIT OBLIGATIONS					
Health claims payable	\$ 6,617,859	\$ 0	\$ 0	\$ 0	\$ 6,617,859
Claims payable and incurred but not reported	808,002	0	0	0	808,002
Prescription claims payable	110,305	0	0	0	110,305
Dental claims payable	58,786	0	0	0	58,786
Medical center expenses payable	0	0	23,385	0	23,385
Death benefits payable	20,000	0	0	0	20,000
Total Benefit Obligations	7,614,952	0	23,385	0	7,638,337
ASSETS					
Investments, at fair value	144,930,416	216,867	136,087	0	145,283,370
Receivables:					
Drug rebates	850,592	0	0	0	850,592
Due from related organizations	696,802	0	0	(398,990)	297,812
Other	0	39,098	0	0	39,098
Total Receivables	1,547,394	39,098	0	(398,990)	1,187,502
Other assets:					
Fixed assets, net of accumulated depreciation	334,896	2,855,719	1,425,909	0	4,616,524
Cash, operating accounts	3,068,539	168,133	262,395	0	3,499,067
Right-of-use asset - operating lease	0	0	1,279,936	0	1,279,936
Prepaid expenses	120,954	38,672	33,817	0	193,443
Security deposits	0	0	51,504	0	51,504
Other	2,097	0	0	0	2,097
Total Other Assets	3,526,486	3,062,524	3,053,561	0	9,642,571
Total Assets	\$ 150,004,296	\$ 3,318,489	\$ 3,189,648	\$ (398,990)	\$ 156,113,443

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
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**CONSOLIDATED SUPPLEMENTAL STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024				2023
	NOITU Insurance Trust Fund	NOITU Building Corp.	Louis Lasky Memorial Medical and Dental Center, LLC	Eliminations	Consolidated Totals
					Consolidated Totals
LIABILITIES					
Employees' postretirement benefits	\$ 2,835,081	\$ 0	\$ 0	\$ 0	\$ 2,835,081
Severance payable	1,615,556	20,870	0	0	1,636,426
Lease obligation - operating	0	0	1,328,643	0	1,328,643
Deferred employer contributions	1,049,570	0	0	0	1,049,570
Accrued expenses payable	139,784	11,462	0	0	151,246
Other	56,569	0	113	0	56,682
Due to related organizations	0	399,566	0	(398,990)	576
Total Liabilities	5,696,560	431,898	1,328,756	(398,990)	7,058,224
NET ASSETS AVAILABLE FOR BENEFITS	144,307,736	2,886,591	1,860,892	0	149,055,219
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ 136,692,784	\$ 2,886,591	\$ 1,837,507	\$ 0	\$ 141,416,882

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
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**CONSOLIDATED SUPPLEMENTAL STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND IN NET ASSETS
AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024				2023
	NOITU Insurance Trust Fund	NOITU Building Corp.	Louis Lasky Memorial Medical and Dental Center, LLC	Eliminations	Consolidated Totals
					Consolidated Totals
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS					
Health claims payable	\$ 448,258	\$ 0	\$ 0	\$ 0	\$ 448,258
Claims payable and incurred but not reported	(1,031,996)	0	0	0	(1,031,996)
Prescription claims payable	(62,959)	0	0	0	(62,959)
Dental claims payable	(2,087)	0	0	0	(2,087)
Medical center expenses payable	0	0	(47,758)	0	(47,758)
Death benefits payable	20,000	0	0	0	20,000
Net Increase (Decrease) in Benefit Obligations	(628,784)	0	(47,758)	0	(676,542)
ADDITIONS TO NET ASSETS ATTRIBUTED TO					
Employer contributions	48,293,209	0	0	0	48,293,209
Participant contributions	317,105	0	0	0	317,105
Total Contributions	48,610,314	0	0	0	48,610,314
Investment income:					
Net appreciation in fair value of investments	12,143,439	0	0	0	12,143,439
Interest and dividends	3,764,781	6,011	241	0	3,771,033
	15,908,220	6,011	241	0	15,914,472
Less - Investment fees	265,504	0	0	0	265,504
Net Investment Income	15,642,716	6,011	241	0	15,648,968
Other income:					
Rental income, net of expenses	11,248	579,322	0	(481,880)	108,690
Orthodontic fees	0	0	27,025	0	27,025
Other	4,955	0	9,708	0	14,663
Total Income	16,203	579,322	36,733	(481,880)	150,378
Total Additions	\$ 64,269,233	\$ 585,333	\$ 36,974	\$ (481,880)	\$ 64,409,660

**NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS
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**CONSOLIDATED SUPPLEMENTAL STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND IN NET ASSETS
AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024				2023
	NOITU Insurance Trust Fund	NOITU Building Corp.	Louis Lasky Memorial Medical and Dental Center, LLC	Eliminations	Consolidated Totals
					Consolidated Totals
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO					
Benefits paid					
Insurance Trust Fund benefits paid	\$ 40,705,223	\$ 0	\$ 0	\$ 0	\$ 40,705,223
Medical center disbursements	0	0	4,256,732	0	4,256,732
Total Benefits Paid	40,705,223	0	4,256,732	0	44,961,955
Administrative expenses	8,210,499	0	0	(481,880)	7,728,619
Building Corp. operating expenses	0	844,176	0	0	844,176
Total Deductions	48,915,722	844,176	4,256,732	(481,880)	53,534,750
Net increase (decrease) in net assets available for benefits before adjustments to employee postretirement benefit plans	15,353,511	(258,843)	(4,219,758)	0	10,874,910
Adjustments to employee postretirement benefit plans	223,104	0	0	0	223,104
Net increase (decrease) in net assets available for benefits	15,576,615	(258,843)	(4,219,758)	0	11,098,014
Net increase (decrease) in excess of net assets available for benefit over benefit obligations	16,205,399	(258,843)	(4,172,000)	0	11,774,556
Excess of net assets available for benefits over benefit obligations:					
Beginning	124,360,216	\$ 3,145,434	\$ 2,136,676	0	129,642,326
Transfers	(3,872,831)	0	3,872,831	0	0
Ending	\$ 136,692,784	\$ 2,886,591	\$ 1,837,507	\$ 0	\$ 141,416,882

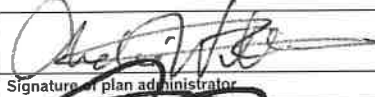
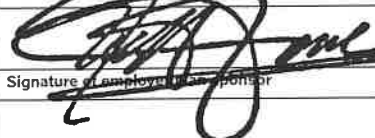
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the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

Part II Basic Plan Information — enter all requested information	
1 a Name of plan NOITU INSURANCE TRUST FUND	1b Three-digit plan number (PN) ... ▶ 501
	1c Effective date of plan 07/13/1954
2 a 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)	2b Employer Identification Number (EIN) 11-1896570
	2c Plan Sponsor's telephone number 718-291-3434
	2d Business code (see instructions) 525100
BOARD OF TRUSTEES, NOITU INSURANCE TRUST FUND 148-06 HILLSIDE AVENUE JAMAICA, NY 11435-3331	

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		10/14/2025	Andre Williams
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2025	Gerard A. Jones
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN
a Sponsor's name		4d PN
c Plan Name		

5 Total number of participants at the beginning of the plan year	5	3583
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)	3583
a(2) Total number of active participants at the end of the plan year	6a(2)	3721
b Retired or separated participants receiving benefits	6b	31
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	3752
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	3752
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)	
g(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	184

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

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

4A	4B	4D	4E	4L	4Q	4U			

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) ☐ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) – signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) – signed by the plan actuary	(3) ☐ A (Insurance Information)– Number Attached _____
(4) ☐ DCG (Individual Plan Information) – Number Attached _____	(4) ☒ C (Service Provider Information)
(5) ☐ MEP (Multiple-Employer Retirement Plan 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 _____

2024

FEDERAL STATEMENTS

PAGE 1

11-1896570

CLIENT NOITUITF

BOARD OF TRUSTEES, NOITU INSURANCE TRUST FUND

PLAN NO. 501

10/08/25

05:20PM

STATEMENT 8

SCHEDULE H, PAGE 4, LINE 4I

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

NOITU INSURANCE TRUST FUND 11-1896570 501

<u>PARTY IN</u> <u>INTEREST</u>	<u>IDENTIFICATION</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>CURRENT</u> <u>AMOUNT</u>
	CITIBANK	MONEY MARKET FUND	\$ 129,798.	\$ 129,798.
	CITIBANK	MONEY MARKET FUND	136,087.	136,087.
	HSBC	MONEY MARKET FUND	216,867.	216,867.
	INTERCONTINENTAL US	PARTNERSHIP	5,137,992.	4,791,729.
	TA REALTY CORE PTY	PARTNERSHIP	5,361,943.	4,568,299.
	WCM FOCUSED INTL	PARTNERSHIP	8,381,800.	10,840,394.
	PGIM SHORT TERM CORP	RIC	23,839,596.	22,651,423.
	VANGUARD TARGET RETI	RIC	49,107.	49,107.
	VANGUARD VALUE INDEX	RIC	6,403,406.	14,406,608.
	CHARLES SCHWAB	SEE ATTACHED	3,757,720.	4,580,005.
	PRUDENTIAL	SEE ATTACHED	56,900,736.	69,370,112.
	WILLMINGTON TRUST	SEE ATTACHED	12,519,252.	13,542,941.

Asset Composition and Valuation Data



Asset Allocation as of December 31, 2024

Asset Classes	Asset Balance	Fund Valuation Frequency
PGIM QS S&P 500 Index Fund IBT	\$48,808,750.40	Daily
Total U.S. Stocks	\$48,808,750.40	
PGIM Core Conservative Bond Fd	\$20,561,360.33	Daily
Total U.S. Bonds	\$20,561,360.33	
Total	\$69,370,110.73	

Valuations are performed on business days. For a description of what is considered a business day, please refer to your contractual or trust documents.

Client Account Number: 870050

N.O.I.T.U. Insurance Trust Fund

Portfolio Holdings

US Dollar
12/31/2024

	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	% Assets	Unrealized Gain/Loss
Equities								
Basic Materials								
	5,039	Element Solutions Incorporated	17.41	87,747.30	25.43	128,141.77	2.8	40,394.47
	1,840	Valvoline Incorporated	21.81	40,132.35	36.18	66,571.20	1.5	26,438.85
				127,879.65		194,712.97		66,833.32
Consumer Discretionary								
	437	Asbury Automotive Group	169.51	74,074.55	243.03	106,204.11	2.3	32,129.56
	9,790	Alta Equipment Group Inc.	11.03	108,004.74	6.54	64,026.60	1.4	-43,978.14
	15,505	Emerald Holding Inc.	4.79	74,245.28	4.82	74,734.10	1.6	488.82
	839	Floor & Decor Holdings Incorporated	74.51	62,512.89	99.70	83,648.30	1.8	21,135.41
	5,917	Openlane Inc.	19.76	116,943.13	19.84	117,393.28	2.6	450.15
	4,670	Legacy Housing Corp	23.32	108,893.76	24.68	115,255.60	2.5	6,361.84
	1,155	Monarch Casino and Resorts Inc	65.61	75,784.83	78.90	91,129.50	2.0	15,344.67
	6,101	OneSpaWorld Holdings Ltd.	13.23	80,710.86	19.90	121,409.90	2.7	40,699.04
	4,000	PHINIA Inc.	37.47	149,893.24	48.17	192,680.00	4.2	42,786.76
	1,310	Papa Johns Intl Inc.	47.77	62,572.66	41.07	53,801.70	1.2	-8,770.96
	1,610	Champion Homes Inc.	55.22	88,896.55	88.10	141,841.00	3.1	52,944.45
	5,366	Viad Corp	26.91	144,409.15	42.51	228,108.66	5.0	83,699.51
				1,146,941.64		1,390,232.75		243,291.11
Consumer Staples								
	6,055	Grocery Outlet Holding Corp	20.78	125,805.01	15.61	94,518.55	2.1	-31,286.46
	1,864	Performance Food Group	46.26	86,236.05	84.55	157,601.20	3.4	71,365.15
				212,041.06		252,119.75		40,078.69
Financials								
	143	Enstar Group Limited Shs	223.65	31,982.52	322.05	46,053.15	1.0	14,070.63
	3,630	First Merchants Corporation	33.87	122,935.46	39.89	144,800.70	3.2	21,865.24
	1,465	Nicolet Bankshares Inc.	77.06	112,897.15	104.91	153,693.15	3.4	40,796.00

Advisory Research, Inc.

Portfolio Holdings

US Dollar

N.O.I.T.U. Insurance Trust Fund

12/31/2024

	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	% Assets	Unrealized Gain/Loss
Equities								
	1,564	SouthState Corporation	56.40	88,217.33	99.48	155,586.72	3.4	67,369.39
	805	Stock Yards Bancorp Inc	49.14	39,555.69	71.61	57,646.05	1.3	18,090.36
	2,274	Webster Financial Corporation	43.13	98,083.04	55.22	125,570.28	2.7	27,487.24
				493,671.19		683,350.05		189,678.86
Health Care								
	1,335	HealthEquity Inc	72.25	96,458.83	95.95	128,093.25	2.8	31,634.42
				96,458.83		128,093.25		31,634.42
Industrials								
	595	Alamo Group	181.02	107,705.96	185.91	110,616.45	2.4	2,910.49
	400	AptarGroup, Inc.	131.46	52,584.56	157.10	62,840.00	1.4	10,255.44
	1,305	Brunswick Corporation	66.77	87,135.49	64.68	84,407.40	1.8	-2,728.09
	2,460	Cass Information Systems Inc.	41.92	103,113.83	40.91	100,638.60	2.2	-2,475.23
	4,005	Distribution Solutions Group	33.46	134,020.36	34.40	137,772.00	3.0	3,751.64
	430	Eagle Materials Inc.	191.36	82,284.41	246.76	106,106.80	2.3	23,822.39
	5,965	First Advantage Corp.	16.23	96,815.18	18.73	111,724.45	2.4	14,909.27
	1,705	John Bean Technologies Corp	107.24	182,841.15	127.10	216,705.50	4.7	33,864.35
	2,570	Miller Industries Inc.	34.30	88,162.94	65.36	167,975.20	3.7	79,812.26
	12,255	Pitney Bowes Inc.	4.77	58,510.13	7.24	88,726.20	1.9	30,216.07
	6,787	Trimas Corporation	24.97	169,449.40	24.59	166,892.33	3.6	-2,557.07
				1,162,623.41		1,354,404.93		191,781.52
Real Estate								
	1,195	Howard Hughes Holdings Inc	70.06	83,717.52	76.92	91,919.40	2.0	8,201.88
				83,717.52		91,919.40		8,201.88
Technology								
	3,398	nCino Inc.	35.88	121,911.25	33.58	114,104.84	2.5	-7,806.41

Advisory Research, Inc.

N.O.I.T.U. Insurance Trust Fund

Portfolio Holdings

US Dollar

12/31/2024

	Quantity	Security	Unit Cost	Total Cost	Price	Market Value	% Assets	Unrealized Gain/Loss
Equities								
	5,853	TechTarget Inc	25.15	147,230.63	19.82	116,006.46	2.5	-31,224.17
				269,141.88		230,111.30		-39,030.58
Telecommunications								
	2,829	Bel Fuse Inc. Class B	50.72	143,491.57	82.47	233,307.63	5.1	89,816.06
				143,491.57		233,307.63		89,816.06
Equities Total				3,735,966.75		4,558,252.03		822,285.28
Cash and Cash Equivalents								
		Accrued Dividends		107.50		107.50	0.0	
		PRINCIPAL CASH		21,645.68		21,645.68	0.5	0.00
				21,753.18		21,753.18		0.00
Total Portfolio				3,757,612.43		4,580,005.21	100.0	822,285.28

Immaterial Difference \$108
Total Cost \$3,757,720

NOITU INSURANCE TRUST FUND-CASH
ACCOUNT: 1043655

ASSET SUMMARY

AS OF 12/31/24

PAGE: 2

<u>ASSET CATEGORY</u>	<u>MARKET VALUE</u>	<u>PERCENT OF ACCOUNT</u>
<u>CASH AND CASH EQUIVALENTS</u>		
MONEY MARKET FUNDS	3,928,303.12	29.01 %
TOTAL CASH AND CASH EQUIVALENTS	<u>3,928,303.12</u>	<u>29.01 %</u>
<u>EQUITIES</u>		
DOMESTIC EQUITY MUTUAL FUNDS	3,609,367.96	26.65 %
INTERNATIONAL FUNDS	6,005,270.12	44.34 %
TOTAL EQUITIES	<u>9,614,638.08</u>	<u>70.99 %</u>
TOTAL ASSETS	<u>13,542,941.20</u>	<u>100.00 %</u>

NOITU INSURANCE TRUST FUND-CASH
ACCOUNT: 1043655

LIST OF ASSETS

PAGE: 3

AS OF 12/31/24

<u>PAR VALUE OR SHARES</u>	<u>ASSET DESCRIPTION CUSIP / TICKER</u>	<u>FED TAX COST BOOK VALUE</u>	<u>MARKET VALUE</u>	<u>MARKET PRICE</u>	<u>ACCRUED INCOME</u>
<u>CASH AND CASH EQUIVALENTS</u>					
<u>MONEY MARKET FUNDS</u>					
3,928,303.1200	WILMINGTON US TREASURY MONEY MARKET FUND CLASS SELECT 97181C514 / WTEXX	3,928,303.12 3,928,303.12	3,928,303.12	1.000	19,070
TOTAL CASH EQUIVALENTS		3,928,303.12 3,928,303.12	3,928,303.12		19,070
<u>EQUITIES</u>					
<u>DOMESTIC EQUITY MUTUAL FUNDS</u>					
25,051.1380	VANGUARD EXTENDED MARKET INDEX FUND 922908694 / VEXAX	2,167,824.68 2,167,824.68	3,609,367.96	144.080	0
<u>INTERNATIONAL FUNDS</u>					
390,459.6960	VANGUARD DEVELOPED MARKETS INDEX FUND 921943882 / VTMNX	6,423,124.52 6,423,124.52	6,005,270.12	15.380	0
TOTAL EQUITIES		8,590,949.20 8,590,949.20	9,614,638.08		0
TOTAL ASSETS		12,519,252.32 12,519,252.32	13,542,941.20		19,070