

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 99, HEALTH & WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 01/01/1946
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) HEALTH & WELFARE COMMITTEE OF THE LOCAL 99, HEALTH & WELFARE FUND
701 MCCARTER HIGHWAY NEWARK, NJ 07102
2b Employer Identification Number (EIN) 30-0217152
2c Plan Sponsor's telephone number 973-735-6464
2d Business code (see instructions) 813930

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/14/2025, ALBERTO ARROYO; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 10/14/2025, KEVIN MC CANN; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1984 |
| 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) | 1984 |
| | 6a(2) | 1898 |
| | 6b | 0 |
| | 6c | 0 |
| | 6d | 1898 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 28 |

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

| | | |
|---|--|------------|
| A Name of plan LOCAL 99, HEALTH & WELFARE FUND | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH & WELFARE COMMITTEE OF THE LOCAL 99, HEALTH & WELFARE FUND | D Employer Identification Number (EIN) 30-0217152 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

LAUNDRY DIST FOODSVCS JB WKR UNITED

27-3605306

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 13 | EMPLOYEE ORGANIZATION | 1260474 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ANTHEM BLUE CROSS BLUE SHIELD

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 | | 524746 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ALICARE INC

13-3432221

| (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 | | 505190 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

ALICARE MEDICAL MANAGEMENT INC

13-3860528

| (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 | | 147187 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BENECARD

22-2998772

| (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 | | 171004 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

AMALGAMATED BANK

13-4920330

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 51 | | 52957 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

SELE-DENT INC

11-3310187

| (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 | | 46402 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SAX LLP

81-2950760

| (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 | | 112730 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LIVONGO HEALTH INC

26-3542036

| (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? |
|------------------------|---|--|--|--|---|--|
| | | 47902 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

ALLIANT INSURANCE SERVICES, INC

33-0785439

| (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? |
|------------------------|---|--|--|--|---|--|
| 22 | | 21964 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BARNES, IACCARINO & SHEPHERD LLP

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 | | 22920 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ANDCO CONSULTING LLC

59-3676225

| (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 | | 12000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

MARINER INSTITUTIONAL, LLC

59-3676225

| (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 | | 18000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ALIGRAPHICS

13-3432221

| (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 | | 45728 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WORLDLINK

04-3090158

| (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 | | 13285 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

| | | |
|--|--|------------|
| A Name of plan <u>LOCAL 99, HEALTH & WELFARE FUND</u> | B Three-digit plan number (PN) ▶ | <u>501</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HEALTH & WELFARE COMMITTEE OF THE LOCAL 99, HEALTH & WELFARE FUND</u> | D Employer Identification Number (EIN) <u>30-0217152</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW INT'L EQUITY VEBA FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u> | | |
| c EIN-PN <u>20-3534149-014</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>576140</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500 INDEX FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u> | | |
| c EIN-PN <u>13-4920330-008</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3897916</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW SHORT TERM BOND FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u> | | |
| c EIN-PN <u>13-4920330-099</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17279340</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan LOCAL 99, HEALTH & WELFARE FUND | B Three-digit plan number (PN) ▶ 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH & WELFARE COMMITTEE OF THE LOCAL 99, HEALTH & WELFARE FUND | D Employer Identification Number (EIN) 30-0217152 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 387747 | 1862315 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 62500 | 113000 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1190989 | |
| (2) U.S. Government securities | 1c(2) | 0 | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | 0 | |
| (B) All other | 1c(3)(B) | 0 | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | 1300000 | 1300000 |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 27011610 | 21753396 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1292109 | 6841768 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 31244955 | 31870479 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 248001 | 83286 |
| h Operating payables..... | 1h | 86690 | 112500 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 334691 | 195786 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 30910264 | 31674693 |

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) | 23282995 | |
| (B) Participants..... | 2a(1)(B) | 2544054 | |
| (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) | | 25827049 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 70000 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 232877 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 1926472 |
| (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) | | 177052 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 28233450 |

Expenses

| | | | |
|--|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 323395 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other..... | 2e(3) | 24135955 | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 24459350 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 1260474 | |
| (3) Recordkeeping fees | 2i(3) | 1442431 | |
| (4) IQPA audit fees | 2i(4) | 112730 | |
| (5) Investment advisory and investment management fees | 2i(5) | 82957 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 22920 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 88159 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 3009671 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 27469021 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 764429 |
| 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: **SAX LLP**

(2) EIN: **81-2950760**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Local 99, Health and Welfare Fund

Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Local 99, Health and Welfare Fund

Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

C O N T E N T S

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Independent Auditor's Report

Health and Welfare Fund Committee and Participants
Local 99, Health and Welfare Fund
Newark, New Jersey

Opinion

We have audited the accompanying financial statements - modified cash basis of the Local 99, Health and Welfare Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits - modified cash basis as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements - modified cash basis.

In our opinion, the accompanying financial statements - modified cash basis present fairly, in all material respects, the net assets available for benefits - modified cash basis of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits - modified cash basis for the years then ended, in accordance with the modified cash basis of accounting as described in Note 2a.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2a to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2a, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes - modified cash basis at December 31, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions - modified cash basis for the year then ended are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Fund's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Sax LLP

Parsippany, New Jersey
October 13, 2025

Local 99, Health and Welfare Fund

Statements of Net Assets Available for Benefits - Modified Cash Basis

| | <u>December 31,</u> | |
|---|-----------------------------|-----------------------------|
| | <u>2024</u> | <u>2023</u> |
| ASSETS | | |
| Investments, at fair value | | |
| Common/collective trusts | \$ 21,753,396 | \$ 27,011,610 |
| Mutual funds | 6,841,768 | 1,292,109 |
| Real estate | <u>1,300,000</u> | <u>1,300,000</u> |
| | 29,895,164 | 29,603,719 |
| Other assets | | |
| Deposits | 113,000 | 62,500 |
| Cash | <u>1,862,315</u> | <u>1,578,736</u> |
| | <u>31,870,479</u> | <u>31,244,955</u> |
| LIABILITIES | | |
| Due to Laundry, Distribution, and Food Services | | |
| Joint Board, Workers United | \$ - | \$ 34,922 |
| Due to/from claims administrator | - | (55,732) |
| Fees due to professionals | <u>112,500</u> | <u>107,500</u> |
| | <u>112,500</u> | <u>86,690</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 31,757,979</u> | <u>\$ 31,158,265</u> |

See Accompanying Notes to Financial Statements.

Local 99, Health and Welfare Fund

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

| | Years Ended December 31, | |
|--|--------------------------|-------------------|
| | 2024 | 2023 |
| ADDITIONS TO NET ASSETS ATTRIBUTED TO | | |
| Contributions | | |
| Employers | \$ 23,282,995 | \$ 21,861,806 |
| Participants | | |
| Copayments | 2,521,704 | 2,502,337 |
| COBRA | 22,350 | 30,279 |
| | 25,827,049 | 24,394,422 |
| Investment income (loss) | | |
| Net appreciation in fair value of investments | 2,103,524 | 2,245,301 |
| Interest | - | 103,324 |
| Dividends | 302,877 | 119,752 |
| Less investment management fees | (82,957) | (85,908) |
| | 2,323,444 | 2,382,469 |
| Total additions | 28,150,493 | 26,776,891 |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO | | |
| Benefits paid | | |
| Hospital and medical | 20,524,537 | 17,031,517 |
| Prescription drug program | 3,765,627 | 3,394,512 |
| UNITE Health Center | 6,400 | 10,775 |
| Dental | 229,336 | 330,011 |
| Optical | 49,119 | 49,440 |
| Legal services and other | 49,046 | 38,497 |
| | 24,624,065 | 20,854,752 |
| Operating expenses | | |
| Administrative expense | 1,261,352 | 1,200,502 |
| Claims administrators | 1,442,431 | 1,472,695 |
| Professional fees | 135,650 | 133,900 |
| Insurance | 21,964 | 21,964 |
| Other | 65,317 | 5,152 |
| | 2,926,714 | 2,834,213 |
| Total deductions | 27,550,779 | 23,688,965 |
| Net increase in net assets available for benefits | 599,714 | 3,087,926 |
| NET ASSETS AVAILABLE FOR BENEFITS, <i>beginning of year</i> | 31,158,265 | 28,070,339 |
| NET ASSETS AVAILABLE FOR BENEFITS, <i>end of year</i> | \$ 31,757,979 | 31,158,265 |

See Accompanying Notes to Financial Statements.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 1 - Description of the Plan

The following brief description of the Local 99, Health and Welfare Fund (the "Fund"), provides only general information. Participants should refer to the plan documents for a more complete description of the Fund's provisions.

a. General

The Fund is a multi-employer health and welfare benefit fund and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Fund is administered by the Health and Welfare Committee (the "Committee") consisting of members of the Laundry, Distribution, and Food Service Joint Board, Workers United, an affiliate of the Service Employees International Union ("SEIU"), CTW, CLC a related party, (the "Union").

b. Benefits

The Fund provides health and welfare benefits to eligible participants who are employed in covered crafts by employers who contribute to the Fund. Certain benefit coverage also requires a participant contribution. Benefits listed below are self-insured and administered through the Union or third-party administrators, and include the following:

1. Hospital and medical - participants may elect coverage for dependents which requires a co-payment;
2. Prescription drug program;
3. UNITE Health Center - for medical services;
4. Dental (for certain participants);
5. Eyeglass; and
6. Legal services, health seminars, and scholarship (for certain participants).

Claims for hospital and medical, prescription drug program, UNITE Health Center, dental, and certain eyeglass benefits are processed by third-party administrators ("claims processors") under administrative services only agreements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Fund. While the Fund utilizes claims processors, the ultimate responsibility for payments to providers and participants remains with the Fund.

The Fund utilizes a pharmacy benefit manager which periodically makes refunds to the Fund based upon the Fund's actual utilization patterns.

Employers are generally required to contribute to the Fund on behalf of workers in crafts covered pursuant to collective bargaining agreements with the Union. These agreements are generally negotiated for multi-year periods, with varying terms and employer contribution rates. Participant contributions, if required, are withheld by the employer and remitted along with the employer contribution.

The Fund has signed participation agreements with certain employers covered by collective bargaining agreements with affiliated locals of the Union whereby these employers will become contributing employers of the Fund for the purpose of providing hospital and medical benefits to workers covered under the collective bargaining agreements.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 1 - Description of the Plan - Continued

c. Cafeteria Plan

In order to implement the provisions of certain negotiated collective bargaining or participation agreements, the Fund adopted a cafeteria plan known as the Local 99 Health and Welfare Fund Cafeteria Plan (the "Cafeteria Plan"). The Cafeteria Plan is intended to qualify as a collectively bargained plan under Section 125 of the Internal Revenue Code ("IRC"). Under the Cafeteria Plan, eligible participants may elect to either receive their full compensation from their employer in cash or to have their employer apply a portion of such compensation towards the cost of benefits provided by the Fund, on a pre-tax basis.

d. Plan Termination

Nothing is provided in the plan documents as to priorities in the event of plan termination.

e. Other

The Committee is authorized, at any time and on such basis as it, in its sole discretion, deems appropriate, to amend, modify, add to, or eliminate any provision or benefit from the plan of benefits.

Note 2 - Summary of Significant Accounting Policies

a. Basis of Presentation

The financial statements of the Fund are prepared on the cash receipts and disbursements basis except for investments stated at fair value, certain receivables, and payables. The related effect of these modifications to cash basis accounting on additions and deductions included in the statements of changes in net assets available for benefits is to generally reflect calendar year results.

The preparation of financial statements requires management to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations and changes therein, benefit claims payable, claims incurred but not reported, and other disclosures. Accordingly, actual results may differ from those estimates.

Contributions from employers are recorded by the Fund in the year received. Copayments from participants are recorded by the Fund in the year received. Since this policy of cash basis recording is employed by the Fund, amounts due from employers or participants have not been recorded as receivables.

Purchases and sales of investments are reflected on a cash basis by recording transactions on settlement dates where applicable.

Net appreciation (depreciation) in fair market value of investments includes net realized gains and losses on investments bought and sold as well as held during the year.

Investment income is recognized when received, rather than when earned.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies - Continued

a. Basis of Presentation - Continued

Hospital and medical benefits represent payments made by the provider pursuant to a network access and administrative services agreement (the "agreement") for processing and pricing of in-network and out-of-network hospital and major medical claims. Benefits paid represent claims paid by the provider pursuant to the agreement during the calendar year.

Payment of certain out-of-network claims based upon calendar year billings from Aicare, Inc. (Note 7d), are also included in hospital and medical benefits.

Prescription drug program and dental represents charges based on claims paid in the calendar year and monthly premiums due, billed by the providers pursuant to network access and administrative services agreements for claims adjudication and pricing.

The Fund records administrative expense which is paid to the Union. The expense is based upon a per capita fee derived from an allocation of certain direct costs and expenses incurred by the Union on the Fund's behalf which it reimburses (Note 7b).

Claim administrators include payments for services provided pursuant to administrative services agreements for in-network and out-of-network hospital, major medical, and prescription drug claims pricing, adjudication, network access, and related administrative services as well as dental claims administration.

Professional and investment management fees have been recorded for the calendar year.

Postretirement benefit obligations are the value of those estimated future benefits that are attributable to participants for service rendered to December 31. The Fund does not provide for retiree benefits.

b. 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 5 for a discussion of fair value measurements.

c. Risk and Uncertainties

The assets of the Fund are primarily investment securities, which are monetary in nature. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

d. Subsequent Events

Subsequent events have been evaluated through October 13, 2025, the date the financial statements were approved and authorized for issue by the Committee.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 3 - Investments

Amalgamated Bank (the "Bank") (see Note 7a) is the investment manager for the Fund's investments except for the investment in real estate. Other than the investment in real estate, investments are held in custodial accounts with the Bank except for the cash equivalents investment in the Dreyfus Government Cash Management Fund, who retains custody.

During 2024 and 2023, the Fund's investments (including investments bought, sold, and held during the year) appreciated in value by \$2,103,524 and \$2,245,301, respectively, as follows:

| | Years Ended December 31, | | | |
|---------------------------------------|---|---------------------------|---|---------------------------|
| | 2024 | | 2023 | |
| | Net increase in value during year* | Fair Value end of year | Net increase in value during year* | Fair Value end of year |
| U.S. government and agency securities | \$ - | \$ - | \$ 228,574 | \$ - |
| Corporate debt securities | - | - | 80,607 | - |
| Common/collective trusts | 1,926,473 | 21,753,396 | 1,767,542 | 27,011,610 |
| Mutual funds | 177,051 | 6,841,768 | 168,578 | 1,292,109 |
| Real estate | - | 1,300,000 | - | 1,300,000 |
| | <u>* \$ 2,103,524</u> | <u>\$ 29,895,164</u> | <u>* \$ 2,245,301</u> | <u>\$ 29,603,719</u> |

*Includes net realized gains/(losses) of \$1,813,779 and (\$779,935) for the years ended December 31, 2024 and 2023, respectively.

a. Cash Equivalents

The Fund considers any highly liquid debt instruments purchased with maturities of three months or less to be cash equivalents. During the year, the Fund sweeps investment transaction proceeds to the Dreyfus Government Cash Management Fund, a money market mutual fund, that seeks to provide high current yields and to maintain a stable net asset value of \$1.00 per share. This mutual fund invests substantially all its assets in securities guaranteed by the U. S. Government or Government agencies to keep market and credit risk to a minimum.

b. Common/Collective Trusts

This represents various investments held in trust and managed by the Bank for the benefit of various employee benefit plans:

LongView LargeCap 500 Index VEBA Fund - The investment objective of LongView LargeCap 500 Index VEBA Fund is to provide investment results that approximate the performance of the Standard & Poor's 500 Composite Stock Price Index (the "S&P 500 Index"), by investing substantially all of its assets in all of the stocks which comprise the S&P 500 Index.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 3 - Investments - Continued

b. Common/Collective Trusts - Continued

LongView International Value Equity VEBA Fund - the investment objective of the Longview International Value Equity VEBA Fund is to use an indexed approach to provide superior risk-adjusted returns through an opportunistic value-oriented process.

LongView Short Term Bond Fund - the investment objective is to deliver excess returns relative to the Bloomberg 1-3 Year Government and or Credit Index. The fund invests at least 80% of its net assets in fixed-income securities, and in derivatives and other instruments that have economic characteristics similar to such securities.

c. Mutual Funds

This includes investments in the following mutual funds held in trust by the Bank:

Vanguard Mid Cap Index Fund Admiral Shares - The investment objective of the Vanguard Mid Cap Index Fund is to track the investment performance of the Morgan Stanley Capital International ("MSCI") US Mid Cap 450 Index, an unmanaged benchmark representing medium-size U.S. firms. The portfolio tracks holdings in the same capitalization weighting as the index.

Vanguard Small Cap Index Fund Admiral Shares - The investment objective of the Vanguard Small Cap Index Fund is to match the investment performance of the MSCI US Small Cap 1750 Index concentrating on equity investments diversified across growth and value styles.

PIMCO Income Fund - Institutional Fund - utilizes a multi-sector fixed income strategy investing in a diverse portfolio of fixed income securities. The majority of the securities are in high quality allocations of the market but may also invest in below investment grade or high yield investment securities, which can enhance performance.

d. Real Estate

This represents an investment in 701-703 McCarter Holding Company, Inc., which owns and operates a commercial office building located in Newark, NJ. The objective of this investment is to generate dividend income and capital appreciation (see Note 7e).

Note 4 - Financial Instruments

Investments in financial instruments create exposure to various risks, such as interest rate, market, credit risk, and currency. Due to the level of risk associated with certain financial instruments, it is at least reasonably possible that changes in the values of such investments will occur in the near term and such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Financial instruments that potentially subject the Fund to concentrations of credit risk consist of cash and cash equivalent deposits in financial institutions. These balances can fluctuate and at times exceed the amount insured by the Federal Deposit Insurance Corporation during the year.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 5 - Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the Financial Accounting Standards Board ("FASB") establishes a 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 the topic are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund 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; or
- 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 measured at fair value at December 31, 2024 and 2023:

Mutual funds shares held by the plan are valued at their daily closing quoted prices. These shares are deemed to be traded on active markets.

Common/collective trust funds are valued based on the Net Asset Value ("NAV") of units of the common collective trust. The NAV, as provided by the trustee's audited financial statements, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Fund will sell the investment for an amount different than the reported NAV.

Real estate has been valued based upon an appraisal performed by a certified general real estate appraiser licensed in the State of New Jersey. The Fund's investment in the building is classified within Level 3 of the fair value hierarchy due to the significance of unobservable inputs used in the valuation. Fair value of the building was determined using an income capitalization approach based on management's estimates of expected future rental income, occupancy rates, operating expenses, and capitalization rates that market participants would use in pricing similar assets.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 5 - Fair Value Measurements - Continued

Changes in any of these unobservable inputs could result in a significantly higher or lower fair value measurement. A significant increase (decrease) in the capitalization rate, or a significant decrease (increase) in the projected rental growth rate, would result in a lower (higher) fair value measurement.

Cash equivalents, if any, consist of a money market mutual fund and have been valued based upon the closing quoted market price reported on the active market in which the shares are traded.

The valuation methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Fund believes the 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 tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | December 31, 2024 | | | |
|--|-------------------|---------|--------------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 6,841,768 | \$ - | \$ - | \$ 6,841,768 |
| Real estate | - | - | 1,300,000 | 1,300,000 |
| Investments measured at fair value | \$ 6,841,768 | \$ - | \$ 1,300,000 | 8,141,768 |
| Investments measured at net asset value - common collective trusts (a) | | | | 21,753,396 |
| Total investments at fair value | | | | \$ 29,895,164 |

| | December 31, 2023 | | | |
|--|-------------------|---------|--------------|---------------|
| | Level 1 | Level 2 | Level 3 | Total |
| Mutual funds | \$ 1,292,109 | \$ - | \$ - | \$ 1,292,109 |
| Real estate | - | - | 1,300,000 | 1,300,000 |
| Investments measured at fair value | \$ 1,292,109 | \$ - | \$ 1,300,000 | 2,592,109 |
| Investments measured at net asset value - common collective trusts (a) | | | | 27,011,610 |
| Total investments at fair value | | | | \$ 29,603,719 |

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line presented in the statement of net assets available for benefits.

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 5 - Fair Value Measurements - Continued

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Fund:

| | 2024 Fair Value | 2023 Fair Value | Unfunded Commitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
|--------------------------|--------------------|--------------------|-------------------------|---|-----------------------------|
| Common collective trusts | \$ 21,753,396 | \$ 27,011,610 | N/A | Daily | 30 days |

Note 6 - Benefit Obligations

Obligations for health claims incurred by active participants and covered dependents but not reported at December 31, 2024 or 2023 are recorded by the Fund based upon actual claims subsequently billed. The Fund determines eligibility monthly, based upon contributions received from or on behalf of a participant. Participants do not accrue eligibility and, therefore, accumulated eligibility credits are not provided.

The Fund's benefit obligations are as follows (rounded to the nearest thousand):

| | December 31, | |
|---|---------------------|---------------------|
| | 2024 | 2023 |
| Amounts currently payable | | |
| Claims payable | \$ 83,000 | \$ 248,000 |
| Claims incurred but not reported | 5,169,000 | 2,721,000 |
| | <u>5,252,000</u> | <u>2,969,000</u> |
| Net post-retirement benefit obligations | <u>-</u> | <u>-</u> |
| Fund's total benefit obligations at end of year | <u>\$ 5,252,000</u> | <u>\$ 2,969,000</u> |

| | Years Ended December 31, | |
|---|--------------------------|---------------------|
| | 2024 | 2023 |
| Amounts currently payable | | |
| Balance at beginning of year | \$ 2,969,000 | \$ 2,745,000 |
| Health claims reported | (22,292,000) | (20,592,000) |
| Health claims paid | 24,575,000 | 20,816,000 |
| | <u>5,252,000</u> | <u>2,969,000</u> |
| Net post-retirement benefit obligations | <u>-</u> | <u>-</u> |
| Fund's total benefit obligations at end of year | <u>\$ 5,252,000</u> | <u>\$ 2,969,000</u> |

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 7 - Transactions with Parties-In-Interest

- a. The Bank provides custodial and investment management services. Fees to the Bank are based upon a percentage of assets under management. The Bank received an administrative exemption for the services it provides to the Fund from the Department of Labor, which includes a provision for an independent fiduciary, who has been engaged to oversee services provided by the Bank and to determine whether continuation of the established relationship with the Bank is in the best interest of the Fund. For the years ended December 31, 2024 and 2023, these fees amounted to \$52,957 and \$69,775, respectively.
- b. The Committee has engaged the Union to provide certain services and facilities for the operation of the Fund. An administrative services agreement (the "agreement") was entered into between the Fund and the Union which details that payments for such services and use of facilities provided by the Union will be on a monthly per capita rate per covered participant. The per capita rate is based on an analysis of the Union's payroll costs attributable to fund operations which is then used to allocate certain expenses and direct costs incurred by the Union and adjusted for specific circumstances such as for new or terminating employers.

During 2024, a recalculation of actual expenses was performed to arrive at the updated per capita rate, which is adjusted every October 1st, based on the consumer price index. Except for specific circumstances, the rate increase is limited to three percent. For the years ended December 31, 2024 and 2023, the per capita rate was \$54.38 and \$49.81, respectively. Per capita payments to the Union amounted to \$1,260,474 and \$1,199,624 for the years ended December 31, 2024 and 2023, respectively, and have been included in the accompanying financial statements.

- c. The UNITE Health Center, Inc. ("UHC") provides medical services for eligible Fund participants, including their dependents. UHC, a related party, is an exempt organization under Section 501(c)(3) of the IRC. Its Board of Directors includes officers of Workers United and UNITE HERE. Payments are based on agreed upon monthly usage allocations for medical services. For the years ended December 31, 2024 and 2023, the cost of these services amounted to \$6,400 and \$10,775, respectively.
- d. The Fund has entered into administrative services agreements with Aicare, Inc., Aicare Medical Management, Inc. ("Aicare"), and related parties, for eligibility review, approval, care management services, and the related administration of claims presented for payment by Anthem. Aicare is a subsidiary of ALICO Services Corp., which is owned by the UNITE HERE National Retirement Fund, a jointly administered employee benefit fund affiliated with UNITE HERE and Workers United. For the years ended December 31, 2024 and 2023, fees to Aicare amounted to \$652,377 and \$677,778, respectively, which are included in claims administration on the accompanying statements of changes in net assets available for benefits.
- e. The Fund's investment in real estate represents ownership in 701-703 McCarter Holding Company, Inc. (the "Building"), a not-for-profit corporation organized for the sole purpose of holding title to and managing a three-story office building. The Fund made an initial investment of \$1,300,000 and paid \$44,762 for initial move-in costs and improvements to receive a 50% ownership share of the Building. The Union, a related party, owns the remaining 50% share. During 2019, the Fund invested an additional \$150,000 in the Building which was used for improvements to the Building. The Fund and the Union occupy office space in the Building. The Union is charged for rent expense by the Building and allocates a portion of that cost to the Fund, which is included in the calculation of the per capita fee charged to the Fund (see Note 7b).

Local 99, Health and Welfare Fund

Notes to Financial Statements - Modified Cash Basis

Years Ended December 31, 2024 and 2023

Note 7 - Transactions with Parties-In-Interest - Continued

- e. The Fund engaged an independent fiduciary to determine that this investment is in the best interest of the Fund. After a review of the transaction, the independent fiduciary rendered their report indicating that the transaction and investment in the Building was a prudent transaction and would have a positive impact on the Fund's investment portfolio. The Fund received dividend income of \$70,000 and \$90,000 for the years ended December 31, 2024 and 2023, respectively, from this investment.

Note 8 - Tax Status

The Internal Revenue Service ("IRS") advised on June 24, 2004 that the Fund is exempt from federal income taxes under provisions of Section 501(c)(9) of the IRC. On February 18, 1998, the IRS indicated that, as part of a group exemption ruling issued to The Union of Needletrades, Industrial, and Textile Employees ("UNITE"), the Fund's exempt status remained unchanged from the initial group exemption ruling issued to the International Ladies' Garment Workers' Union on March 23, 1973 of which the Fund was a part.

Accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not will be realized. The Plan Administrator has analyzed the tax positions taken by the Fund, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

Note 9 - Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2024 and 2023 to Schedule H of Form 5500:

| | December 31, | |
|--|---------------|---------------|
| | 2024 | 2023 |
| Net assets available for benefits per the financial statements | \$ 31,757,979 | \$ 31,158,265 |
| Benefit obligations currently payable | (83,286) | (248,001) |
| Net assets available for benefits per Form 5500 | \$ 31,674,693 | \$ 30,910,264 |

The following is a reconciliation of benefits paid to or for participants per the financial statements to Form 5500 for the year ended December 31, 2024 to Schedule H of Form 5500:

| | |
|--|---------------|
| Benefits paid per the financial statements | \$ 24,624,065 |
| Add amounts payable at end of year | 83,286 |
| Less amounts payable at beginning of year | (248,001) |
| Benefits paid to or for participants per Form 5500 | \$ 24,459,350 |

Local 99, Health and Welfare Fund

Supplementary Information - Schedule H, Line 4i
 Schedule of Assets Held for Investment Purposes - Modified Cash Basis
 EIN: 30-0217152 - Plan # 501

December 31, 2024

| <u>(a) Description</u> | <u>(b) Interest Rate</u> | <u>Maturity Date</u> | <u>(c) Shares or Principal Amount</u> | <u>(d) Cost</u> | <u>(e) Current Value</u> |
|---|--------------------------|----------------------|---------------------------------------|----------------------|--------------------------|
| <u>Common Collective Trusts</u> | | | | | |
| * LONGVIEW LARGE CAP 500 INDEX VEBA FUND | | | 4,090 | \$ 510,945 | \$ 3,897,916 |
| * LONGVIEW INTERNATIONAL VALUE EQUITY VEBA FUND | | | 1,955 | 210,193 | 576,140 |
| * LONGVIEW SHORT TERM BOND FUND | | | 157,526 | 15,930,926 | 17,279,340 |
| | | | | <u>16,652,064</u> | <u>21,753,396</u> |
| <u>Mutual Funds</u> | | | | | |
| PIMCO INCOME FUND INSTITUTIONAL FUND | | | 545,901 | 5,729,119 | 5,742,881 |
| VANGUARD MID CAP INDEX FUND | | | 2,302 | 155,826 | 552,681 |
| VANGUARD SMALL CAP INDEX FUND | | | 6,155 | 158,361 | 546,206 |
| | | | | <u>6,043,306</u> | <u>6,841,768</u> |
| <u>Real Estate</u> | | | | | |
| * REAL ESTATE | | | - | 1,494,762 | 1,300,000 |
| | | | | <u>\$ 24,190,132</u> | <u>\$ 29,895,164</u> |

* Represents a party-in-interest to the Fund.

Local 99, Health and Welfare Fund

Supplementary Information - Schedule H, Line 4j
 Schedule of Reportable Transactions - Modified Cash Basis
 EIN: 30-0217152 - Plan # 501

Year Ended December 31, 2024

| Description of asset | Purchase Price | Selling Price | Cost of Asset | Current value on transaction date | Net Gain or (Loss) |
|--|---------------------|-----------------|---------------------|-----------------------------------|--------------------|
| <u>Category (i) - Series of transactions in excess of 5% of fund assets:</u> | | | | | |
| PIMCO Income Fund Institutional Fund | \$ 5,810,642 | \$ - | \$ 5,810,642 | \$ 5,810,642 | \$ - |
| LongView Short Term Bond Fund | - | 4,776,131 | 4,569,500 | 4,776,131 | 206,631 |
| <u>Category (iii) - Series of transactions in excess of 5% of fund assets:</u> | | | | | |
| | Number of Purchases | Number of Sales | Amount of Purchases | Amount of Sales | Net Gain or (Loss) |
| PIMCO Income Fund Institutional Fund | 8 | 2 | \$ 6,025,933 | \$ 298,300 | \$ 1,486 |
| LongView Short Term Bond Fund | - | 6 | - | 5,646,661 | 270,869 |

There were no category (ii) or (iv) reportable transactions during 2024.

See Independent Auditor's Report.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: Local 99, Health & Welfare Fund
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1946
2a Plan sponsor's name: Health & Welfare Committee of the Local 99, Health & Welfare Fund
2b Employer Identification Number (EIN): 30-0217152
2c Plan Sponsor's telephone number: (973) 735-6464
2d Business code: 813930

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

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

Table with 3 columns: SIGN HERE, Date, Name. Row 1: Alberto Arrovo, 10/14/25. Row 2: Kevin Mc Cann, 10/14/25.

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

Form 5500 (2024) v. 240311

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------|------|--|--------------|--------------|------|-----------|-----------|------|-----------|-----------|---|-----------|-----------|---|-----------|-----------|------|-----------|--------------|--------------|-----------|--------------|--------------|-----------|-----------|-----------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">1984</td> </tr> </table> | 5 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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..... | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">1984</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">1898</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">1898</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;">6g(2)</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;">6g(2)</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;">6h</td> <td style="text-align: center;">6h</td> </tr> </table> | | | | 6a(1) | 6a(2) | 1984 | 6b | 6c | 1898 | 6b | 6c | 0 | 6d | 6e | 0 | 6d | 6e | 1898 | 6f | 6g(1) | 6g(2) | 6f | 6g(1) | 6g(2) | 6h | 6h | 6h |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a(1) | 6a(2) | 1984 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b | 6c | 1898 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b | 6c | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | 6e | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6d | 6e | 1898 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6f | 6g(1) | 6g(2) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6f | 6g(1) | 6g(2) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6h | 6h | 6h | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">28</td> </tr> </table> | 7 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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 _____

Local 99, Health and Welfare Fund

Supplementary Information - Schedule H, Line 4j
 Schedule of Reportable Transactions - Modified Cash Basis
 EIN: 30-0217152 - Plan # 501

Year Ended December 31, 2024

| Description of asset | Purchase Price | Selling Price | Cost of Asset | Current value on transaction date | Net Gain or (Loss) |
|--|---------------------|-----------------|---------------------|-----------------------------------|--------------------|
| <u>Category (i) - Series of transactions in excess of 5% of fund assets:</u> | | | | | |
| PIMCO Income Fund Institutional Fund | \$ 5,810,642 | \$ - | \$ 5,810,642 | \$ 5,810,642 | \$ - |
| LongView Short Term Bond Fund | - | 4,776,131 | 4,569,500 | 4,776,131 | 206,631 |
| <u>Category (iii) - Series of transactions in excess of 5% of fund assets:</u> | | | | | |
| | Number of Purchases | Number of Sales | Amount of Purchases | Amount of Sales | Net Gain or (Loss) |
| PIMCO Income Fund Institutional Fund | 8 | 2 | \$ 6,025,933 | \$ 298,300 | \$ 1,486 |
| LongView Short Term Bond Fund | - | 6 | - | 5,646,661 | 270,869 |

There were no category (ii) or (iv) reportable transactions during 2024.

See Independent Auditor's Report.

Local 99, Health and Welfare Fund

Supplementary Information - Schedule H, Line 4i
 Schedule of Assets Held for Investment Purposes - Modified Cash Basis
 EIN: 30-0217152 - Plan # 501

December 31, 2024

| <u>(a) Description</u> | <u>(b)</u> <u>Interest Rate</u> | <u>Maturity Date</u> | <u>(c) Shares or Principal Amount</u> | <u>(d) Cost</u> | <u>(e) Current Value</u> |
|---|------------------------------------|----------------------|---------------------------------------|----------------------|--------------------------|
| <u>Common Collective Trusts</u> | | | | | |
| * LONGVIEW LARGE CAP 500 INDEX VEBA FUND | | | 4,090 | \$ 510,945 | \$ 3,897,916 |
| * LONGVIEW INTERNATIONAL VALUE EQUITY VEBA FUND | | | 1,955 | 210,193 | 576,140 |
| * LONGVIEW SHORT TERM BOND FUND | | | 157,526 | 15,930,926 | 17,279,340 |
| | | | | <u>16,652,064</u> | <u>21,753,396</u> |
| <u>Mutual Funds</u> | | | | | |
| PIMCO INCOME FUND INSTITUTIONAL FUND | | | 545,901 | 5,729,119 | 5,742,881 |
| VANGUARD MID CAP INDEX FUND | | | 2,302 | 155,826 | 552,681 |
| VANGUARD SMALL CAP INDEX FUND | | | 6,155 | 158,361 | 546,206 |
| | | | | <u>6,043,306</u> | <u>6,841,768</u> |
| <u>Real Estate</u> | | | | | |
| * REAL ESTATE | | | - | 1,494,762 | 1,300,000 |
| | | | | <u>\$ 24,190,132</u> | <u>\$ 29,895,164</u> |

* Represents a party-in-interest to the Fund.