

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... 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... 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 DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND 1b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/1994 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) DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND 420 WEST 45TH STREET NEW YORK, NY 10036 420 WEST 45TH STREET 5TH FLOOR NEW YORK, NY 10036-3501 2b Employer Identification Number (EIN) 13-3698650 2c Plan Sponsor's telephone number 212-925-6033 2d Business code (see instructions) 623000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor DC 37 -LOCAL 389 HOME CARE EMPLOYEES PENSION FUND 420 WEST 45TH STREET 5TH FLOOR NEW YORK, NY 10036-3501		3b Administrator's EIN 13-3698650	
		3c Administrator's telephone number 212-925-6033	
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	7882	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	1099	
6a(2) Total number of active participants at the end of the plan year	6a(2)	965	
b Retired or separated participants receiving benefits.....	6b	2992	
c Other retired or separated participants entitled to future benefits	6c	3513	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	7470	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	224	
f Total. Add lines 6d and 6e	6f	7694	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	81	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	5	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

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

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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-3698650</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>59047394</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>65722613</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>83937756</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>83837810</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>113949834</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>659454</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>6419290</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>7488935</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE <u>AARON SHAPIRO, FSA, EA, MAAA</u> Type or print name of actuary <u>MILLIMAN, INC</u> Firm name <u>150 CLOVE ROAD</u> <u>LITTLE FALLS, NJ 07424</u> Address of the firm	<u>10/10/2025</u> Date <u>23-07290</u> Most recent enrollment number <u>973-278-8860</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	4.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.4 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1100000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	604606	59551
4	1457180	143525

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	6618494
b Employer's normal cost for plan year as of valuation date.....	9b	1445451

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	21470024	3457636
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		720099
e Total charges. Add lines 9a through 9d.....	9e		12241680
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		880995
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	9873375	2148168
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		161374
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	27981802	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	38154214	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		3190537
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		9051143
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		0
(3) Total as of valuation date.....	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		9051143
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			

Yes No

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

A Name of plan DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND	D Employer Identification Number (EIN) 13-3698650	

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

VANGUARD GROUP

23-1945930

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

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

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

DICTRICT COUNCIL 37 LOCAL 389 WF

420 WEST 45TH STREET
NEW YORK, NY 10036

13-3505523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	REIMBURSED EXPENSES	502257	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)

MILLIMAN, INC.

150 CLOVE ROAD, 10TH FLR
LITTLE FALLS, NJ 07427

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	79234	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)

AMERICAN CORE REALTY FUND

515 S. FLOWER ST
LOS ANGELES, CA 90071

95-4871432

(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	INFORMATION MANAGER	73786	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

SEGAL MARCO ADVISORS INC

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(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 50	INVESTMENT ADVISOR	48333	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)

DANIEL H. COOK ASSOCIATES INC

253 WEST 35TH ST, 12TH FLOOR
NEW YORK, NY 10001

11-2424843

(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 50	CLAIMS PROCESSING	42012	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)

ROGOFF & COMPANY PC

355 LEXINGTON AVE, 6TH FL
NEW YORK, NY 10017

13-2688836

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	37000	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)

INVESCO TRUST COMPANY

11 GREENWAY PLAZA
HOUSTON, TX 77046

46-3793325

(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 50	INVESTMENT ADVISOR	21095	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)

COHEN WEISS & SIMON LLP

900 THIRD AVENUE SUITE 2100
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	14494	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)

FORD HARRISON LLP

100 PARK AVE
NEW YORK, NY 10017

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	7405	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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
--	---	------------

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-3698650</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: INVESCO TRUST COMPANY

b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY

c EIN-PN <u>46-3793325-001</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>5485467</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MARCO CONSULTING FIXED INCOME GROUP

b Name of sponsor of entity listed in (a): MARCO CONSULTING FIXED INCOME GROUP

c EIN-PN <u>27-6230536-001</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>15669331</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)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND	D Employer Identification Number (EIN) 13-3698650

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	1036587	1142340
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	131271	114462
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	22245594	21154798
(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)	26242463	24659263
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	9710217	9020501

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	39559	39817
f Total assets (add all amounts in lines 1a through 1e).....	1f	59405691	56131181
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	82918	64633
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	275379	199015
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	358297	263648
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	59047394	55867533

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)	880995	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		880995
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)	274269	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	800692	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1074961
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	681548	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	702695	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-21147
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-187504	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-187504

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		680305
(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)		1866108
c Other income	2c		114667
d Total income. Add all income amounts in column (b) and enter total	2d		4408385

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6388935	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6388935
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37000	
(5) Investment advisory and investment management fees	2i(5)	143214	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	79234	
(8) Legal fees	2i(8)	21899	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	917964	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1199311
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7588246

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3179861
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: **ROGOFF & COMPANY PC**

(2) EIN: **13-2688836**

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561312.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND	D Employer Identification Number (EIN) 13-3698650	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
----------	--	----------

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		0
----------	--	----------

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer JASA/SERVICES FOR THE AGED

b EIN 13-3200109 **c** Dollar amount contributed by employer 431929

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

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

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

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

a Name of contributing employer POMONOK HOME SERVICES

b EIN 11-2694987 **c** Dollar amount contributed by employer 312501

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 30.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 47.0 %
 High-Yield Debt: 2.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 21.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Independent Auditor's Report

Board of Trustees
District Council 37 Local 389 Home Care
Employees Pension Fund
New York, NY

Opinion

We have audited the financial statements of District Council 37 Local 389 Home Care Employees Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of District Council 37 Local 389 Home Care Employees Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our 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 District Council 37 Local 389 Home Care Employees Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about District Council 37 Local 389 Home Care Employees Pension Fund's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of District Council 37 Local 389 Home Care Employees Pension 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 District Council 37 Local 389 Home Care Employees Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses for the years ended December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rogoff & Company PC

Rogoff & Company, PC
Certified Public Accountants
New York, NY
October 14, 2025

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: District Council 37 Local 389 Home Care Employees Pension Fund

EIN/PN: 13-3698650/001

Plan Year: January 1 – December 31.

Eligibility: An Employee who is engaged in Covered Employment during the period in which an Employer is a Contributing Employer, shall become a Participant in the Plan on the earliest January 1 or July 1 following (or in the case of a Professional Staff Employee, the day following) completion of a 12 consecutive month period from date of hire by an Employer during which they have completed at least 1,000 Hours of Service in Covered Employment. If 1,000 Hours of Service are not completed during said 12 month period, the Participant will join the Plan on the January 1st following the first Calendar Year in which they complete at least 1,000 Hours of Service, beginning with the Calendar Year that includes the first anniversary of their date of hire.

Year of Service: Employees who worked at least 1,000 hours will be credited with one year of service. If a participant works less than 1,000 hours, one quarter of year of service will be credited for each 250 hours worked.

Vesting Service: A participant shall be credited with one year of Vesting Service for each year in which they are credited with at least 1,000 Hours of Service. Participants cannot earn partial Years of Vesting Service.

Benefit Formulas and Eligibilities for Home Care Employees

Normal Retirement

Eligibility: Normal Retirement Date – The later of age sixty-five (65) or the fifth anniversary of participation.

Normal Retirement Benefit: A monthly pension equal to: \$5.50 times the total Years of Pension Service, up to 25 years, earned in Covered Employment.

Early Retirement

Eligibility: Age fifty-five (55) and ten (10) Years of Pension Service

Benefit: Accrued pension benefit reduced by 0.5 of 1% for each month by which the commencement of benefits precedes age 65.

Deferred Retirement after Normal Retirement Date

Benefit: Greater of (1) benefit determined as of the participant's Normal Retirement Date with an Actuarial increase to the participant's benefit commencement date or (2) benefit accrued to the participant's benefit commencement date.

Pre-Retirement Death Benefits

For married participants, 50% Survivor death benefit provided for the spouse of vested member, payable on the date member would have been eligible for early or normal retirement.

For Beneficiaries other than the surviving spouse, monthly benefit payments will be provided until the end of the 60th month, or the month in which the Beneficiary dies, whichever occurs first.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

If the present value of the death benefit is less than \$5,000, a single lump sum payment to the surviving spouse is made as soon as administratively possible following the death.

Form of Benefit

Normal Form of Benefit: 5 year certain and life annuity for unmarried participant. For married participants, a benefit in the form of a reduced 50% Husband-and-Wife benefit.

Optional Forms of Benefits: Single Life Annuity; 75% Husband-and-Wife annuity.

Benefit Formulas and Eligibilities for Professional Employees

Normal Retirement

Eligibility: Normal Retirement Date – The later of age sixty-five (65) or the fifth anniversary of participation.

Normal Retirement Benefit: A monthly pension equal to the sum of the following, multiplied by the average of the highest 3 consecutive years of compensation:

- i) 1.3% times the total Years of Service earned in Covered Employment before January 1, 1993, plus
- ii) 1.5% times the total Years of Service earned in Covered Employment during January 1, 1993 to December 31, 1993, plus
- iii) 2.0% times the total Years of Service earned in Covered Employment during January 1, 1994 to December 31, 2006, plus
- iv) 1.7% times the total Years of Service earned in Covered Employment after January 1, 2007

In no event shall the total Years of Pension Service exceed 25 years.

Early Retirement

Eligibility: Age sixty (60) and ten (10) Years of Service

Benefit: Accrued pension benefit reduced by 0.4 of 1% for each month by which the commencement of benefits precedes age 65.

Deferred Retirement after Normal Retirement Date

Benefit: Greater of (1) benefit determined as of the participant's Normal Retirement Date with an Actuarial increase to the participant's benefit commencement date or (2) benefit accrued to the participant's benefit commencement date.

Disability Retirement

Disability Retirement Date: Ten (10) Years of Service and eligible for Social Security disability benefits.

Benefit: Unreduced Normal Retirement benefit.

Pre-Retirement Death Benefits

For married participants, 50% Survivor death benefit provided for the spouse of vested member, payable on the date member would have been eligible for early or normal retirement.

If the present value of the death benefit is less than \$5,000, a single lump sum payment to the surviving spouse is made as soon as administratively possible following the death.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

Form of Benefit

Normal Form of Benefit: Single Life annuity for unmarried participant. For married participants, a benefit in the form of a reduced 50% Husband-and-Wife benefit.

Optional Forms of Benefits: 10 year certain and life annuity; 75% Husband-and-Wife annuity, 100% Husband-and-Wife annuity.

**District Council 37 Local 389 Home Care
Employees Pension Fund**
EIN 13-3698650
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue</i>	<i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
	<i>Mutual Funds</i>			
Vanguard	Total Bond Mkt Index, 290,719.355 shares	\$ 3,010,595	\$ 2,756,019	
Vanguard	Total World Stock Idx, 55,479.075 shares	7,247,266	13,302,218	
Vanguard	Treasury Money Market, 8,601,025.770 shares	<u>8,601,026</u>	<u>8,601,026</u>	
Total Mutual Fund		<u>18,858,887</u>	<u>24,659,263</u>	
	<i>Common Collective Trusts</i>			
Invesco Trust Company	Balanced Risk Allocation Trust, 189,088.831 shares	3,338,988	5,485,467	
Marco Consulting Group Trust	Fixed Income Participation, 1,078,279.638 units	<u>14,068,600</u>	<u>15,669,331</u>	
Total Common Collective Trusts		<u>17,407,588</u>	<u>21,154,798</u>	
	<i>Limited Liability Companies</i>			
RCTS Limited Liability Company	Emerging Mkts Equity, 160,772.104 shares	<u>1,757,142</u>	<u>2,976,343</u>	
	<i>Limited Partnership</i>			
American Core Realty Fund	Real Estate Investment Trust Fund, 50.5381 shares	<u>6,187,903</u>	<u>6,044,158</u>	
Total assets held for investment purposes		<u>\$ 44,211,520</u>	<u>\$ 54,834,562</u>	

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Number of Participants by Age and Service Groups – Active Home Care Participants

Age	Years of Credited Service									Total	
	0–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	4	-	-	-	-	-	-	-	-	-	4
25–29	8	-	-	-	-	-	-	-	-	-	8
30–34	12	7	-	-	-	-	-	-	-	-	19
35–39	24	12	-	-	-	-	-	-	-	-	36
40–44	29	15	3	1	-	-	-	-	-	-	48
45–49	33	25	9	13	6	-	-	-	-	-	86
50–54	50	53	23	23	10	1	1	-	-	-	161
55–59	54	37	27	25	13	8	7	2	-	-	173
60–64	49	61	33	30	25	20	13	9	1	-	241
65–69	36	43	27	33	16	15	16	9	3	-	198
70+	16	20	26	8	18	13	10	7	-	-	118
Total	315	273	148	133	88	57	47	27	4	-	1,092

Average Accrued Monthly Benefits by Age and Service Groups – Active Home Care Participants

Age	Years of Credited Service									Total	
	0–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	*	-	-	-	-	-	-	-	-	-	*
25–29	*	*	-	-	-	-	-	-	-	-	*
30–34	*	*	-	-	-	-	-	-	-	-	*
35–39	16	*	-	-	-	-	-	-	-	-	23
40–44	15	*	*	*	-	-	-	-	-	-	25
45–49	17	38	*	*	*	-	-	-	-	-	46
50–54	15	38	68	93	*	*	*	-	-	-	49
55–59	16	37	68	95	*	*	*	-	-	-	60
60–64	18	38	65	93	122	138	*	*	*	-	71
65–69	16	37	66	105	*	*	*	*	*	-	87
70+	*	37	65	*	*	*	*	*	-	-	107
Total	16	37	66	97	131	156	169	178	*	-	66

**Average accrued monthly benefits are not reported for cells with fewer than 20 participants.*

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2023 Schedule MB (Form 5500)

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Number of Participants by Age and Service Groups – Active Professional Participants

Age	Years of Credited Service									Total	
	0–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	1	-	-	-	-	-	-	-	-	1
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	1	-	-	-	-	-	-	-	-	1
50–54	-	-	-	-	1	-	-	-	-	-	1
55–59	-	1	-	-	-	-	-	-	-	-	1
60–64	-	-	-	1	-	1	-	1	-	-	3
65–69	-	-	-	-	-	-	-	-	-	-	-
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	3	-	1	1	1	-	1	-	-	7

Average compensation and accrued monthly benefits are not reported, since all cells have fewer than 20 participants.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Funding Status Projection Results

Plan Year Beginning	Funded Percentage	Contributions	Credit Balance at End of Year
1/1/2024	79.0%	962,000	(8,981,000)
1/1/2025	70.0%	964,000	(12,026,000)
1/1/2026	62.8%	966,000	(15,375,000)
1/1/2027	54.4%	968,000	(18,559,000)
1/1/2028	49.3%	970,000	(21,630,000)
1/1/2029	43.5%	972,000	(26,102,000)
1/1/2030	36.9%	975,000	(30,969,000)
1/1/2031	29.4%	977,000	(36,173,000)
1/1/2032	20.9%	979,000	(41,745,000)
1/1/2033	11.2%	981,000	(47,701,000)
1/1/2034	0.2%	984,000	(53,535,000)

The funded percentage as of January 1, 2024 is projected to be 79.0%.

Plan Year Beginning	Critical Test 1	Critical Test 2	Critical Test 3	Critical Test 4
1/1/2024	Pass	Fail	Fail	Pass
1/1/2025	Pass	Fail	Fail	Pass
1/1/2026	Pass	Fail	Fail	Pass
1/1/2027	Pass	Fail	Fail	Pass
1/1/2028	Fail	Fail	Fail	Pass
1/1/2029	Fail	Fail	Fail	Pass

The Plan does not pass each of the four tests under IRC Section 432(b)(2) (refer to the attached appendix) for the 2024 plan year. Furthermore, the Plan is projected to become insolvent during the 2034 plan year. Therefore, the Plan meets the criteria to be in Critical and Declining Status for the 2024 plan year.

PPA Actuarial Certification

Based on the actuarial assumptions and methods, financial and participant data, and Plan provisions, as described in the actuarial report for the Plan year ended December 31, 2023, I hereby certify that the District Council 37, Local 389 Home Care Employees Pension Plan is in “critical and declining” status for the plan year beginning January 1, 2024, as defined in the Pension Protection Act of 2006 as amended by the Multiemployer Pension Reform Act of 2014 (“MPRA”).

Further, I hereby certify that to the best of my knowledge and belief, the actuarial assumptions employed in preparing this certification are individually reasonable and represent my best estimate of future experience. Additionally, the “projected industry activity” assumption, as required under IRC Section 432(b)(3)(B)(iii), has been provided by the Board of Trustees.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Summary of Assumptions/Methods

1. Our forecast of future minimum funding requirements is based on:
 - January 1, 2023 participant data and January 1, 2023 actuarial valuation results, as provided in our actuarial report dated March 29, 2024.
 - Estimated January 1, 2024 unaudited asset value of \$ 59,050,508 provided by the Fund's accountant. The results reflect an estimated rate of return on market assets of approximately 7.43% (net of investment-related administrative expenses) for the plan year ended December 31, 2023 and an assumed rate of return on market assets of 6.50% (net of investment-related administrative expenses) for every year after the plan year ending December 31, 2023. No future asset gains or losses other than the gains or losses related to the asset smoothing method are reflected.
 - An assumption that the active population will remain stable for each plan year after December 31, 2023.
 - Estimated contributions assuming hourly contribution rates for Home Care Employees in accordance with the respective Collective Bargaining Agreements, and 17.04% of total Professional Staff compensation for each Plan Year after December 31, 2023. Salary of Professional Staff Employees is assumed to increase at the rate of 2% per year.
 - Administrative expenses assumed to increase by 2% for each plan year after December 31, 2023.
 - Plan provisions identical to those used in the January 1, 2023 actuarial valuation.
 - All other actuarial assumptions and methods being the same as those used to determine January 1, 2023 actuarial valuation results.
2. This actuarial certification is based on 1) the proposed Multiemployer Plan Funding Guidance provided by the IRS on March 18, 2008, 2) the December 2007 Practice Note issued by the Multiemployer Plans Subcommittee of the Pension Committee of the American Academy of Actuaries, and 3) action taken by the Board of Trustees on or before March 29, 2024.
3. This certification is based on our understanding of the Pension Relief Act of 2010, the Multiemployer Pension Reform Act of 2014 (MPRA) and regulations and other IRS guidance issued to date.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Summary of Zone Status Definitions under PPA as Amended by MPRA

Critical (“Red Zone”) Status - IRC Section 432(b)(2) and 432(b)(4)

Any one of four tests under IRC Section 432(b)(2):

- Test 1 Less than 65% funded and market value of assets plus contributions for current year plus next following 6 plan years is less than present value of projected benefit payments and administrative costs over that 7-year period or
- Test 2 Projected funding deficiency in current year or next following 3 plan years (4 plan years if 65% funded or less)¹ or
- Test 3 Present value of vested benefits (actives) is less than present value of benefits (inactives), and present value of projected contributions is less than the unit credit normal cost plus interest on the unfunded present value of accrued benefits and projected funding deficiency in current or next 4 plan years¹ or
- Test 4 Market assets plus projected contributions over current year plus next 4 plan years is less than the present value of benefit payments plus administrative costs over same 5 year period.

Within 30 days after the date of this certification, a plan that is not in critical status but is projected to be in critical status in any of the succeeding 5 plan years *may* elect under IRC Section 432(b)(4) to be in critical status effective for the current plan year.

Critical and Declining (“Deep Red Zone”) Status – IRC Section 432(b)(6)

In critical status and either:

- Projected insolvency in current year or any of the 14 following plan years or
- Projected insolvency in current year or any of the 19 following plan years if:
 - Ratio of ratio of inactive participants to active participants exceeds 2 to 1 or
 - Less than 80% funded

Endangered (“Yellow Zone”) Status – IRC Section 432(b)(1)

Not in critical status and either:

- Less than 80% funded or
- Projected funding deficiency in current plan year or next following 6 plan years²

Seriously Endangered (“Orange Zone”) Status - IRC Section 432(b)(1)

Not in critical status and both:

- Less than 80% funded and
- Projected funding deficiency in current plan year or next following 6 plan years²

¹ Not taking into account an extension of amortization periods under IRC Section 431(d), if any

² Taking into account an extension of amortization periods under IRC Section 431(d), if any

DC 37 Local 389 Home Care Employees Pension Fund
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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Summary of Zone Status Definitions under PPA as Amended by MPRA (continued)

Safe (“Green Zone” Status)

Does not meet any of the tests described above or is safe due to special rule described under IRC Section 432(b)(5).

Penalty for Failure to Secure Timely Actuarial Certification

A failure of a plan’s actuary to certify the plan’s status by the date specified is a failure or refusal by the plan administrator to file the annual report required to be filed with the Secretary of Labor under Section 101(b)(4) of ERISA.

DC 37 Local 389 Home Care Employees Pension Fund
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

District Council 37, Local 389 Home Care
Employees Pension Plan
PPA Actuarial Certification for Plan Year Beginning January 1, 2024

Summary of Actuarial Methods and Assumptions

Actuarial Cost Method

Actuarial Cost Method: Projected Unit Credit

The actuarial cost method determines what portion of the ultimate cost of a pension plan should be allocated to the current plan year. The cost method is a budgeting tool, which helps to ensure that the pension plan will be adequately and systematically funded.

The valuation of retirement benefits is determined under the “Projected Unit Credit Actuarial Cost Method”, one of the methods approved by the Internal Revenue Service and ERISA. In this method, the regular Plan cost arises from two sources: A Normal Cost and an Amortization Payment for the Unfunded Actuarial Accrued Liability.

The Actuarial Accrued Liability is determined as the actuarial present value as of the valuation date of all benefits attributed by the pension benefit formula to employee service rendered prior to that date. The Actuarial Accrued Liability is measured using assumptions as to future compensation levels if the pension benefit formula is based on those future compensation levels. The Unfunded Actuarial Accrued Liability is equal to the Actuarial Accrued Liability less the Actuarial Value of Assets.

The Normal Cost for each active participant is the Actuarial Present Value of the benefit he or she is expected to accrue during the current year. The Plan’s total normal cost is the sum of the individual normal costs.

Actuarial Asset Valuation Method: Smoothed Market Value

The asset valuation technique determines valuation assets as the market value of assets less an adjustment calculated to spread asset gains and losses (expected market value versus actual market value) at a rate of 20% per year, over the year in which it occurs and the four subsequent years. In no event shall the actuarial value of assets be less than 80% nor greater than 120% of the market value of assets.

DC 37 Local 389 Home Care Employees Pension Fund
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Actuarial Assumptions

Interest (Discount) Rate:

Assumption: The assumed annual rate of investment return net of investment expenses is 6.50% compounded annually.

Rationale: In developing support for the investment return assumption as a reasonable best estimate, we monitor and consider relevant historical, current, and expected market data. In setting this assumption, we have considered many sources, including (but not limited to) a review of the Plan's historical investment performance, the prior Actuary's assumption, and forward-looking data such as projections of inflation and total return growth. Projected growth is determined based on mean returns, standard deviations and correlations between asset classes, and in developing these expectations, we rely in part on outside investment experts and publicly available surveys of capital market expectations.

Retirement:

Assumption:

100% of Eligible Active Participants are assumed to retire at age 67.

100% of Terminated vested participants are assumed to retire at age 65.

Mortality for Funding:

Healthy Participants: Rates in accordance with the Sex Distinct RP-2000 Combined Healthy Blue Collar Mortality Table projected with Scale MP-2021 with 75% adjustment to the ultimate rate.

Disabled Participants: Rates in accordance with the Sex Distinct RP-2000 Disabled Retiree Mortality Table projected with Scale MP-2021 with 75% adjustment to the ultimate rate.

Rationale: We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Withdrawal (termination of employment) rates:

Assumption: Assumed rates at every five years are shown below:

Age	Rate
20	17.93%
25	17.22
30	16.20
35	14.85
40	13.10
45	10.83
50	7.91
55	4.40
60	1.20

DC 37 Local 389 Home Care Employees Pension Fund
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Disability:

Assumption: The assumed rate of incidence of disability for males and females are based upon the following table:

Age	Rate
20	0.06%
25	0.07
30	0.08
35	0.10
40	0.15
45	0.25
50	0.47
55	0.92
60	1.86

Administrative Expenses:

Assumption: Prior year's actual administrative expenses rounded to the nearest \$100,000 added to the Normal Cost.

Rationale: The assumption is our best estimate of future administrative expenses payable from plan assets.

Percentage Married:

Assumption: 100% of active participants are assumed to be married, with males three years older than their female spouse.

Form of Payment:

Assumption: Married active and terminated vested participants are assumed to elect a Joint and 50% Survivor Annuity. Single active and terminated vested participants are assumed to elect a Single Life Annuity option with a 5 year certain period for Home Care employees and a Single Life Annuity option for Professional employees.

Future Hours Worked for Active Participants:

Assumption: 1,500 hours per year for active participants, 125 hours per year for suspended active participants.

Rationale: Based on historical hours worked, we believe this assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Liabilities for Terminated Vested Participants:

Assumption: All terminated vested participants aged 71 or older are valued with actuarial increases to age 71, and liability thereafter equivalent to the value of retroactive payments calculated with interest as specified in the Plan's actuarial equivalence definition. In addition, all terminated vested participants that are aged 80 or older as of the valuation date are valued with 25% of their liability.

Rationale: A significant number of terminated vested records do not enter payment status despite efforts to locate and/or verify the records. To reflect the possibility that some of these records may never materialize into payment status, we have reflected an assumption that a certain portion of these records, particularly those of advanced ages, represent unknown, unverifiable data, and/or deceased members not entitled to benefits.

Liabilities for In Pay Participants:

Assumption: \$5,400,000 added to liabilities.

Rationale: Based on an ongoing review of the application of benefits accrued beyond normal retirement ages and required beginning dates, combined with the coordination of suspension of benefit notices, a liability of \$5.4 million is held as of January 1, 2023 representing liability attributable to retroactive payments expected to be paid to retired participants as well as the value of increased future benefit payments.

Missing Date of Birth:

Assumption: Active participants whose date of birth is missing from the participant data are assumed to be born on January 1, 1985. Retired participants whose date of birth is missing from the participant data are assumed to be born on January 1, 1950.

Rationale: We believe this assumption is reasonable for the contingency it is measuring, and is not anticipated to produce significant gains or losses over the measurement period.

Rationale for assumptions not otherwise noted:

Where applicable, our assumptions have relied on the prior actuary's assumptions, as well as input and/or feedback from the Trustees and/or plan administrator. While we will continue to review and monitor all assumptions moving forward, we believe reliance on the assumptions noted above is reasonable for the purposes of this valuation, and not expected to produce significant cumulative gains or losses in the relevant measurement periods. In some cases, prior reasoning was sparse and/or non-existent. Our assumptions and the measurements they generate may be amended or modified as issues continue to be explored with the assistance of the Trustees and advisors.

DC 37 Local 389 Home Care Employees Pension Fund

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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Summary of Principal Plan Provisions

The actuarial valuation was prepared in accordance with the provisions of the plan, a summary of which is presented below. The summary describes the principal provisions only and is not intended to be authoritative. For questions about specific benefits, please refer to the plan document. This summary of plan provisions is intended to only describe the essential features of the plan.

Basic Information

Plan Name: District Council 37 Local 389 Home Care and Professional Employees Pension Fund

EIN/PN: 13-3698650/001

Plan Year: January 1 – December 31.

Eligibility: An Employee who is engaged in Covered Employment during the period in which an Employer is a Contributing Employer, shall become a Participant in the Plan on the earliest January 1 or July 1 following (or in the case of a Professional Staff Employee, the day following) completion of a 12 consecutive month period from date of hire by an Employer during which they have completed at least 1,000 Hours of Service in Covered Employment. If 1,000 Hours of Service are not completed during said 12 month period, the Participant will join the Plan on the January 1st following the first Calendar Year in which they complete at least 1,000 Hours of Service, beginning with the Calendar Year that includes the first anniversary of their date of hire.

Year of Service: Employees who worked at least 1,000 hours will be credited with one year of service. If a participant works less than 1,000 hours, one quarter of year of service will be credited for each 250 hours worked.

Vesting Service: A participant shall be credited with one year of Vesting Service for each year in which they are credited with at least 1,000 Hours of Service. Participants cannot earn partial Years of Vesting Service.

Benefit Formulas and Eligibilities for Home Care Employees

Normal Retirement

Eligibility: Normal Retirement Date – The later of age sixty-five (65) or the fifth anniversary of participation.

Normal Retirement Benefit: A monthly pension equal to \$5.50 times the total Years of Pension Service, up to 25 years, earned in Covered Employment.

Early Retirement

Eligibility: Age fifty-five (55) and ten (10) Years of Pension Service

Benefit: Accrued pension benefit reduced by 0.5 of 1% for each month by which the commencement of benefits precedes age 65.

DC 37 Local 389 Home Care Employees Pension Fund
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Deferred Retirement after Normal Retirement Date

Benefit: Greater of (1) benefit determined as of the participant's Normal Retirement Date with an Actuarial increase to the participant's benefit commencement date or (2) benefit accrued to the participant's benefit commencement date.

Pre-Retirement Death Benefits

For married participants, 50% Survivor death benefit provided for the spouse of vested member, payable on the date member would have been eligible for early or normal retirement.

For Beneficiaries other than the surviving spouse, monthly benefit payments will be provided until the end of the 60th month, or the month in which the Beneficiary dies, whichever occurs first.

If the present value of the death benefit is less than \$5,000, a single lump sum payment to the surviving spouse is made as soon as administratively possible following the death.

Form of Benefit

Normal Form of Benefit: 5 year certain and life annuity for unmarried participant. For married participants, a benefit in the form of a reduced 50% Husband-and-Wife benefit.

Optional Forms of Benefits: Single Life Annuity; 75% Husband-and-Wife annuity.

Benefit Formulas and Eligibilities for Professional Employees

Normal Retirement

Eligibility: Normal Retirement Date – The later of age sixty-five (65) or the fifth anniversary of participation.

Normal Retirement Benefit: A monthly pension equal to the sum of the following, multiplied by the average of the highest 3 consecutive years of compensation:

- i) 1.3% times the total Years of Service earned in Covered Employment before January 1, 1993, plus
- ii) 1.5% times the total Years of Service earned in Covered Employment during January 1, 1993 to December 31, 1993, plus
- iii) 2.0% times the total Years of Service earned in Covered Employment during January 1, 1994 to December 31, 2006, plus
- iv) 1.7% times the total Years of Service earned in Covered Employment after January 1, 2007

In no event shall the total Years of Pension Service exceed 25 years.

Early Retirement

Eligibility: Age sixty (60) and ten (10) Years of Service

Benefit: Accrued pension benefit reduced by 0.4 of 1% for each month by which the commencement of benefits precedes age 65.

Deferred Retirement after Normal Retirement Date

Benefit: Greater of (1) benefit determined as of the participant's Normal Retirement Date with an Actuarial increase to the participant's benefit commencement date or (2) benefit accrued to the participant's benefit commencement date.

DC 37 Local 389 Home Care Employees Pension Fund
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

Disability Retirement

Disability Retirement Date: Ten (10) Years of Service and eligible for Social Security disability benefits.

Benefit: Unreduced Normal Retirement benefit.

Pre-Retirement Death Benefits

For married participants, 50% Survivor death benefit provided for the spouse of vested member, payable on the date member would have been eligible for early or normal retirement.

If the present value of the death benefit is less than \$5,000, a single lump sum payment to the surviving spouse is made as soon as administratively possible following the death.

Form of Benefit

Normal Form of Benefit: Single Life annuity for unmarried participant. For married participants, a benefit in the form of a reduced 50% Husband-and-Wife benefit.

Optional Forms of Benefits: 10 year certain and life annuity; 75% Husband-and-Wife annuity, 100% Husband-and-Wife annuity.

DC 37 Local 389 Home Care Employees Pension Fund

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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Lines 9c & 9h – Schedule of Funding Standard Account Bases

The amortization charges and credits for the Funding Standard Account for the plan year beginning January 1, 2024 are determined below.

1. Charges as of January 1, 2024

	<u>Date</u> <u>Established</u>	<u>Description</u>	<u>Amortization</u> <u>Amount</u>	<u>Years</u> <u>Remaining</u>	<u>Outstanding</u> <u>Balance</u>
a.	January 1, 1996	Plan Amendment	\$270,452	2	\$524,996
b.	January 1, 1997	Plan Amendment	284,868	3	805,318
c.	January 1, 1998	Plan Amendment	12,964	4	47,459
d.	January 1, 1999	Change in Assumptions	22,504	5	100,038
e.	January 1, 1999	Plan Amendment	48,259	5	214,530
f.	January 1, 2000	Plan Amendment	2,753	6	14,269
g.	January 1, 2004	Change in Assumptions	10,109	10	78,127
h.	January 1, 2005	Plan Amendment	15,713	11	130,006
i.	January 1, 2006	Change in Assumptions	219,654	12	1,930,103
j.	January 1, 2010	Plan Amendment	142,813	1	142,813
k.	January 1, 2012	Actuarial Loss	363,341	3	1,027,162
l.	January 1, 2013	Actuarial Loss	156,810	4	574,035
m.	January 1, 2013	Change in Assumptions	136,303	4	498,964
n.	January 1, 2019	Change in Assumptions	68,868	10	532,234
o.	January 1, 2019	Actuarial Loss	413,719	10	3,197,345
p.	January 1, 2020	Actuarial Loss	309,847	11	2,563,577
q.	January 1, 2020	Change in Assumptions	214,614	11	1,775,649
r.	January 1, 2021	Change in Assumptions	81	12	716
s.	January 1, 2022	Change in Assumptions	447,866	13	4,151,775
t.	January 1, 2023	Actuarial Loss	113,022	14	1,099,122
u.	January 1, 2024	Change in Assumptions	143,525	15	1,457,180
v.	January 1, 2024	Actuarial Loss*	<u>59,551</u>	15	<u>604,606</u>
w.	Total		3,457,636		21,470,024

DC 37 Local 389 Home Care Employees Pension Fund

EIN/PN: 13-3698650 / 001

Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Lines 9c & 9h – Schedule of Funding Standard Account Bases

2. Credits as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 2002	Assumption change	\$8,458	8	\$55,254
b.	January 1, 2007	Assumption change	45,699	13	423,635
c.	January 1, 2010	Actuarial gain	404,623	1	404,623
d.	January 1, 2011	Actuarial gain	83,556	2	162,197
e.	January 1, 2014	Actuarial gain	978,702	5	4,350,684
f.	January 1, 2014	Assumption change	197,284	5	876,997
g.	January 1, 2015	Actuarial gain	82,300	6	426,633
h.	January 1, 2021	Actuarial gain	101,897	12	895,371
i.	January 1, 2022	Actuarial gain	243,910	13	2,261,071
j.	January 1, 2023	Assumption change	<u>1,739</u>	14	<u>16,910</u>
k.	Total		2,148,168		9,873,375
3.	Net outstanding balance [(1w) - (2k)]				11,596,649
4.	Credit Balance / (Funding Deficiency) as of January 1, 2024				(6,618,494)
5.	Waived funding deficiency				0
6.	Balance test result [(3) - (4) - (5)]				18,215,143
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0				18,215,143

DC 37 Local 389 Home Care Employees Pension Fund

EIN/PN: 13-3698650 / 001

Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Interest (Discount) Rate:

Assumption: The assumed annual rate of investment return net of investment expenses is 6.25% compounded annually (previously, 6.50% was used).

Rationale: In developing support for the investment return assumption as a reasonable best estimate, we monitor and consider relevant historical, current, and expected market data. In setting this assumption, we have considered many sources, including (but not limited to) a review of the Plan's historical investment performance, the prior Actuary's assumption, and forward-looking data such as projections of inflation and total return growth. Projected growth is determined based on mean returns, standard deviations and correlations between asset classes, and in developing these expectations, we rely in part on outside investment experts and publicly available surveys of capital market expectations.

Change in assumption: The interest rate was changed from 6.50% to 6.25% to better reflect future market expectations.

Mortality for Funding:

Healthy Participants: Rates in accordance with Pri-2012 Private Retirement Plans Mortality Tables with Blue Collar Adjustment projected with Scale MP-2021.

Disabled Participants: Rates in accordance with Pri-2012 Private Retirement Plans Disabled Mortality Tables projected with Scale MP-2021.

Change in Assumption: In order to better reflect anticipated experience, Mortality tables for Healthy Participants were changed from the Sex Distinct RP-2000 Combined Healthy Blue Collar Mortality Table projected with Scale MP-2021 with 75% adjustment to the ultimate rate to the Pri-2012 Private Retirement Plans Mortality Tables with Blue Collar Adjustment projected with Scale MP-2021. Mortality tables for Disabled Participants were changed from the Sex Distinct RP-2000 Disabled Retiree Mortality Table projected with Scale MP-2021 with 75% adjustment to the ultimate rate to the Pri-2012 Private Retirement Plans Disabled Mortality Tables projected with Scale MP-2021.

Rationale: We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

DC 37 Local 389 Home Care Employees Pension Fund

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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Interest Rate for Unfunded Vested Benefit Liability for Withdrawal Liability Calculations:

Assumption: PBGC settlement rates effective December 2023 – 5.06% for 20 years, 4.37% thereafter (previously, 3.90% for 20 years, 3.65% thereafter).

Rationale: The withdrawal liability interest rates are based on market settlement rates which represent our best estimate assumption for withdrawal liability purposes.

Current Liability Interest Rate:

Assumption: 2.82% assumed annual rate of return. This rate was 2.19% for the prior year.

Rationale: This rate is determined based on regulations prescribed by the Internal Revenue Code. The assumption uses a rate permitted by law.

Mortality for Current Liability:

Healthy and Disabled participants: 2024 Current Liability Annuitant/Non-Annuitant Mortality Tables for males and females (previously, 2023 Current Liability Annuitant/Non-Annuitant Mortality Tables for males and females).

Rationale: These are prescribed mortality tables allowed under the IRS Regulations.

DC 37 Local 389 Home Care Employees Pension Fund
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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Actuarial Methods and Assumptions

Summary of Actuarial Methods

Actuarial Cost Method: Projected Unit Credit

The actuarial cost method determines what portion of the ultimate cost of a pension plan should be allocated to the current plan year. The cost method is a budgeting tool, which helps to ensure that the pension plan will be adequately and systematically funded.

The valuation of retirement benefits is determined under the “Projected Unit Credit Actuarial Cost Method”, one of the methods approved by the Internal Revenue Service and ERISA. In this method, the regular Plan cost arises from two sources: A Normal Cost and an Amortization Payment for the Unfunded Actuarial Accrued Liability.

The Actuarial Accrued Liability is determined as the actuarial present value as of the valuation date of all benefits attributed by the pension benefit formula to employee service rendered prior to that date. The Actuarial Accrued Liability is measured using assumptions as to future compensation levels if the pension benefit formula is based on those future compensation levels. The Unfunded Actuarial Accrued Liability is equal to the Actuarial Accrued Liability less the Actuarial Value of Assets.

The Normal Cost for each active participant is the Actuarial Present Value of the benefit he or she is expected to accrue during the current year. The Plan’s total normal cost is the sum of the individual normal costs.

Actuarial Asset Valuation Method: Smoothed Market Value

The asset valuation technique determines valuation assets as the market value of assets less an adjustment calculated to spread asset gains and losses (expected market value versus actual market value) at a rate of 20% per year, over the year in which it occurs and the four subsequent years. In no event shall the actuarial value of assets be less than 80% nor greater than 120% of the market value of assets.

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

- Experience gains and losses. After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Certain exceptions apply as noted below.
- Method changes. Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

DC 37 Local 389 Home Care Employees Pension Fund
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Schedule MB, Line 6 – Summary of Actuarial Methods and Assumptions

Summary of Actuarial Assumptions

Interest (Discount) Rate:

Assumption: The assumed annual rate of investment return net of investment expenses is 6.25% compounded annually (previously, 6.50% was used).

Rationale: In developing support for the investment return assumption as a reasonable best estimate, we monitor and consider relevant historical, current, and expected market data. In setting this assumption, we have considered many sources, including (but not limited to) a review of the Plan's historical investment performance, the prior Actuary's assumption, and forward-looking data such as projections of inflation and total return growth. Projected growth is determined based on mean returns, standard deviations and correlations between asset classes, and in developing these expectations, we rely in part on outside investment experts and publicly available surveys of capital market expectations.

Change in assumption: The interest rate was changed from 6.50% to 6.25% to better reflect future market expectations.

Current Liability Interest Rate:

Assumption: 2.82% assumed annual rate of return. This rate was 2.19% for the prior year.

Rationale: This rate is determined based on regulations prescribed by the Internal Revenue Code. The assumption uses a rate permitted by law.

Interest Rate for Unfunded Vested Benefit Liability for Withdrawal Liability Calculations:

Assumption: PBGC settlement rates effective December 2023 – 5.06% for 20 years, 4.37% thereafter (previously, 3.90% for 20 years, 3.65% thereafter).

Rationale: The withdrawal liability interest rates are based on market settlement rates which represent our best estimate assumption for withdrawal liability purposes.

Retirement:

Assumption:

100% of Eligible Active Participants are assumed to retire at age 67.

100% of Terminated vested participants are assumed to retire at age 65.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Actuarial Methods and Assumptions

Mortality for Funding:

Healthy Participants: Rates in accordance with Pri-2012 Private Retirement Plans Mortality Tables with Blue Collar Adjustment projected with Scale MP-2021.

Disabled Participants: Rates in accordance with Pri-2012 Private Retirement Plans Disabled Mortality Tables projected with Scale MP-2021.

Rationale: We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Change in Assumption: In order to better reflect anticipated experience, Mortality tables for Healthy Participants were changed from the Sex Distinct RP-2000 Combined Healthy Blue Collar Mortality Table projected with Scale MP-2021 with 75% adjustment to the ultimate rate to the Pri-2012 Private Retirement Plans Mortality Tables with Blue Collar Adjustment projected with Scale MP-2021. Mortality tables for Disabled Participants were changed from the Sex Distinct RP-2000 Disabled Retiree Mortality Table projected with Scale MP-2021 with 75% adjustment to the ultimate rate to the Pri-2012 Private Retirement Plans Disabled Mortality Tables projected with Scale MP-2021.

Mortality for Current Liability:

Healthy and Disabled participants: 2024 prescribed generational Current Liability Annuitant/Non-Annuitant Mortality Tables for males and females.

Rationale: These are prescribed mortality tables allowed under the IRS Regulations.

Withdrawal (termination of employment) rates:

Assumption: Assumed rates at every five years are shown below:

Age	Rate
20	17.93%
25	17.22
30	16.20
35	14.85
40	13.10
45	10.83
50	7.91
55	4.40
60	1.20

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Schedule MB, Line 6 – Summary of Actuarial Methods and Assumptions

Administrative Expenses:

Assumption: Prior year's actual administrative expenses rounded to the nearest \$100,000 added to the Normal Cost.

Rationale: The assumption is our best estimate of future administrative expenses payable from plan assets.

Percentage Married:

Assumption: 100% of active participants are assumed to be married, with males three years older than their female spouse.

Disability:

Assumption: The assumed rate of incidence of disability for males and females are based upon the following table:

Age	Rate
20	0.06%
25	0.07
30	0.08
35	0.10
40	0.15
45	0.25
50	0.47
55	0.92
60	1.86

Form of Payment:

Assumption: Married active and terminated vested participants are assumed to elect a Joint and 50% Survivor Annuity. Single active and terminated vested participants are assumed to elect a Single Life Annuity option with a 5 year certain period for Home Care employees and a Single Life Annuity option for Professional employees.

Future Hours Worked for Active Participants:

Assumption: 1,500 hours per year for active participants, 125 hours per year for suspended active participants.

Rationale: Based on historical hours worked, we believe this assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

DC 37 Local 389 Home Care Employees Pension Fund
EIN/PN: 13-3698650 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Actuarial Methods and Assumptions

Rationale for assumptions not otherwise noted:

Where applicable, our assumptions have relied on the prior actuary's assumptions, as well as input and/or feedback from the Trustees and/or plan administrator. While we will continue to review and monitor all assumptions moving forward, we believe reliance on the assumptions noted above is reasonable for the purposes of this valuation, and not expected to produce significant cumulative gains or losses in the relevant measurement periods.

Actuarial Procedures Regarding Certain Liabilities:

Liabilities for Terminated Vested Participants:

All terminated vested participants aged 71 or older are valued with actuarial increases to age 71, and liability thereafter equivalent to the value of retroactive payments calculated with interest as specified in the Plan's actuarial equivalence definition. In addition, all terminated vested participants that are aged 80 or older as of the valuation date are valued with 25% of their liability.

A significant number of terminated vested records do not enter payment status despite efforts to locate and/or verify the records. This reflects the possibility that some of these records may never materialize into payment status, particularly those of advanced ages, representing unknown, unverifiable data, and/or deceased members not entitled to benefits.

Liabilities for In Pay Participants:

\$5,700,000 added to liabilities.

Based on an ongoing review of the application of benefits accrued beyond normal retirement ages and required beginning dates, combined with the coordination of suspension of benefit notices, a liability of \$5.7 million is held as of January 1, 2024 representing liability attributable to retroactive payments expected to be paid to retired participants as well as the value of increased future benefit payments.

**District Council 37 Local 389 Home Care
Employees Pension Fund**

Financial Statements

With Supplementary Information

December 31, 2024 and 2023

**District Council 37 Local 389 Home Care
Employees Pension Fund**

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Independent Auditor's Report

Board of Trustees
District Council 37 Local 389 Home Care
Employees Pension Fund
New York, NY

Opinion

We have audited the financial statements of District Council 37 Local 389 Home Care Employees Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of District Council 37 Local 389 Home Care Employees Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our 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 District Council 37 Local 389 Home Care Employees Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about District Council 37 Local 389 Home Care Employees Pension Fund's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of District Council 37 Local 389 Home Care Employees Pension 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 District Council 37 Local 389 Home Care Employees Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of administrative expenses for the years ended December 31, 2024 and 2023 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rogoff & Company PC

Rogoff & Company, PC
Certified Public Accountants
New York, NY
October 14, 2025

**District Council 37 Local 389 Home Care
Employees Pension Fund**

Statements of Net Assets Available for Benefits

<u>Assets</u>	As of December 31,	
	2024	2023
Investments, at fair value	\$ 54,834,562	\$ 58,198,274
Receivables:		
Employer contributions	114,462	131,271
Total receivables	114,462	131,271
Cash and cash equivalents	1,142,340	1,036,587
Security deposits	6,903	6,903
Prepaid expenses	32,914	32,656
Total assets	56,131,181	59,405,691
 <u>Liabilities</u>		
Accounts payable and accrued expenses	64,633	82,918
Due to related entity	199,015	275,379
Total liabilities	263,648	358,297
Net assets available for benefits	\$ 55,867,533	\$ 59,047,394

The accompanying notes are an integral part of these financial statements

**District Council 37 Local 389 Home Care
Employees Pension Fund**

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	2024	2023
<u>Additions</u>		
Investment income:		
Net appreciation in fair value of investments	\$ 2,337,755	\$ 3,494,197
Dividends and interest	1,074,968	886,246
	3,412,723	4,380,443
Less: Custodian and investment expenses	143,214	153,574
Net investment income	3,269,509	4,226,869
Employer contributions	880,995	934,839
Other income	114,667	2,567
Total additions	4,265,171	5,164,275
<u>Deductions</u>		
Benefits paid directly to participants	6,388,935	3,821,072
Administrative expenses	1,056,097	1,108,280
Total deductions	7,445,032	4,929,352
Net increase (decrease) in net assets available for benefits	(3,179,861)	234,923
Net assets available for benefits:		
Beginning of year	59,047,394	58,812,471
End of year	\$ 55,867,533	\$ 59,047,394

The accompanying notes are an integral part of these financial statements

District Council 37 Local 389 Home Care

Employees Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Description of Plan

The following description of the District Council 37 Local 389 Home Care Employees Pension Fund (the Fund or Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension fund established as part of a collective bargaining agreements (CBAs) between Local 389, District Council 37, Community and Social Agency Employees Union, AFSCME, AFL-CIO (the Union) and a group of contributing home care agencies. The Plan was established for the purpose of providing pension and retirement benefits to eligible participants. The Plan covers substantially all of the members of District Council 37, Local 389 Home Care Employees Union and also the professional employees of the Union and its affiliated benefit funds. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees (the Trustees) and is governed by a joint board from the participating employers and the Union.

Funding Policy - The participating employers make monthly contributions to the Plan on behalf of covered employees in amounts determined by the CBA and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code (IRC). Hourly contribution rates vary by collective bargaining agreements. Contributions by participants are not permitted under the Plan. The Plan Trustees design the benefit structure based on information from the actuarial consultants. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024. In addition, an affiliated benefit fund also makes contributions on behalf of the professional staff employees.

Pension Protection Act Funding Status - As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of January 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2024 and audited financial information as of December 31, 2023, as well as other financial information, including estimated cash flows for the year ended December 31, 2023 and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan.

Beginning January 1, 2024, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in critical and declining status (deep red zone) as defined in the Pension Protection Act of 2006.

Pension Benefits - The Plan provides normal retirement, early retirement, and vested pension benefits to employees who have satisfied specific eligibility requirements relating to age and years of service. The amount of benefit is generally based on participant's pension credits and the formula in effect when the participant leaves the covered employment or the work for a contributing employer that has signed a collective bargaining agreement (CBA) or any other written agreement with the union calling for plan contributions on participant's behalf. Plan participants are eligible for their plan benefit after terminating covered employment with vested rights. Generally, participants become vested in the Plan upon completion of 5 or more years of vesting service. If a participant terminates before rendering 5 years of

**District Council 37 Local 389 Home Care
Employees Pension Fund**
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Description of Plan (continued)

Pension Benefits (continued)

service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the contributing employer's contributions. Participants are eligible for regular or normal pension once they have reached age 65 and earned at least 10 pension credits. Participants are eligible for an early retirement pension once they have reached age 55 and earned at least 10 pension credits. Generally, if the lump sum value of a participant's monthly pension is \$5,000 or less, the participant will be given a choice (with spousal consent) of either taking one immediate lump-sum payment or a lifetime pension.

Death and Disability Benefits – If the participant dies while working in covered employment and after qualifying for a vested benefit, the plan will pay lifetime benefit to his or her spouse (if married) or 60 payments to beneficiary if the participant was not married.

If a Professional Staff Employee, who is a Participant, has been awarded a Social Security disability award, and has at least 10 years of Pension Credit at the time such award is made, such Participant shall be entitled to receive a Disability Pension. The monthly amount of such pension shall be equal to the monthly amount of the Participant's Regular Pension, with no adjustment for age. If the Participant ceases to be eligible for Social Security disability benefits at any time prior to age 65, her Disability Pension shall end on the last day of the last month in which the Social Security benefit is received. If such Participant thereafter becomes an Employee and subsequently Retires under the Plan at age 65 or later, she shall receive the same amount as she received as a Disability Pension plus any additional pension based on Credited Service earned from the date of re-employment to her Retirement date.

Note 2. Summary of Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by its investment advisers and custodians. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

District Council 37 Local 389 Home Care

Employees Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 2. Summary of Accounting Policies (continued)

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

Administrative Expenses - The Plan's administrative expenses are paid by the Plan, as provided by the plan document. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The administrative expenses are initially paid by District Council 37 Local 389 Home Care Employees Health and Welfare Fund (or "Health & Welfare Fund") and the Plan subsequently reimburses the Health & Welfare Fund for the Plan's shared expenses i.e., facilities, equipment and personnel as well as other administrative costs which are shown in the attached Schedules of Administrative Expenses as Allocated Expenses. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits. See also Note 10 – Related Party Transactions.

Employer Contributions Receivables and Revenue – The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Payroll contributions were determined from reports submitted by contributing employers on a self-reporting basis based on contribution rates stipulated in each respective collectively bargained agreement. The amount of employer contributions receivable represents the estimated contributions due from these contributing employers.

Assessed Withdrawal Liability Receivable – The Plan's policy is to recognize a receivable at its present value, net of any allowance for collectability once a withdrawal liability has been actuarially determined and formally assessed by the Plan.

Property and Equipment - Office equipment, furniture and software are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, which ranges from 3 to 5 years. Expenditures for maintenance and repairs are expensed as incurred while additions and improvements that extend the life of the asset are capitalized.

Credit Risk Concentration - The Plan maintains its cash accounts at a commercial bank. Cash accounts at the bank are insured by Federal Deposit Insurance Corporation (FDIC) for up to \$250,000. From time to time, the Plan may have amounts on deposit in excess of FDIC limits. Management believes the Plan is not exposed to any significant credit risk on cash.

Subsequent Events - The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

District Council 37 Local 389 Home Care

Employees Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service the employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on eligible employees' years of credited service and age.

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The significant actuarial assumptions used in the valuation as of January 1, 2024 and 2023 were (A) For healthy participants the Pri-2012 Private Retirement Plans Mortality Tables with Blue Collar Adjustment projected with Scale MP-2021. For disabled participants Pri-2012 Private Retirement Plans Disabled Mortality Tables projected with Scale MP-2021. (B) Assumed that each separated vested participant will elect pension at age 65, and age 67 if eligible active participant. (C) Assumed annual rate of net investment return of 6.25% for January 1, 2024 and 6.5% for January 1, 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

The Plan's actuary has determined the actuarial present value of accumulated plan benefits attributed to participants as of January 1, 2024 is as follows

	January 1, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants currently receiving payments	\$ 36,928,543
Beneficiaries in pay	467,909
Separated vested	36,904,870
Active	9,151,423
	<u>83,452,745</u>
Non-vested benefits	<u>385,065</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 83,837,810</u></u>

**District Council 37 Local 389 Home Care
Employees Pension Fund**
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)

Changes in the actuarial present value of accumulated plan benefits are as follows:

	<u>Year Ended December 31, 2023</u>
Actuarial present value of accumulated plan benefits as of beginning of year	\$ <u>81,425,820</u>
Increase (decrease) during the year attributable to:	
Reduction in discount period	5,170,448
Benefits accumulated	367,905
Actuarial (loss)	(756,248)
Benefits paid	(3,821,072)
Change in assumptions	<u>1,450,957</u>
Net change	<u>2,411,990</u>
Actuarial present value of accumulated plan benefits as of end of year	\$ <u>83,837,810</u>

Note 4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

District Council 37 Local 389 Home Care

Employees Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5. Fair Value Measurements

The framework for measuring fair values 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 and liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded, and are considered a level 1.

Common collective trust: Valued at the net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

District Council 37 Local 389 Home Care

Employees Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 5. Fair Value Measurements (continued)

Net Asset Values (NAV): As a practical expedient, fair value of certain investments may be estimated using their NAV if such investments are redeemable at NAV. In the fair value hierarchy, such investments that are redeemable at NAV are reported separately instead of the levels within the fair value hierarchy. The fair values are intended to permit reconciliation to the fair value hierarchy to the amounts presented on the statements of net assets available for benefits. Reported as NAV are the following investments:

RCTS Limited Liability Companies: Valued on a net asset value of shares held by the Plan at year end reflecting the market value of the underlying securities held by the private funds.

Real Estate Investment Trust Fund: Valued on a "per investment unit" reflecting the market value of real estate properties held by an investment corporation. The market value of real estate is subject to assumptions and limitations by third party appraisers.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 24,659,263	\$ -	\$ -	\$ 24,659,263
Common collective trust	-	21,154,798	-	21,154,798
Total investments in the fair value hierarchy	\$ 24,659,263	\$ 21,154,798	\$ -	45,814,061
Investments measured at NAV				9,020,501
Total assets at fair value				\$ 54,834,562
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 26,242,463	\$ -	\$ -	\$ 26,242,463
Common collective trust	-	22,245,594	-	22,245,594
Total investments in the fair value hierarchy	\$ 26,242,463	\$ 22,245,594	\$ -	48,488,057
Investments measured at NAV				9,710,217
Total assets at fair value				\$ 58,198,274

**District Council 37 Local 389 Home Care
Employees Pension Fund**

Notes to Financial Statements
December 31, 2024 and 2023

Note 5. Fair Value Measurements (continued)

Fair Value of Investments that Calculates Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 in 2023, respectively.

Name of the Fund	2024 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<i>RCTS Limited Liability Company</i>				
RCTS - Emerging Mkts Equity	\$ 2,976,343	N/A	Monthly	30 Days
<i>Real Estate Investment Trust Fund</i>				
American Core Realty Fund	<u>6,044,158</u>	N/A	Quarterly	30 Days
	<u>\$ 9,020,501</u>			

Name of the Fund	2023 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
<i>RCTS Limited Liability Company</i>				
RCTS - Emerging Mkts Equity	\$ 2,825,230	N/A	Monthly	30 Days
<i>Real Estate Investment Trust Fund</i>				
American Core Realty Fund	<u>6,884,987</u>	N/A	Quarterly	30 Days
	<u>\$ 9,710,217</u>			

Note 6. Property and Equipment

As of December 31, 2024 and 2023, equipment, furniture and software consisted of the following:

	<u>2023</u>
Office equipment and furniture	\$ 9,611
Computer Equipment	25,880
Software	<u>7,060</u>
Total	42,551
Less: accumulated depreciation	<u>(42,551)</u>
	<u>\$ -</u>

Depreciation expense for the years ended December 31, 2024 and 2023 were \$- and \$304, respectively.

District Council 37 Local 389 Home Care

Employees Pension Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 7. Tax Status

The Plan obtained its latest determination letter on September 16, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the appropriate taxing authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Related Party and Party in Interest Transactions

The Plan's members of the Board of Trustees and its officers also serve as members of the District Council 37 Local 389 Home Care Health and Welfare Fund or the "Health and Welfare Fund's Board of Trustees and officers making the Health and Welfare Fund a related party. Pursuant to an allocation study, based on actual utilization of time spent by employees and office space measurement, the Plan shares facilities, equipment and personnel with the Health and Welfare Fund in an effort to reduce operating costs. The Health and Welfare Fund pays most administrative expenses and allocates a portion of these expenses to the Plan. Specifically identified expenses incurred are charged directly to the Plan.

Amounts charged and allocated to the Plan from the Health and Welfare Fund as of December 31, 2024 and 2023 were \$502,257 and \$519,673, respectively. As of December 31, 2024 and 2023, the Plan's liability to the Health & Welfare Fund was \$199,015 and \$275,379, respectively.

Note 9. Risks and Uncertainties

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

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

Note 10. Significant Participating Employers - The Plan received approximately 84% and 83% of its employer contributions from two employers in 2024 and 2023, respectively.

Note 11. Plan Amendments

There were no plan amendments in plan year 2024 and 2023.

**District Council 37 Local 389 Home Care
Employees Pension Fund**

Notes to Financial Statements
December 31, 2024 and 2023

Note 12. Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of total additions and total deductions per financial statements to Form 5500 as at December 31, 2023:

	December 31, 2024
Total additions per the financial statements	\$ 4,265,171
Add: Investment expenses	143,214
Total additions per form 5500	<u>\$ 4,408,385</u>
Total deductions per the financial statements	\$ 7,445,032
Add: Investment expenses	143,214
Total deductions per form 5500	<u>\$ 7,588,246</u>
Total administrative expenses per financial statements	\$ 1,056,097
Add: Investment expenses	143,214
Total administrative expenses per form 5500	<u>\$ 1,199,311</u>

**District Council 37 Local 389 Home Care
Employees Pension Fund**

SUPPLEMENTAL SCHEDULES

**District Council 37 Local 389 Home Care
Employees Pension Fund**

Schedules of Administrative Expenses

	For the Years ended December 31,	
	2024	2023
Legal fees	\$ 21,899	\$ 51,057
Accounting and audit fees	37,000	36,000
Actuarial fees	79,234	134,522
Pension benefit processing fees	42,012	33,351
Postage and delivery	25,501	9,971
Stationery and printing	13,677	1,509
Pension Benefit Guaranty Corporation	290,413	274,015
Office expenses and supplies	1,805	7,171
Insurance	42,299	40,707
Allocated expenses	502,257	519,673
Depreciation	-	304
	<u>\$ 1,056,097</u>	<u>\$ 1,108,280</u>

**District Council 37 Local 389 Home Care
Employees Pension Fund**
EIN 13-3698650
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b)	(c)	(d)	(e)
<i>Identity of Issue</i>	<i>Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</i>	<i>Cost</i>	<i>Current Value</i>	
	<i>Mutual Funds</i>			
Vanguard	Total Bond Mkt Index, 290,719.355 shares	\$ 3,010,595	\$ 2,756,019	
Vanguard	Total World Stock Idx, 55,479.075 shares	7,247,266	13,302,218	
Vanguard	Treasury Money Market, 8,601,025.770 shares	<u>8,601,026</u>	<u>8,601,026</u>	
Total Mutual Fund		<u>18,858,887</u>	<u>24,659,263</u>	
	<i>Common Collective Trusts</i>			
Invesco Trust Company	Balanced Risk Allocation Trust, 189,088.831 shares	3,338,988	5,485,467	
Marco Consulting Group Trust	Fixed Income Participation, 1,078,279.638 units	<u>14,068,600</u>	<u>15,669,331</u>	
Total Common Collective Trusts		<u>17,407,588</u>	<u>21,154,798</u>	
	<i>Limited Liability Companies</i>			
RCTS Limited Liability Company	Emerging Mkts Equity, 160,772.104 shares	<u>1,757,142</u>	<u>2,976,343</u>	
	<i>Limited Partnership</i>			
American Core Realty Fund	Real Estate Investment Trust Fund, 50.5381 shares	<u>6,187,903</u>	<u>6,044,158</u>	
Total assets held for investment purposes		<u>\$ 44,211,520</u>	<u>\$ 54,834,562</u>	

**District Council 37 Local 389 Home Care
Employees Pension Fund**

EIN 13-3698650

Schedule H, Part IV, Line 4j - Schedule of Assets Reportable Transactions
For the Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of transaction	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	<u>Series of Transactions</u>							
	<u>Sales</u>							
	Vanguard Total World Stock Index	\$	213			\$ 592,300	\$ 1,000,000	\$ 407,700
	Vanguard Total World Stock Index		221			857,580	1,500,000	642,420
	Vanguard Total World Stock Index		235			542,520	1,000,000	457,480
	Vanguard Total World Stock Index		246			518,969	1,000,000	481,031

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) DC 37 LOCAL 389 HOME CARE EMPLOYEES PENSION FUND 420 WEST 45TH STREET NEW YORK NY 10036</p>	<p>1c Effective date of plan <u>01/01/1994</u></p> <p>2b Employer Identification Number (EIN) <u>13-3698650</u></p> <p>2c Plan Sponsor's telephone number <u>212-925-6033</u></p> <p>2d Business code (see instructions) <u>623000</u></p>

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

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

SIGN HERE	<u>Jahmila K Edwards</u> <small>Jahmila K Edwards (Oct 14, 2025 15:08:44 EDT)</small>	Oct 14, 2025	JAHMILA EDWARDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

**District Council 37 Local 389 Home Care
Employees Pension Fund**

EIN 13-3698650

Schedule H, Part IV, Line 4j - Schedule of Assets Reportable Transactions
For the Year ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of transaction	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	<u>Series of Transactions</u>							
	<u>Sales</u>							
	Vanguard Total World Stock Index	\$	213			\$ 592,300	\$ 1,000,000	\$ 407,700
	Vanguard Total World Stock Index		221			857,580	1,500,000	642,420
	Vanguard Total World Stock Index		235			542,520	1,000,000	457,480
	Vanguard Total World Stock Index		246			518,969	1,000,000	481,031

SCHEDULE MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan DC 37 Local 389 Home Care Employees Pension Fund	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DC 37 Local 389 Home Care Employees Pension Fund	D Employer Identification Number (EIN) 13-3698650	

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	59,047,394
(2) Actuarial value of assets for funding standard account	1b(2)	65,722,613
c (1) Accrued liability for plan using immediate gain methods	1c(1)	83,937,756
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	83,837,810
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	113,949,834
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	659,454
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	6,419,290
(3) Expected plan disbursements for the plan year.....	1d(3)	7,488,935

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>10/10/2025</u> Date
	Aaron Shapiro, FSA, EA, MAAA Type or print name of actuary	<u>23-07290</u> Most recent enrollment number
	Milliman, Inc. Firm name	<u>(973) 278-8860</u> Telephone number (including area code)
	150 Clove Road 8th Floor Little Falls NJ 07424 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	59,047,394
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,047	46,658,932
(2) For terminated vested participants	3,736	52,241,204
(3) For active participants:		
(a) Non-vested benefits		681,747
(b) Vested benefits		14,367,951
(c) Total active	1,099	15,049,698
(4) Total	7,882	113,949,834
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.82%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	880,995				
Totals ▶			3(b)	880,995	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	78.4%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	D
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input checked="" type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2034

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
 b Entry age normal
 c Accrued benefit (unit credit)
 d Aggregate
e Frozen initial liability
 f Individual level premium
 g Individual aggregate
 h Shortfall
i Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	6.25 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	4.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	7.4 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	1,100,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	604,606	59,551
4	1,457,180	143,525

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	6,618,494
b Employer's normal cost for plan year as of valuation date.....	9b	1,445,451

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	21,470,024	3,457,636
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		720,099
e Total charges. Add lines 9a through 9d.....	9e		12,241,680
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		0
g Employer contributions. Total from column (b) of line 3.....	9g		880,995
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	9,873,375	2,148,168
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		161,374
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	27,981,802	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	38,154,214	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		0
(2) Other credits	9k(2)		0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		3,190,537
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		9,051,143
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		9,051,143
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No