

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: NEW JERSEY HEALTH CARE EMPLOYERS, DISTRICT 1199J TRAINING AND DEVELOPMENT FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/17/1987
2a Plan sponsor's name (employer, if for a single-employer plan): DISTRICT 1199J TRAINING & DEVELOPMENT FUND
2b Employer Identification Number (EIN): 22-2858377
2c Plan Sponsor's telephone number: 973-643-1600
2d Business code (see instructions): 611000

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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3549
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3549
	6a(2)	3469
	6b	
	6c	
	6d	3469
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan NEW JERSEY HEALTH CARE EMPLOYERS, DISTRICT 1199J TRAINING AND DEVELOPMENT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT 1199J TRAINING & DEVELOPMENT FUND	D Employer Identification Number (EIN) 22-2858377	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

STEPHANIE HARRIS KUPIER

22-2858377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	182372	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)

ALEXIS FRANCIS

22-2858377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	103812	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)

MARK KUPIER

22-2858377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63955	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)

ADERONKE ADEYEMI

22-2858377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	43123	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)

LUIS LEBRON

22-2858377

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	41200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAYCHEX INC

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9145	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan NEW JERSEY HEALTH CARE EMPLOYERS, DISTRICT 1199J TRAINING AND DEVELOPMENT FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
B Three-digit plan number (PN) ►	501		
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT 1199J TRAINING & DEVELOPMENT FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">D Employer Identification Number (EIN) 22-2858377</td> </tr> </table>	D Employer Identification Number (EIN) 22-2858377	
D Employer Identification Number (EIN) 22-2858377			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	56729	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	93549	122037
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	91944	38120
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	381356	721668
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	403867	306074
f Total assets (add all amounts in lines 1a through 1e).....	1f	1027445	1187899
Liabilities			
g Benefit claims payable.....	1g	3900	9930
h Operating payables.....	1h	68030	84698
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	449899	354956
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	521829	449584
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	505616	738315

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)	633695	
(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)		633695
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15763	
(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)		15763
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		638759
d Total income. Add all income amounts in column (b) and enter total.....	2d		1288217

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	34842	
(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)		34842
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)	572564	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	2190	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	433922	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1020676
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1055518

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		232699
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **NOVAK FRANCELLA, LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		350000
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 _____.

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
New Jersey Health Care Employer District 1199J
Training and Development Fund

Opinion

We have audited the financial statements of the New Jersey Health Care Employer District 1199J Training and Development 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 and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations 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 and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and its benefit obligations 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 the New Jersey Health Care Employer District 1199J Training and Development 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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Program and Operating Expenses, Schedules of Grant Funds and Expenditures Categories Youth Transitions to Work - Pre-Apprenticeship in Career Education, Schedules of Grant Funds and Expenditures Categories Youth Transitions to Work, Schedule of Assets Held at End of Year, and Schedule of Reportable Transactions, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Novak Francella LLC

New York, New York
October 15, 2025

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS**

DECEMBER 31, 2024 AND 2023

	2024	2023
BENEFIT OBLIGATIONS		
Tuition reimbursements payable	\$ 9,930	\$ 3,900
NET ASSETS AVAILABLE FOR BENEFITS		
ASSETS		
INVESTMENTS - at fair value		
Interest bearing cash	216,233	56,729
Short-term investments	505,435	381,356
Total investments	721,668	438,085
RIGHT OF USE ASSET		
Operating leases	601,254	601,254
Accumulated amortization	(295,180)	(197,387)
Total right of use asset	306,074	403,867
RECEIVABLES		
Employer contributions	122,037	93,549
Grant income receivable	29,467	83,291
Total receivables	151,504	176,840
OTHER ASSETS		
Prepaid expenses	6,866	6,866
Deposits	1,787	1,787
Total other assets	8,653	8,653
Total assets	1,187,899	1,027,445

See accompanying notes to financial statements.

LIABILITIES AND NET ASSETS	<u>2024</u>	<u>2023</u>
CURRENT LIABILITIES		
Operating lease liabilities	\$ 100,803	\$ 95,971
Accrued expenses	116,498	98,037
Deferred grant income	<u>11,818</u>	<u>12,583</u>
Total current liabilities	<u>229,119</u>	<u>206,591</u>
LONG-TERM LIABILITIES		
Operating lease liabilities	<u>210,535</u>	<u>311,338</u>
Total liabilities	<u>439,654</u>	<u>517,929</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>748,245</u>	<u>509,516</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 738,315</u>	<u>\$ 505,616</u>

See accompanying notes to financial statements.

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
AND BENEFIT OBLIGATIONS**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
NET CHANGE IN BENEFIT OBLIGATIONS		
Decrease (increase) during year attributable to benefits earned	\$ (6,030)	\$ 4,007
NET CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS		
ADDITIONS		
Employer contributions	633,695	575,241
Grant income	633,257	507,339
Other income	5,502	38,583
Interest	15,763	8,199
Donations	-	300
Total additions	1,288,217	1,129,662
DEDUCTIONS		
Cost of benefits		
Tuition reimbursements	28,812	22,979
Program and operating expenses	1,020,676	984,086
Total deductions	1,049,488	1,007,065
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	238,729	122,597
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS		
NET INCREASE	232,699	126,604
EXCESS		
Beginning of year	505,616	379,012
End of year	\$ 738,315	\$ 505,616

See accompanying notes to financial statements.

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the New Jersey Health Care Employer District 1199J Training and Development Fund (the Plan) provides only general information. Participants should refer to the Plan's rules and regulations for a more complete description of the Plan's provisions.

The Plan was established on March 11, 1987, as a multi-employer benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The stated purpose of the Plan is to provide educational benefits for all eligible employees covered under the collective bargaining agreements between the Union and contributing Employers. The Board of Trustees is responsible for the oversight of the Plan including determining the appropriateness of the Plan's investments in coordination with its investment advisers.

Benefits

The Plan provides tuition reimbursement benefits to eligible participants.

Eligibility

At the time of application for a program, participants are required to be represented by District 1199J and to have worked continuously for one year while paying union dues in an institution that is contributing to the Plan. Also, at the time of training, participants are required to be in a bargaining unit for which the employer is making payments to the Plan.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Cash and Cash Equivalents - The Plan considers all unrestricted cash and short-term, highly liquid investments, including certificates of deposit with initial maturities of three months or less, to be cash equivalents.

Investments - The short-term investment is valued at the daily closing price as reported by the Fund.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Leases - The Plan is required to recognize a right-of-use model (ROU) asset and lease liability on the statement of net assets available for benefits for all leases with a term longer than 12 months. ROU assets represents the lessee's right to control the use of the leased asset during the lease. Leases will be classified as finance or operating, with classification affecting the pattern and classification of expense recognition in the consolidated statement of activities. Lease liabilities represent the present value of the future lease payments over the expected lease term. The present value of the lease liability is determined using the incremental borrowing rate at the lease inception. Over the lease term, the Plan uses the effective interest rate method to account for the lease liability as lease payments are made and the ROU asset is amortized into expenses in a manner that results in a straight-line expense recognition in the statement of changes in net assets available for benefits. The Plan has determined the lease identified as an operating lease.

Employer Contributions - Employer contributions due and not paid prior to year end are recorded as contributions receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded. Employer contributions are accounted for as exchange transactions.

Payment of Benefits - Benefit payments are recorded when paid.

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

Reclassification - Certain reclassifications have been made to prior year amounts to conform with the current year presentation.

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as specified in the applicable collective bargaining agreements. Participant contributions are not required.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees best effectuate the purpose of the Plan. Termination shall not permit any part of the plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

NOTE 5. TAX STATUS

The Plan is exempt from Federal income tax under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) and has obtained a favorable determination letter from the IRS. The Plan has been amended since receiving the determination letter. The Plan's Trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and that the Plan was qualified, and the related Trust was tax-exempt as of the consolidated financial statements date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy.

Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2 or 3.

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 216,233	\$ 216,233	\$ -	\$ -
Short-term investment	505,435	505,435	-	-
	<u>\$ 721,668</u>	<u>\$ 721,668</u>	<u>\$ -</u>	<u>\$ -</u>

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Interest-bearing cash	\$ 56,729	\$ 56,729	\$ -	\$ -
Short-term investment	381,356	381,356	-	-
	<u>\$ 438,085</u>	<u>\$ 438,085</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 7. LEASES

The Plan has an operating lease for their office space. The lease has a remaining lease term of twenty years. The Plan has elected to use the incremental borrowing rate as the discount rate for the leases.

The components of lease expense were as follows:

	2024	2023
Operating lease expense	<u>\$ 109,015</u>	<u>\$ 107,573</u>

NOTE 7. LEASES (continued)

Cash flow information related to leases was as follows:

	<u>2024</u>	<u>2023</u>
Cash paid for amount included in the measurement of lease liabilities:		
Operating cash flows from operating lease	\$ 107,193	\$ 99,192
Right of use assets obtained in exchange for lease obligations:		
Operating lease	-	340,719

Statement of net assets available for benefits position information related to leases was as follows:

	<u>2024</u>	<u>2023</u>
Operating lease		
Right of use assets - gross	\$ 601,254	\$ 601,254
Right of use assets - accumulated	(295,180)	(197,387)
Right of use assets - net	<u>\$ 306,074</u>	<u>\$ 403,867</u>
Operating lease		
Total operating lease liabilities	<u>\$ 311,338</u>	<u>\$ 407,309</u>
Weighted average remaining lease term		
Operating lease	3.05 years	4.02 years
Weighted average discount rate		
Operating lease	3.20%	3.16%

Maturities of lease liabilities were as follows:

<u>Year Ending December 31,</u>	<u>Operating lease</u>
2025	\$ 109,095
2026	110,998
2027	80,916
2028	26,166
Thereafter	-
Total undiscounted cash flows	<u>327,175</u>
Less: present value discount	(15,837)
Total lease liabilities	<u>\$ 311,338</u>

NOTE 8. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities:

- NJ Health Care Employees District 1199J Union
- District 1199J New Jersey Health Care Employers Pension Plan
- District 1199J New Jersey Benefit Fund for Hospital and Health Care Employers
- District 1199J - New Jersey Health Care Employers Pension Fund Title Holding Company, Inc.

All of the above entities qualify as tax-exempt organizations.

The entities listed above share common Trustees or officers with this Plan.

Certain plan investments are managed by the custodian, Wells Fargo. Therefore, transactions of these investments qualify as party-in-interest transactions. These investments and related transactions have been denoted as such on the supplemental Schedules of Assets Held at End of Year and Reportable Transactions.

Rent

In May 2019, the Plan entered into a month to month lease agreement with the District 1199J - New Jersey Health Care Employers Pension Fund Title Holding Company, Inc. (the Title Holding Company) for extra space on the 2nd floor of the Building. The Plan's rent expense was \$26,597 for each of the years ended December 31, 2024 and 2023.

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

NOTE 9. BENEFIT PLANS

Eligible employees of the Plan are covered by the District 1199J - New Jersey Health Care Employers Pension Plan (Pension Plan), a related multi-employer defined benefit pension plan. The Pension Plan is currently in the green zone as defined under the Pension Protection Act. Pension expenses totaled \$23,307 and \$19,352 for the years ended December 31, 2024 and 2023, respectively.

Eligible employees of the Plan are covered by the District 1199J - New Jersey Benefit Fund for Hospital and Health Care Employers (Benefits Plan), a related multi-employer welfare benefit plan. Welfare benefit expenses totaled \$55,887 and \$49,570 for the years ended December 31, 2024 and 2023, respectively.

NOTE 10. GRANT INCOME

During 2021, the Plan created and implemented a Youth Transition to Work (YTTW) Pre-Apprenticeship in Career Education (PACE) Apprenticeship Program. The purpose of the PACE Program is to prepare individuals to enter and succeed in Registered Apprenticeship programs. These pre-apprenticeship programs have a documented partnership with at least one Registered Apprenticeship program sponsor and together, they expand the participant's career pathway opportunities with industry-based training coupled with classroom instruction. The program will drive economic development through skills and educational attainment and create pathways to better-paying careers and advanced credentials.

During the funding year March 1, 2023 through August 31, 2024, the Plan's YTTW PACE program received a total \$247,000.

During each of the years ended December 31, 2024 and 2023, the Plan recognized revenue totaling \$92,745 and \$154,255, respectively, under this agreement. At December 31, 2023, the Plan was due \$33,460 from the NJDOLWD.

During 2022, the Plan created and implemented a Youth Transition to Work (YTTW) Program. The purpose of the YTTW program is to provide graded opportunities and incentive for high school juniors, seniors and out-of-school youth and to facilitate effective transitions by high school seniors and out-of-school youth to high-skilled, high-wage employment in labor demand, apprentice able occupations.

During the funding period December 1, 2022 through May 31, 2024, the Plan's YTTW program received a total \$507,781. The Plan's YTTW program also received a total of \$507,781 for the funding period June 1, 2024 through November 30, 2025.

During each of the years ended December 31, 2024 and 2023, the Plan recognized revenue totaling \$407,746 and \$285,417, under this agreement, respectively. At December 31, 2024 and 2023, the Plan was due \$29,467 and \$49,831, from the NJDOLWD, respectively.

Under these grants, the Plan is reimbursed when it submits reimbursement requests to the State of New Jersey.

During 2022, the Plan created and implemented a Newark Opportunity Youth Network (NOYN) Program. The purpose is to support the training and certification of thirteen (13) young people as Certified Medical Assistants and/or Certified Nursing Assistants.

During the funding period April 1, 2022 through March 31, 2023, the Plan's NOYN program received a total of \$80,000. During the funding period July 1, 2023 through June 30, 2024, the Plan's NOYN program received a total of \$92,000. During the funding period July 1, 2024 through June 30, 2025, the Plan's NOYN program received a total of \$80,000.

During each of the years ended December 31, 2024 and 2023, the Plan's NOYN program recognized revenue totaling of \$132,766 and \$67,667, respectively. At December 31, 2024 and 2023, the Plan had deferred grant revenue of \$11,818 and \$12,583 from the NOYN, respectively.

NOTE 11. CONCENTRATIONS

In connection with the participants of the Plan, three and four Employers' contributions represented approximately 51% and 63% of total contributions for the years ended December 31, 2024 and 2023, respectively.

NOTE 12. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported on the financial statements	\$ 748,245	\$ 509,516
Claims incurred but not reported	<u>(9,930)</u>	<u>(3,900)</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 738,315</u>	<u>\$ 505,616</u>

The following is a reconciliation of the cost of benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

	<u>2024</u>
Benefits paid to or for participants per the financial statements	\$ 28,812
Add - amounts payable at end of year	9,930
Less - amounts payable at beginning of year	<u>(3,900)</u>
Benefits paid to or for participants per Form 5500	<u>\$ 34,842</u>

NOTE 13. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2025 the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

SCHEDULES OF PROGRAM AND OPERATING EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Payroll	\$ 490,829	\$ 462,951
Amortization	109,015	107,573
Workshops	100,166	96,189
Employee benefits	81,735	68,922
Payroll taxes	60,655	54,197
Rent	26,597	28,047
Educational materials, books and supplies	25,319	36,705
Office expense	22,554	15,354
Conferences and conventions	18,403	14,121
Telephone	14,759	11,809
Insurance	14,005	16,127
Auto	12,200	11,554
Professional fees	14,190	12,600
Payroll processing	9,145	8,560
Travel and parking	8,960	20,600
Dues and subscriptions	8,474	9,126
Postage	2,692	1,175
Computer expense	978	7,982
Advertising	-	469
Bank charges and credit card fees	-	25
	\$ 1,020,676	\$ 984,086
Total administrative expenses		

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

**SCHEDULES OF GRANT FUNDS AND EXPENDITURES CATEGORIES YOUTH TRANSITIONS TO WORK -
PRE-APPRENTICESHIP IN CAREER EDUCATION**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	JAN-24	FEB-24	MAR-24	APR-24	MAY-24	JUN-24	JUL-24	AUG-24	SEP-24	OCT-24	NOV-24	DEC-24	TOTAL
Salaries and wages	\$ 7,800	\$ 6,250	\$ 3,725	\$ 4,612	\$ 3,250	\$ 6,925	\$ 6,799	\$ 8,288	\$ -	\$ -	\$ -	\$ -	\$ 47,649
Telephone	127	127	127	-	-	254	261	261	-	-	-	-	1,157
Office supplies and materials	-	-	-	-	160	76	-	-	-	-	-	-	236
Other	722	722	722	722	722	722	722	676	-	-	-	-	5,730
Postage	52	16	-	-	-	-	-	-	-	-	-	-	68
Printing and copies	312	312	312	439	439	312	313	65	-	-	-	-	2,504
Certification training	-	542	310	-	621	-	-	-	-	-	-	-	1,473
Job Readiness Training	2,055	600	180	-	-	180	175	180	-	-	-	-	3,370
Student books and training materials	824	39	263	50	-	642	-	-	-	-	-	-	1,818
Pre-apprenticeship stipends	619	-	1,239	542	773	-	1,107	-	-	-	-	-	4,280
Pre-apprenticeship training	-	-	1,200	1,965	14,900	1,000	4,660	335	-	-	-	-	24,060
Test of Adult Basic Education	-	400	-	-	-	-	-	-	-	-	-	-	400
	<u>\$ 12,511</u>	<u>\$ 9,008</u>	<u>\$ 8,078</u>	<u>\$ 8,330</u>	<u>\$ 20,865</u>	<u>\$ 10,111</u>	<u>\$ 14,037</u>	<u>\$ 9,805</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 92,745</u>
	JAN-23	FEB-23	MAR-23	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	SEP-23	OCT-23	NOV-23	DEC-23	TOTAL
Salaries and wages	\$ -	\$ -	\$ 7,065	\$ 4,000	\$ 7,575	\$ 6,037	\$ 6,100	\$ 7,925	\$ 5,500	\$ 7,762	\$ 6,250	\$ 6,137	\$ 64,351
Telephone	-	-	127	127	127	127	127	127	-	127	127	127	1,143
Mileage and tolls	-	-	-	87	123	64	-	-	-	-	-	-	274
Office supplies and materials	-	-	162	-	300	343	332	22	-	65	163	-	1,387
Other	-	-	722	722	722	772	722	722	722	722	722	722	7,270
Postage	-	-	-	-	-	153	-	-	-	-	-	-	153
Printing and copies	-	-	312	313	312	312	312	312	312	312	312	312	3,121
Certification training	-	-	-	-	775	-	-	-	-	232	465	-	1,472
Drug screening	-	-	30	-	-	-	-	-	248	-	-	-	278
Educational books	-	-	-	-	-	-	-	-	-	-	-	1,220	1,220
Student books and training materials	-	-	-	650	-	-	262	869	150	643	-	235	2,809
Pre-apprenticeship stipends	-	-	-	-	2,889	930	1,014	-	935	2,121	637	756	9,282
Pre-apprenticeship training	-	-	812	2,310	12,003	16,515	-	-	8,400	1,680	14,695	480	56,895
Support services	-	-	-	-	-	1,400	-	240	1,260	1,300	-	-	4,200
Test of Adult Basic Education	-	-	300	-	-	-	-	-	-	-	100	-	400
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,530</u>	<u>\$ 8,209</u>	<u>\$ 24,826</u>	<u>\$ 26,653</u>	<u>\$ 8,869</u>	<u>\$ 10,217</u>	<u>\$ 17,527</u>	<u>\$ 14,964</u>	<u>\$ 23,471</u>	<u>\$ 9,989</u>	<u>\$ 154,255</u>

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

SCHEDULE OF GRANT FUNDS AND EXPENDITURES CATEGORIES YOUTH TRANSITIONS TO WORK

YEAR ENDED DECEMBER 31, 2024

	JAN-24	FEB-24	MAR-24	APR-24	MAY-24	JUN-24	JUL-24	AUG-24	SEP-24	OCT-24	NOV-24	DEC-24	TOTAL
Salaries and wages	8,280	6,422	6,209	8,367	8,785	8,850	11,020	8,849	14,920	12,525	12,600	15,708	\$ 122,535
Accounting & Auditing	5,000	-	-	-	-	-	-	-	-	-	6,000	-	11,000
Conference registration	1,005	-	-	-	-	-	-	-	-	-	-	-	1,005
General Liability Insurance	-	-	-	-	2,500	-	-	-	-	-	-	-	2,500
Graduation Event Expenses	49	-	-	30	-	-	-	-	-	147	-	61	287
Mileage and tols	-	132	-	235	301	-	6	112	-	134	115	122	1,157
Office supplies and materials	454	1,189	263	72	536	465	166	94	760	384	378	231	4,992
Phone	275	275	275	275	275	275	275	275	275	275	275	275	3,300
Postage	52	357	434	477	165	-	39	28	-	75	-	-	1,627
Printing and Copies	415	415	415	415	415	415	415	415	415	415	415	415	4,980
Promotional Items	266	267	-	-	-	-	-	-	-	-	-	-	533
Train the Trainer/Mentor Training Costs	-	-	630	90	1,800	-	-	-	-	-	250	262	3,032
Website	79	79	79	79	87	79	79	79	79	79	79	79	956
Classroom rental	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	41,880
College Course Tuition	-	-	-	-	-	5,813	-	-	-	-	7,212	-	13,025
Guest speaker cost	480	585	540	450	2,510	-	-	-	-	-	-	-	4,565
Other	427	-	-	260	490	-	-	349	-	175	-	-	1,701
Pre-Apprenticeship Occupational Training	9,000	4,000	465	4,460	14,762	-	-	-	1,875	15,727	-	1,875	52,164
Student books and training materials	578	-	-	7,550	8,377	316	970	260	536	630	128	29	19,374
Student Counseling and Mentoring	-	3,780	1,680	2,100	1,680	-	-	-	-	-	1,680	1,260	12,180
Student transportation	-	1,675	1,285	2,075	1,265	1,671	2,763	2,623	2,445	1,856	1,516	112	19,286
Test of Adult Basic Education	-	400	-	-	700	-	-	-	-	-	-	1,200	2,300
Tutoring and Academic Remediation	12,872	9,465	4,662	10,672	16,395	3,602	7,560	3,375	1,449	2,301	3,059	4,348	79,760
Worksite and Training Center Site Visits	-	-	-	-	2,693	180	734	-	-	-	-	-	3,607
	<u>\$ 42,722</u>	<u>\$ 32,531</u>	<u>\$ 20,427</u>	<u>\$ 41,097</u>	<u>\$ 67,226</u>	<u>\$ 25,156</u>	<u>\$ 27,517</u>	<u>\$ 19,949</u>	<u>\$ 26,244</u>	<u>\$ 38,213</u>	<u>\$ 37,197</u>	<u>\$ 29,467</u>	<u>\$ 407,746</u>

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

SCHEDULE OF GRANT FUNDS AND EXPENDITURES CATEGORIES YOUTH TRANSITIONS TO WORK

YEAR ENDED DECEMBER 31, 2023

	JAN-23	FEB-23	MAR-23	APR-23	MAY-23	JUN-23	JUL-23	AUG-23	SEP-23	OCT-23	NOV-23	DEC-23	TOTAL
Salaries and wages	\$ 14,264	\$ 12,633	\$ 12,050	\$ 10,886	\$ 12,051	\$ 12,749	\$ 12,111	\$ 15,426	\$ 11,925	\$ 15,538	\$ 12,836	\$ 12,850	\$ 155,319
Conference registration	-	-	-	-	-	750	-	-	-	-	-	-	750
Graduation event	-	-	-	-	-	-	-	-	-	-	690	231	921
Mileage and tolls	-	-	-	178	-	-	-	-	-	154	-	-	332
Office supplies and materials	-	372	409	150	275	344	250	326	1,454	410	271	160	4,421
Telephone	275	275	275	275	275	275	275	275	275	275	275	275	3,300
Postage	-	-	-	-	-	153	-	-	-	-	42	-	195
Printing and copies	415	415	415	415	415	415	415	415	415	415	415	415	4,980
Promotional items	-	-	-	-	-	-	-	365	-	102	-	-	467
Website	79	79	79	79	79	79	79	79	79	79	79	79	948
Classroom rental	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	3,490	41,880
College course tuition	-	-	-	-	-	4,780	-	-	8,902	-	8,533	-	22,215
Guest speaker cost	-	475	-	-	-	-	-	-	600	-	480	480	2,035
Other	-	-	-	-	-	-	-	143	-	-	-	-	143
Pre-apprenticeship occupational training	-	-	-	-	-	-	12,600	-	-	1,007	-	-	13,607
Student books and training materials	-	-	-	-	-	252	650	37	1,356	-	-	-	2,295
Student counseling and mentoring	-	-	-	-	1,925	-	1,925	280	805	805	-	-	5,740
Student transportation	-	-	-	-	-	2,973	3,495	379	2,189	243	2,794	-	12,073
Test of Adult Basic Education	-	400	-	-	-	-	-	-	-	-	-	-	400
Tutoring and academic remediation	-	-	-	-	-	495	4,501	2,212	981	1,359	675	1,271	11,494
Worksite and training center site visits	-	-	-	-	-	-	1,902	-	-	-	-	-	1,902
	<u>\$ 18,523</u>	<u>\$ 18,139</u>	<u>\$ 16,718</u>	<u>\$ 15,473</u>	<u>\$ 18,510</u>	<u>\$ 26,755</u>	<u>\$ 41,693</u>	<u>\$ 23,427</u>	<u>\$ 32,471</u>	<u>\$ 23,877</u>	<u>\$ 30,580</u>	<u>\$ 19,251</u>	<u>\$ 285,417</u>

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Item 4i

E.I.N. 22-2858377
Plan No. 501

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par on Maturity Value				
		Par / Maturity				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Value or Shares	Cost	Current Value
<u>Item 1c(1) - Interest-bearing cash:</u>						
* Lending Club Money Market Fund	MMA	Demand	Variable %	505,435	\$ 505,435	\$ 505,435
* Lending Club Accounts	Cash	Demand	Variable	216,233	216,233	216,233
					<u>\$ 721,668</u>	<u>\$ 721,668</u>

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

**NEW JERSEY HEALTH CARE EMPLOYER DISTRICT 1199J
TRAINING AND DEVELOPMENT FUND**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

E.I.N. 22-2858377
Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset, Including Interest Rate and Maturity Date	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain /	
* Lending Club Money Market Fund	\$ 752,673	N/A	\$ 752,673	\$ 752,673	N/A	
* Lending Club Money Market Fund	N/A	\$ 628,593	628,593	628,593	\$ -	

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

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

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

1a Name of plan NEW JERSEY HEALTH CARE EMPLOYERS, DISTRICT 1199J TRAINING AND DEVELOPMENT FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan 06/17/1987	
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) DISTRICT 1199J TRAINING & DEVELOPMENT FUND 9-25 ALLING STREET NEWARK NJ 07102	2b Employer Identification Number (EIN) 22-2858377	
	2c Plan Sponsor's telephone number 973-643-1600	
	2d Business code (see instructions) 611000	

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	<i>Stephanie Harris-Kuiper</i>	10/15/25	DR. STEPHANIE HARRIS-KUIPER
	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

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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

5 Total number of participants at the beginning of the plan year	5	3,549
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,549
a (2) Total number of active participants at the end of the plan year	6a(2)	3,469
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,469
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	12

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

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

4J

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (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)	b General Schedules (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 _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS