Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.**	**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:
- [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 YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NYC INC HEALTH BENEFITS FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan
09/13/1944

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES NEW YORK HOTEL TRADES COUNCIL &
HOTEL ASSOCIATION OF NEW YORK CITY, INC.
HEALTH BENEFITS FUND
305 WEST 44TH STREET
NEW YORK, NY 10036

2b Employer Identification Number (EIN)
13-6126923

2c Plan Sponsor's telephone number
212-586-6400

2d Business code (see instructions)
721110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	RICHARD MAROKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	VIJAY DANDAPANI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name		
c Plan Name	**4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	24404
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)**	24404
a(2) Total number of active participants at the end of the plan year	**6a(2)**	23536
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**	23536
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)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	351

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

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

4A 4B 4D 4E 4F 4Q

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

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

a Pension Schedules

(1) [ ] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached ______

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] **A** (Insurance Information) – Number Attached 1

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2024** **This Form is Open to Public Inspection**

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

A Name of plan NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NYC INC HEALTH BENEFITS FUND	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NEW YORK HOTEL TRADES COUNCIL &	**D** Employer Identification Number (EIN) 13-6126923

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE STANDARD LIFE INSURANCE COMPANY OF NEW YORK

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	Policy or contract year **(g)** To
13-4119477	89009	642880	24516	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
32302	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MSM GENERAL AGENCY INC
PO BOX 060470
STATEN ISLAND, NY 10306

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code
32302			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	Fees and other commissions paid **(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
(2) Dividends and credits	7c(2)			
(3) Interest credited during the year	7c(3)			
(4) Transferred from separate account	7c(4)			
(5) Other (specify below) ▶	7c(5)			
(6) Total additions			7c(6)	0
d Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e Deductions:				
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
(2) Administration charge made by carrier	7e(2)			
(3) Transferred to separate account	7e(3)			
(4) Other (specify below) ▶	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III **Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	643332		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**	-39296		
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned ((**1**) + (**2**) - (**3**))			**9a(4)**	604036
b Benefit charges (1) Claims paid	**9b(1)**	190000		
(2) Increase (decrease) in claim reserves	**9b(2)**	-23947		
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	166053
(4) Claims charged			**9b(4)**	166053
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**	32302		
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**	105891		
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**	30201		
(G) Other retention charges	**9c(1)(G)**	269589		
(H) Total retention			**9c(1)(H)**	437983
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	413545
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV **Provision of Information**

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NYC INC HEALTH BENEFITS FUND	**B** Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NEW YORK HOTEL TRADES COUNCIL &	**D** Employer Identification Number (EIN) 13-6126923

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)

NYHTC HEALTH CENTER, INC.

305 WEST 44TH STREET
NEW YORK, NY 10036

13-1595091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RELATED ENTITY	15555250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPIRE BLUECROSS/BLUESHIELD

1 LIBERTY STREET
NEW YORK, NY 10006

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15 49 62 51	CLAIMS PROCESSOR	8543266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HACELS LLC

709 EIGHTH AVENUE
NEW YORK, NY 10016

(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	LANDLORD	575808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

14 SO WILLIAMSPORT HOLDINGS LLC

14 PENN PLAZA
NEW YORK, NY 10122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	RENT	544871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONNECT YOUR CARE

307 INTERNATIONAL CIRCLE
COCKEYSVILLE, MD 21030

(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 PROCESSOR	535990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PITTA LLP

26-3852082

(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	443992	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MSPC CPAS & ADVISORS

22-2951202

(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	225538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CDW DIRECT LLC

5550 S MACADAM AVENUE, SUITE 320
PORTLAND, OR 97239

(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	COMPUTER SERVICES	217982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLENOFF GROSSMAN & SCHOLE LLP

1345 SIXTH AVENUE
NEW YORK, NY 10105

(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	201668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY

13-1835864

(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 15 50	ACTUARY	194700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RNK & ASSOCIATES

26-2567636

(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	104248	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY

1300 THAMES STREET WHARF
BALTIMORE, MD 21231-9907

(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	104216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DE LAGE LANDEN FINANCIAL SERVICES

1111 OLD EAGLE SCHOOL ROAD
WAYNE, PA 19087

(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	COMPUTER SERVICES	103235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK ADVISOR

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	INVESTMENT MANAGER	74956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN INTELLECTUAL

PO BOX 27131
NEW YORK, NY 10087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	STORAGE SERVICES	56696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KANE KESSLER, PC

13-2672411

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	ATTORNEY	52000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PSYCHPROS INC

2404 AUBURN AVE
CINCINNATI, OH 45219

(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	RECRUITER	42570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMS CAPITAL PARTNERS

757 3RD AVENUE , 22ND FLOOR
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?
17 50	CONSULTING	38500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ICA RISK MANAGEMENT CONSULTANTS

960 MACARTHUR BLVD
MAHWAH, NJ 07430

(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?
17 50	CONSULTING	36000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITESTAR ADVISORS LLC

902 CLINT MOORE ROAD, 104
BOCA RATON, FL 33487

(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?
17 50	CONSULTING	29000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING INC.

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	PAYROLL PROCESSOR	26416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TANDYM GROUP LLC

1500 MCCONNOR PARKWAY, SUITE 425
SCHAUMBURG, IL 60173

(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	RECRUITER	23750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NASDAQ CORPORATE SOLUTIONS LLC

11 FARNSWORTH ST
BOSTON, MA 02210

(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	COMPUTER SERVICES	18909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABBATE DEMARINIS CPAS

377 OAK STREET, SUITE 209
GARDEN CITY, NY 11530

20-4943540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	ACCOUNTANT	17250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OFFICE OF THE IMPARTIAL CHAIRPERSON
321 WEST 44TH STREET, SUITE 400
NEW YORK, NY 10036

13-1931878

(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	ARBITRATOR	16548	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANGE HEALTHCARE
PO BOX 403421
ATLANTA, GA 30384

81-3611560

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 70 50	DATA PROCESSOR	12916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHILIPS, RICHARD & RIND, PA
9360 SW 72ND STREET, 283
MIAMI, FL 33173

(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	10823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DELL MARKETING L.P.

1 DELL WAY
ROUND ROCK, TX 78682-7000

(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	COMPUTER SERVICES	9974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I **Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

A Name of plan
NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NYC INC HEALTH BENEFITS FUND

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES NEW YORK HOTEL TRADES COUNCIL &

D Employer Identification Number (EIN)
13-6126923

Part I Asset and Liability Statement

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

Assets		**(a)** Beginning of Year	**(b)** End of Year
a Total noninterest-bearing cash	**1a**		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	**1b(1)**	47747859	45646929
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**	97519333	95961840
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**	32598433	14188738
(2) U.S. Government securities	**1c(2)**	50809267	48235604
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	**1c(3)(A)**		
(B) All other	**1c(3)(B)**	24151922	22308624
(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)**	164099581	92830784
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	3914390	5217738
f Total assets (add all amounts in lines 1a through 1e)	1f	420840785	324390257
Liabilities			
g Benefit claims payable	1g	31403900	0
h Operating payables	1h	268223	277770
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	31672123	277770
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	389168662	324112487

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)	527253241	
(B) Participants	2a(1)(B)	952900	
(C) Others (including rollovers)	2a(1)(C)	22640055	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		550846196
b **Earnings on investments:**			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1176890	
(B) U.S. Government securities	2b(1)(B)	1877007	
(C) Corporate debt instruments	2b(1)(C)	1159658	
(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)		4213555
(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)	4080692	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4080692
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	32208624	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	32119547	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		89077
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2025500	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2025500

		(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)		14654456
c Other income	2c		2776269
d Total income. Add all **income** amounts in column (b) and enter total	2d		574634745

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7613800	
(2) To insurance carriers for the provision of benefits	2e(2)	263159298	
(3) Other	2e(3)	277916931	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		548690029
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)	4650979	
(2) Contract administrator fees	2i(2)	9079256	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	347036	
(5) Investment advisory and investment management fees	2i(5)	179172	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	194700	
(8) Legal fees	2i(8)	712881	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4836867	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		20000891
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		568690920

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		5943825
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		71000000

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) [X] 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)** [X] 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: MSPC CERTIFIED PUBLIC ACCOUNTANTS & **(2)** EIN: 22-2951202

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
NEW YORK HOTEL TRADES COUNCIL & HOTEL ASSOCIATION OF NEW YORK HEALTH CENTER INC	13-1595091	501

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 ____________________.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The New York Hotel Trades Council and Hotel Association of
New York City, Inc. Health Benefits Fund
New York, New York

Opinion

We have audited the financial statements of The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 statement 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 The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits Fund'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 New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) are presented for purposes 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 are 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.

MSpc

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 7, 2025

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL
ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND
EIN #13-1531223
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value			(d) Cost	(e) Current Value
Interest Bearing Cash:						
	JP Morgan Chase	12,942,929			$ 12,942,929	$ 12,942,929
	JP Morgan US Gov Mmkt Capital	1,409			1,409	1,409
	Northern Instl Fds Treas Portfolio	1,244,400			1,244,400	1,244,400
	Total Interest Bearing Cash				14,188,738	14,188,738
U.S. Government Securities:						
	US Government Bond	975,000	2.875%	11/30/25	943,162	963,011
	US Government Bond	2,000,000	2.500%	05/15/46	1,427,192	1,363,594
	US Government Note	925,000	2.750%	04/30/27	890,133	894,179
	US Government Note	1,000,000	2.625%	05/31/27	969,103	962,578
	US Government Note	2,200,000	4.625%	09/30/28	2,273,655	2,220,281
	US Government Note	1,650,000	4.625%	10/15/26	1,651,054	1,659,990
	US Government Note	1,000,000	1.500%	01/31/27	909,181	945,625
	US Government Note	1,895,000	2.750%	05/31/29	1,784,692	1,771,529
	US Government Note	2,850,000	4.250%	01/31/26	2,834,395	2,850,000
	US Government Note	1,500,000	4.250%	08/31/30	1,478,441	1,476,738
	US Government Note	1,000,000	4.375%	05/15/34	1,024,706	984,844
	US Government Bond	775,000	3.125%	02/15/43	652,604	612,886
	US Government Bond	894,000	3.500%	02/15/39	806,269	784,310
	US Government Bond	715,000	4.750%	11/15/43	744,049	706,705
	US Government Bond	1,700,000	1.875%	02/15/51	1,023,988	947,086
	US Government Bond	2,150,000	1.875%	02/15/41	1,471,159	1,442,012
	US Government Note	1,000,000	1.750%	01/31/29	887,932	902,891
	US Government Note	1,125,000	4.250%	06/30/24	1,127,435	1,110,762
	US Government Note	1,395,000	2.125%	05/31/26	1,309,831	1,354,567
	US Government Note	1,160,000	2.500%	02/28/26	1,110,411	1,137,208
	US Government Note	950,000	4.250%	12/31/25	943,406	950,230
	US Government Note	1,125,000	4.500%	05/31/29	1,132,480	1,130,230
	US Government Note	985,000	0.375%	12/31/25	872,304	948,470
	US Government Note	650,000	1.125%	02/15/31	539,298	536,352
	Fannie Mae Pool	1,421,640	6.000%	01/09/54	1,448,481	1,445,952
	Fed Home Ln Mtg	2,527,656	2.500%	04/01/52	2,055,577	2,065,179
	Federal Home Loan Mortgage	771,068	4.500%	08/01/53	747,695	725,548
	FNMA Pool #FS1975	1,080,921	2.000%	06/01/37	957,797	954,951
	FNMA Pool #FS7131	758,108	5.000%	02/01/54	741,287	733,849
	FNMA Pool #MA4547	2,661,460	2.000%	02/01/52	2,075,633	2,076,288
	FNMA Pool #MA4578	2,533,324	2.500%	04/01/52	2,064,042	2,070,839
	FNMA Pool #MA4624	1,203,339	3.000%	06/01/52	1,033,214	1,022,445
	FNMA Pool #MA4653	2,455,684	3.000%	07/01/52	2,091,176	2,087,237
	FNMA Pool #MA4732	2,074,390	4.000%	09/01/52	1,907,403	1,899,469
	FNMA Pool #MA4941	1,852,733	5.500%	03/01/53	1,841,905	1,828,475
	FNMA Pool #MA5026	2,390,860	3.500%	04/01/53	2,132,348	2,115,172
	FNMA Pool	500,000	6.63%	11/15/30	555,362	554,122
	Total U.S. Government Securities				48,458,800	48,235,604

See Independent Auditors' Report.

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND
EIN #13-1531223
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
Corporate Bonds:				
	Enbridge Inc	750,000 6.700% 11/15/53	845,194	815,074
	Rogers Communications Inc	885,000 3.800% 03/15/32	739,603	795,789
	Rogers Communications Inc	750,000 4.550% 03/15/52	632,213	600,866
	BAT Captial Corporation	500,000 6.421% 08/02/23	493,730	528,517
	HSBC Holdings	500,000 6.547% 06/20/34	483,210	515,710
	Abbvie Inc	365,000 3.200% 11/21/29	329,168	338,696
	Abbvie Inc	750,000 4.250% 11/21/49	655,988	610,694
	American Tower Corp	675,000 5.550% 07/15/33	665,732	680,558
	Amgen Inc	625,000 3.350% 02/22/32	551,529	557,065
	Analog Devices Inc	385,000 2.100% 10/01/31	316,135	322,703
	Bank of America Corporation	675,000 5.288% 04/25/34	660,447	670,447
	Capital One Financial Corp	500,000 6.312% 06/08/29	496,085	516,395
	Charles Schwab Corp	485,000 5.853% 05/19/34	486,733	499,687
	Citi USD	540,000 4.910% 05/24/32	508,577	522,280
	Comcast Corp	1,000,000 3.450% 02/01/50	748,830	685,982
	CVS Health Corp	645,000 4.300% 03/25/28	615,023	624,841
	Elevance Health	900,000 5.375% 06/15/34	913,570	892,292
	Fifth Third Bancorp	500,000 6.339% 07/27/29	501,997	518,694
	General Motors Financial	900,000 6.100% 01/07/34	921,881	913,462
	General Mtrs Fincl Co Inc	500,000 5.800% 06/23/28	499,700	509,955
	Goldman Sachs Group	600,000 3.102% 02/24/33	490,548	517,239
	JPMorgan Chase & Co	750,000 2.522% 04/22/31	625,153	660,388
	Lowes Cos Inc	550,000 1.700% 10/15/30	424,776	460,099
	Marsh & McLennan	500,000 4.375% 03/15/29	474,668	491,213
	Nextera Energy Capital Holdings Inc	500,000 5.250% 03/15/34	504,940	494,593
	Oracle Corp	500,000 4.900% 02/06/33	477,735	486,973
	Pfizer Investment	756,000 4.750% 05/19/33	739,861	732,224
	PNC Fincl Svcs Group Inc	745,000 2.307% 04/23/32	607,213	626,701
	Prologis LP	250,000 5.250% 06/15/53	248,558	233,666
	RTX Corporation	485,000 3.950% 08/16/25	476,513	482,434
	RTX Corporation	800,000 6.400% 03/15/54	900,797	871,507
	T-Mobile USA Inc	775,000 5.050% 07/15/33	738,265	759,058
	Thermo Fisher Scientific	520,000 4.950% 11/21/32	512,834	516,736
	US Bancorp Medium	650,000 5.384% 01/23/30	649,383	655,637
	US Bancorp	785,000 5.836% 06/12/34	752,077	800,659
	UnitedHealth Group	510,000 2.000% 05/15/30	428,247	439,712
	Verizon Communications Inc	750,000 2.875% 11/20/50	495,383	461,505
	Wells Fargo & Co	500,000 5.499% 01/23/35	515,275	498,573
	Total Corporate Bonds		22,127,571	22,308,624
Mutual Funds:				
	State Street Institutional Inc	306,597	29,339,097	31,343,378
	Fidelity Salem Street Trust	150,114	4,362,806	5,069,357
	Nationwide Mutual Funds	58,525	4,320,155	5,118,597
	State Street Institutional Inv Tst	104,872	33,693,972	46,028,514
	Undiscovered Managers Fds	62,541	5,148,711	5,270,938
	Total Mutual Funds		76,864,741	92,830,784
	Total Investments		$ 161,639,850	$ 177,563,750

See Independent Auditors' Report.

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

MSPC
Certified Public
Accountants and Advisors, P.C.

MOORE

An independent firm associated with
Moore Global Network Limited

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
The New York Hotel Trades Council and Hotel Association of
New York City, Inc. Health Benefits Fund
New York, New York

Opinion

We have audited the financial statements of The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 statement 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 The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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An independent firm associated with
Moore Global Network Limited
www.mspc.cpa
340 North Avenue, Cranford, NJ 07016-2496 908 272-7000
546 5th Avenue, 6th Floor, New York, NY 10036-5000 212 682-1234

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 New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits 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 of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) are presented for purposes 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 are 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.

MSpc

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 7, 2025

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL
ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND

Statements of Net Assets Available for Benefits

	December 31, 2024	December 31, 2023
Assets:		
Investments at Fair Value:		
Interest Bearing Cash	$ 14,188,738	$ 32,598,433
U.S. Government Securities	48,235,604	50,809,267
Corporate Bonds	22,308,624	24,151,922
Mutual Funds	92,830,784	164,099,581
Total Investments at Fair Value	177,563,750	271,659,203
Receivables:		
Employers' Contributions	45,646,929	47,747,859
Due from Affiliates	864,938	11,793
Accrued Interest	568,247	534,635
Other Receivable	2,768,269	--
Total Receivables	49,848,383	48,294,287
Property and Equipment - Net	5,217,738	3,914,390
Other Assets:		
Advances to Related Party	88,367,674	91,546,372
Security Deposits	421,696	2,257,847
Inventory	2,884,831	3,118,457
Prepaid Expenses	86,185	50,229
Total Other Assets	91,760,386	96,972,905
Total Assets	324,390,257	420,840,785
Liabilities:		
Accrued Expenses	277,770	268,223
Total Liabilities	277,770	268,223
Net Assets Available for Benefits	$ 324,112,487	$ 420,572,562

See Accompanying Notes to Financial Statements.

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31, 2024	2023
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	$ 12,718,033	$ 15,144,739
Interest and Dividends	8,294,247	5,837,896
Totals	21,012,280	20,982,635
Less: Custodial and Advisory Fees	179,172	150,837
Net Investment Income	20,833,108	20,831,798
Contributions:		
Employers' Contributions	527,253,241	486,550,702
Medicare Reimbursements	22,640,055	12,836,066
Cobra	952,900	1,058,413
Total Contributions	550,846,196	500,445,181
Miscellaneous Income:		
Transitional Reinsurance Program Settlement	2,768,269	--
Miscellaneous Income	8,000	--
Total Miscellaneous Income	2,776,269	--
Total Additions - Forward	574,455,573	521,276,979
Deductions from Net Assets Attributed to:		
Benefits Paid Directly to or for Participants:		
Health Center, Inc.	271,412,324	215,262,194
Hospital Claims	142,369,415	119,618,098
Out of Area Claims	141,706,165	104,869,881
HRA Claims	7,613,800	6,780,947
Member's Health Assistance Program	6,504,607	5,528,066
Optical	4,601,699	5,336,789
Life and Disability	5,645,495	4,095,104
Dental Claims	200,862	222,820
Emergency Room	25,293	16,431
Home Health Care	14,269	5,975
Total Benefits Paid Directly to Participants - Forward	580,093,929	461,736,305
Administrative Expenses:		
Benefit Administration Fees	9,079,256	8,867,069
Salaries	4,650,979	4,971,945
Employee Benefits	1,521,883	1,542,188
Depreciation and Amortization	795,811	791,624
Legal	712,881	609,946
Lease	575,808	621,433
Payroll Taxes	370,330	391,942
Totals - Forward	$ 17,706,948	$ 17,796,147

See Accompanying Notes to Financial Statements.

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND

Statements of Changes in Net Assets Available for Benefits

	Years ended December 31, 2024	2023
Total Additions - Forwarded	$ 574,455,573	$ 521,276,979
Total Benefits Paid Directly to or for Participants - Forwarded	580,093,929	461,736,305
Administrative Expenses (Continued):		
Totals - Forwarded	17,706,948	17,796,147
Office	363,300	504,480
Computer Services	286,653	478,891
Payroll Audits	264,786	204,913
Insurance	221,031	175,754
PCORI Fee	199,225	194,000
Actuarial	194,700	143,039
Postage	111,383	212,035
Repairs and Maintenance	101,613	100,512
Consulting	104,809	187,567
Other Services	86,613	41,947
Audit	65,000	65,000
Utilities	33,961	45,652
Payroll Service	29,742	27,082
Travel	15,118	7,177
Accounting	17,250	9,125
Real Estate Taxes	9,941	38,470
Telephone	9,646	63,736
Total Administrative Expenses	19,821,719	20,295,527
Total Deductions	599,915,648	482,031,832
Net (Decrease) Increase in Net Assets Available for Benefits	(25,460,075)	39,245,147
Transfer to Health Center	(71,000,000)	--
Net Assets Available for Benefits - Beginning of Years	420,572,562	381,327,415
Net Assets Available for Benefits - End of Years	$ 324,112,487	$ 420,572,562

See Accompanying Notes to Financial Statements.

(1) Description of the Plan

The following description of The New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits Fund (the "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 health and welfare plan established in accordance with an agreement of trust dated September 13, 1944, pursuant to collective bargaining agreements ("CBA") between The Hotel and Gaming Trades Council ("Union") and various employers operating in the New York metropolitan area. The Plan is administered by a Board of Trustees, comprised of representatives of the Union and the Employers. The trustees have overall responsibility for the operation and administration of the Plan, including the appropriateness of the Plan's investment elections and monitoring investment performance. The investments of the Plan are managed by investment advisors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding Policy - Contributions to the Plan are made by participating employers in accordance with their collective bargaining agreements with the Union. The collective bargaining agreements require contributions to the Plan at fixed rates based upon hours worked. Former employees covered under COBRA make contributions to the Plan for continuation of health coverage.

Benefits - The Plan provides health benefits (medical, surgical, hospital, prescription drugs, optical, accident and dental, mental health assistance program, HRA), and life insurance coverage for eligible participants and their covered dependents through owned and operated health centers of The New York Hotel Trades Council and Hotel Association of New York Health Center, Inc. located in Brooklyn, Harlem, Mid-Town and Queens. The Plan also provides a continuation of health coverage under the Consolidated Omnibus Budget and Reconciliation Act (COBRA) to eligible participants and dependents upon loss of coverage under the Plan. Retired participants are entitled to health benefits (in excess of Medicare coverage) provided that they are receiving a pension from The New York Hotel Trades Council and Hotel Association of New York City, Inc. Pension Fund and have retired immediately upon termination of covered employment.

The Plan supports a related not-for-profit organization, the New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Center, Inc. The Health Center, Inc. is economically dependent on the Plan. During the years ending December 31, 2024 and 2023, the Plan transferred cash of $271,412,324 and $215,262,194, respectively.

Participants who live outside of the operating areas of Health Center, Inc.'s health centers are provided major medical benefits through a paid provider organization (PPO) and hospital benefits under an administrative services contract.

(2) Summary of Significant Accounting Policies

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

Adoption of Recent Accounting Pronouncements - Effective January 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that is subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

(2) Summary of Significant Accounting Policies (Continued)

Adoption of Recent Accounting Pronouncements (Continued) - On July 30, 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets. This standard allows entities to elect a practical expedient that assumes that current conditions as of the fiscal year-end do not change for the remaining life of the asset. In addition, the standard provides for consideration of subsequent collections in developing reasonable and supportable forecasts as part of estimating expected credit losses. The Plan elected to early adopt this standard in the reporting period ended December 31, 2024.

Use of 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 the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported ("IBNR"), claims payable, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plans investment advisor and custodian. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' Contributions Receivable - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection, including subsequent period collection activity. As of December 31, 2024 and 2023, the Plan did not record any credit loss allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

Property and Equipment - Property and Equipment are recorded at cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs, which do not improve or extend the useful lives of the respective assets, are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives.

(2) Summary of Significant Accounting Policies (Continued)

Long-Lived Asset Impairment - The Plan reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and the effects of obsolescence and other economic factors. For the years ended December 31, 2024 and 2023, the Plan recorded no impairment charges against the carrying value of fixed assets.

Inventory - The Health Centers maintain purchased finished goods inventory in each of its pharmacies which is stated at the lower of cost or net realizable value assuming a first-in, first-out flow of inventory.

Payments of Benefits - Premiums paid are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

Leases - Leases are categorized at their inception as either operating or financing leases. Operating right-of-use assets and liabilities are recognized at the lease commencement date based on the present value of the lease payments over the lease term. Leased assets represent the Plan’s right to use an underlying asset for the lease term, and lease liabilities represent the Plan’s obligation to make lease payments arising from the lease. The lease term may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Plan uses a risk-free discount rate when the rate implicit in the lease contract is not readily determinable.

Administrative Expenses - 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 Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan.

Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - The Plan has evaluated subsequent events through October 7, 2025, the date on which the financial statements were available to be issued.

(3) Postretirement, Accumulated Eligibility Credits and Postemployment Benefit Obligations

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with the participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

(3) Postretirement, Accumulated Eligibility Credits and Postemployment Benefit Obligations (Continued)

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

The Plan is required to provide benefits to certain members, if such members have accumulated credit amounts (expressed in dollars) in excess of that required for current coverage. Participants draw on their accumulated credits whenever they fail to meet the annual requirement. The estimated future liability represents the present value of an extension of future benefits that occurs prior to eligibility for retirement with medical benefits per the rules specified in the Plan agreement. The calculation of the accumulated eligibility credit reserves at December 31, 2024 and 2023, have been based on assumptions of past underemployment data, usage, and estimated cost of coverage.

In addition, a postemployment obligation is recognized for individuals on disability and COBRA. The obligation for COBRA benefits is estimated by an actuary based on the actual number of participants using COBRA benefits as of the measurement date and claim payment history and includes an estimate for claims incurred by COBRA participants that have not been reported.

The weighted-average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023, by $259,155,734 and $323,859,840, respectively.

The following were other significant assumptions used to determine the postretirement and postemployment benefit obligations as of December 31, 2024 and 2023.

Weighted-average discount rate: 5.50% - 2024; 5.00% - 2023
Average retirement age rates: Various rates ranging from 2% at age 55 to 100% at age 70
Mortality Rates Healthy: 114% of the RP-2014 HCW Healthy Annuitant Mortality Table with generational projection using Scale MP-2014
Mortality Rates Disability: 79% of the RP-2014 HCW Disabled Retiree Mortality Table with generational projection using Scale MP-2014,
Administrative Expenses: An administrative expense load of $1,361 per participant increasing at 3.0% per year was added to projected incurred claim costs in developing the benefit obligations.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different assumptions and other factors might be applicable in determining the actuarial present value of postretirement and postemployment obligations.

The Plan's excess of benefit obligations over net assets at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current CBAs. However, the Plan empowers the board of trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the board of trustees.

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

(3) Postretirement, Accumulated Eligibility Credits and Postemployment Benefit Obligations (Continued)

Health benefits for participants and their beneficiaries and dependents are provided by the Plan. It is the present intention of the sponsor and the Plan to continue providing these benefits. The amounts for postretirement benefits are not vested and would be reduced to zero if the trustees elected to terminate the retiree benefits.

The following tables present the components of the Plan's benefit obligations and the related changes in the Plan's benefit obligations.

	December 31, 2024	December 31, 2023
Amounts Currently Payable:		
Claims Payable and Claims Incurred But Not Reported	$ 44,563,857	$ 31,403,900
Postretirement Benefit Obligations:		
Current Retirees	557,795,104	434,379,701
Other Participants Fully Eligible for Benefits	447,631,917	585,447,316
Other Participants Not Yet Fully Eligible for Benefits	458,888,849	636,115,850
Total Postretirement Benefit Obligations	1,464,315,870	1,655,942,867
Total Benefit Obligations	$ 1,508,879,727	$ 1,687,346,767

Changes in Benefit Obligations:

	Years ended December 31, 2024	Years ended December 31, 2023
Amounts Currently Payable:		
Balance - Beginning of Years	$ 31,403,900	$ 33,466,900
Claims Reported and Approved for Payment	593,253,886	459,673,305
Claims Paid	(580,093,929)	(461,736,305)
Balance - End of Years	44,563,857	31,403,900
Postretirement Benefit Obligations:		
Balance - Beginning of Years	1,655,942,867	1,291,006,175
Benefits Earned Net of Benefits Paid	114,954,391	91,852,654
Actuarial Experience Loss	137,644,656	273,084,038
Changes in Actuarial Assumptions	(444,226,044)	--
Balance - End of Years	1,464,315,870	1,655,942,867
Total Benefit Obligations - End of Years	$ 1,508,879,727	$ 1,687,346,767

Changes in Actuarial Assumptions - Actuarial assumption changes decreased obligations by $444,226,044. This was the net result of an increase in obligations due to updating the valuation-year per capita health costs and the future trend on such costs, a decrease in obligations due to revising the enrollment assumption, and a decrease in obligations due to raising the discount rate. The discount rate is reset each year based on the rates of return on high-quality fixed income investments currently available as of the valuation measurement date whose cash flows match the timing and amount of expected benefit payments.

(4) Claims Incurred But Not Reported

Plan obligations at December 31 for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the Plan's benefit obligations at present value, based on a 5% discount rate. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

(5) Fair Value Measurements

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2-Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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 observable inputs and minimize the use of unobservable inputs.

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

Interest Bearing Cash: Valued using amortized costs, which approximates fair value.

U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1). Those U.S. government securities without quoted market prices are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

(5) Fair Value Measurements (Continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following tables 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
Interest Bearing Cash	$ 14,188,738	$ --	$ --	$ 14,188,738
U.S. Government Securities	29,210,201	19,025,403	--	48,235,604
Corporate Bonds	--	22,308,624	--	22,308,624
Mutual Funds	92,830,784	--	--	92,830,784
	$ 136,229,723	$ 41,334,027	$ --	$ 177,563,750

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Interest Bearing Cash	$ 32,598,433	$ --	$ --	$ 32,598,433
U.S. Government Securities	28,188,574	22,620,693	--	50,809,267
Corporate Bonds	--	24,151,922	--	24,151,922
Mutual Funds	164,099,581	--	--	164,099,581
	$ 224,886,588	$ 46,772,615	$ --	$ 271,659,203

Transfers Between Levels - 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.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

(6) Property and Equipment

Property and equipment consist of the following of December 31, 2024 and 2023:

	2024	2023	Useful Life
Computer Equipment	$ 5,538,240	$ 5,321,212	3-5 Years
Furniture and Fixtures	9,428,924	8,510,396	5-15 Years
Leasehold Improvements	8,152,676	7,189,073	10-39 Years
Totals	23,119,840	21,020,681	
Less: Accumulated Depreciation	17,902,102	17,106,291	
Property and Equipment - Net	$ 5,217,738	$ 3,914,390	

Depreciation and amortization expenses amounted to $795,811 and $791,624 for the years ended December 31, 2024 and 2023, respectively.

(7) Party-in-Interest and Related Party Transactions

The Plan pays fees for several arrangements with services providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA.

The Plan shares employees and other general and administrative expenses with various employee benefit funds related by common management and trustees. Reimbursements paid to and received from these entities during the years ended December 31, 2024 and 2023 for these shared expenses, are summarized as follows:

	2024	2023
Reimbursements received from:		
The New York Hotel Trades Council and Hotel Association of New York City, Inc.:		
Health Center, Inc.	$ 3,089,467	$ 465,664
Pension Fund	959,714	753,454
401(k) Savings Plan	57,251	54,874
ITP/Scholarship Fund	133,385	45,536
Prepaid Legal Services Fund	94,833	55,230
Labor Management Cooperation Trust Fund	14,019	15,972
The New York Hotel Trades Council and Affiliated Local's Staff Insurance Fund	11,571,401	8,998,776
Totals	$ 15,920,070	$ 10,389,506
Reimbursements paid to:		
The New York Hotel Trades Council and Hotel Association of New York City, Inc.:		
Health Center, Inc.	$ 15,555,250	$ 13,969,132

(7) Party-in-Interest and Related Party Transactions (Continued)

At December 31, 2024 and 2023, amounts due from (to) these entities, is summarized as follows:

	2024	2023
The New York Hotel Trades Council and Hotel Association of New York City, Inc.:		
Health Center, Inc.	$ 73,015	$ 6,706
Pension Fund	(34,292)	3,321
Industry Training Program and Scholarship Fund	(2,468)	426
Prepaid Legal Services Fund	(4,700)	456
401(k) Savings Plan	(3,900)	360
Labor Management Cooperation Trust Fund	(923)	104
The New York Hotel Trades Council and Affiliated Local's Staff Insurance Fund	838,206	420
Totals	$ 864,938	$ 11,793

(8) Advances to Related Party

The Plan paid $33,415,000 in connection with the purchase of land and construction for a Health Center in Harlem, New York. This property was placed in service in 2003 and amortization commenced at that time.

The Plan paid $90,554,204 in connection with the purchase of land and construction for a Health Center in Brooklyn, New York. This property was placed in service in 2017 and amortization commenced at that time.

Advances to related party represent amounts paid in connection with the purchase and construction of the Harlem Health Center and a new Health Center in Brooklyn for the benefit of the participants of the Plan. These amounts are amortized over the useful life of the buildings on a straight-line method over 39 years.

During the years ended December 31, 2024 and 2023, the Plan amortized $3,178,698, which is recorded in the Health Center, Inc line on the Statements of Changes in Net Assets Available for Benefits.

	2024	2023
Advances to Related Party - Cost	$ 123,969,204	$ 123,969,204
Less: Accumulated Amortization	35,601,530	32,422,832
Advances to Related Party - Net	$ 88,367,674	$ 91,546,372

Future amortization of advances to related party as of December 31, 2024 are as follows:

2025	$ 3,178,698
2026	3,178,698
2027	3,178,698
2028	3,178,698
2029	3,178,698
Thereafter	72,474,184
Total	$ 88,367,674

(9) Security Deposits

The Plan is also required to maintain a deposit with the HRA recordkeeper. This deposit represents the required minimum fund ("RMF") amount for the HRA accounts. At December 31, 2024 and 2023, the deposit totaled $421,696.

In 2023 the Plan was required to maintain a deposit with an insurance company, Empire BCBS. The deposit was a nonforfeitable advanced deposit based on average claims paid in prior year contract period. At December 31, 2023 the deposit balance totaled $1,836,151. This advanced deposit is no longer required as of December 31, 2024.

(10) Operating Lease

The Plan leases office space at 305 West 44th Street, New York, NY 10036 on a month to month basis. The Plan makes monthly rent payments of $52,346, plus real estate taxes, subject to an annual increase. The Plan allocated rent to related benefit funds, the plans portion of lease expense for the years ended December 31, 2024 and 2023 was $575,808 and $621,433, respectively.

The Plan has leasehold improvements which are being amortized over the estimated remaining economic life through 2039, which is greater than the short-term month-to-month lease provision. The unamortized balance of the related leasehold improvements was $2,365,435 and $2,337,613 at December 31, 2024 and 2023, respectively.

(11) Tax Status

The Plan has received an exemption letter from the IRS dated December 5, 2016, stating that the VEBA trust established under the Plan was in compliance with the applicable requirements of the provisions of Section 501(c)(9) of the IRC. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

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

(12) Termination of the Plan

The Plan's Board of Trustees, as sponsor, has the right under the Plan to modify the benefits provided to participants. The Plan may be terminated only by joint agreement between employers and the New York Hotel and Motel Trades Council and Hotel Association of New York City, Inc. subject to the provisions set forth in ERISA.

(13) Risks and Uncertainties

Investment Risk - 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 Statements of Net Assets Available for Benefits.

(13) Risks and Uncertainties (Continued)

Actuarial Assumptions - Plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, healthcare cost trend rate 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.

Concentration of Credit Risk - The Plan maintains cash accounts at high credit-quality financial institutions. Cash accounts at these financial institutions are insured by the Federal Deposit Insurance Corporation ("FDIC") 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 its cash accounts. As of the years ended December 31, 2024 and 2023, the Plan had cash balances in excess of federally insured limits of $12,807,000 and $30,630,000, respectively.

(14) Transfer to Health Center - Health Center Acquisition

The Board of Trustees of the Plan approved the acquisition of a new health center facility by the New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Center, Inc. an affiliated not-for-profit organization, and authorized funding of the purchase. In connection with this approval, the Plan transferred $71,000,000 to the Health Center. This transaction was outside the Plan's operations and has been presented as an adjustment to net assets available for benefits in the accompanying financial statements.

(15) Reconciliation of Financial Statements to Form 5500

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

	December 31, 2024	December 31, 2023
Net Assets Available for Benefits per the Financial Statements	$ 324,112,487	$ 420,572,562
Less: Benefit Obligations Currently Payable (Health Care)	44,563,857	31,403,900
Net Assets Available for Benefits per the Form 5500	$ 279,548,630	$ 389,168,662

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

	December 31, 2024
Benefits Paid to Participants per the Financial Statements	$ 580,093,929
Add: Amounts Currently Payable at December 31, 2024	44,563,857
Less: Amounts Currently Payable at December 31, 2023	(31,403,900)
Benefits Paid to Participants per the Form 5500	$ 593,253,886

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SUPPLEMENTARY INFORMATION

THE NEW YORK HOTEL TRADES COUNCIL AND HOTEL
ASSOCIATION OF NEW YORK CITY, INC. HEALTH BENEFITS FUND
EIN #13-1531223
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value			(d) Cost	(e) Current Value
Interest Bearing Cash:						
	JP Morgan Chase	12,942,929			$ 12,942,929	$ 12,942,929
	JP Morgan US Gov Mmkt Capital	1,409			1,409	1,409
	Northern Instl Fds Treas Portfolio	1,244,400			1,244,400	1,244,400
	Total Interest Bearing Cash				14,188,738	14,188,738
U.S. Government Securities:						
	US Government Bond	975,000	2.875%	11/30/25	943,162	963,011
	US Government Bond	2,000,000	2.500%	05/15/46	1,427,192	1,363,594
	US Government Note	925,000	2.750%	04/30/27	890,133	894,179
	US Government Note	1,000,000	2.625%	05/31/27	969,103	962,578
	US Government Note	2,200,000	4.625%	09/30/28	2,273,655	2,220,281
	US Government Note	1,650,000	4.625%	10/15/26	1,651,054	1,659,990
	US Government Note	1,000,000	1.500%	01/31/27	909,181	945,625
	US Government Note	1,895,000	2.750%	05/31/29	1,784,692	1,771,529
	US Government Note	2,850,000	4.250%	01/31/26	2,834,395	2,850,000
	US Government Note	1,500,000	4.250%	08/31/30	1,478,441	1,476,738
	US Government Note	1,000,000	4.375%	05/15/34	1,024,706	984,844
	US Government Bond	775,000	3.125%	02/15/43	652,604	612,886
	US Government Bond	894,000	3.500%	02/15/39	806,269	784,310
	US Government Bond	715,000	4.750%	11/15/43	744,049	706,705
	US Government Bond	1,700,000	1.875%	02/15/51	1,023,988	947,086
	US Government Bond	2,150,000	1.875%	02/15/41	1,471,159	1,442,012
	US Government Note	1,000,000	1.750%	01/31/29	887,932	902,891
	US Government Note	1,125,000	4.250%	06/30/24	1,127,435	1,110,762
	US Government Note	1,395,000	2.125%	05/31/26	1,309,831	1,354,567
	US Government Note	1,160,000	2.500%	02/28/26	1,110,411	1,137,208
	US Government Note	950,000	4.250%	12/31/25	943,406	950,230
	US Government Note	1,125,000	4.500%	05/31/29	1,132,480	1,130,230
	US Government Note	985,000	0.375%	12/31/25	872,304	948,470
	US Government Note	650,000	1.125%	02/15/31	539,298	536,352
	Fannie Mae Pool	1,421,640	6.000%	01/09/54	1,448,481	1,445,952
	Fed Home Ln Mtg	2,527,656	2.500%	04/01/52	2,055,577	2,065,179
	Federal Home Loan Mortgage	771,068	4.500%	08/01/53	747,695	725,548
	FNMA Pool #FS1975	1,080,921	2.000%	06/01/37	957,797	954,951
	FNMA Pool #FS7131	758,108	5.000%	02/01/54	741,287	733,849
	FNMA Pool #MA4547	2,661,460	2.000%	02/01/52	2,075,633	2,076,288
	FNMA Pool #MA4578	2,533,324	2.500%	04/01/52	2,064,042	2,070,839
	FNMA Pool #MA4624	1,203,339	3.000%	06/01/52	1,033,214	1,022,445
	FNMA Pool #MA4653	2,455,684	3.000%	07/01/52	2,091,176	2,087,237
	FNMA Pool #MA4732	2,074,390	4.000%	09/01/52	1,907,403	1,899,469
	FNMA Pool #MA4941	1,852,733	5.500%	03/01/53	1,841,905	1,828,475
	FNMA Pool #MA5026	2,390,860	3.500%	04/01/53	2,132,348	2,115,172
	FNMA Pool	500,000	6.63%	11/15/30	555,362	554,122
	Total U.S. Government Securities				48,458,800	48,235,604

See Independent Auditors' Report.

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value			(d) Cost	(e) Current Value
Corporate Bonds:						
	Enbridge Inc	750,000	6.700%	11/15/53	845,194	815,074
	Rogers Communications Inc	885,000	3.800%	03/15/32	739,603	795,789
	Rogers Communications Inc	750,000	4.550%	03/15/52	632,213	600,866
	BAT Captial Corporation	500,000	6.421%	08/02/23	493,730	528,517
	HSBC Holdings	500,000	6.547%	06/20/34	483,210	515,710
	Abbvie Inc	365,000	3.200%	11/21/29	329,168	338,696
	Abbvie Inc	750,000	4.250%	11/21/49	655,988	610,694
	American Tower Corp	675,000	5.550%	07/15/33	665,732	680,558
	Amgen Inc	625,000	3.350%	02/22/32	551,529	557,065
	Analog Devices Inc	385,000	2.100%	10/01/31	316,135	322,703
	Bank of America Corporation	675,000	5.288%	04/25/34	660,447	670,447
	Capital One Financial Corp	500,000	6.312%	06/08/29	496,085	516,395
	Charles Schwab Corp	485,000	5.853%	05/19/34	486,733	499,687
	Citi USD	540,000	4.910%	05/24/32	508,577	522,280
	Comcast Corp	1,000,000	3.450%	02/01/50	748,830	685,982
	CVS Health Corp	645,000	4.300%	03/25/28	615,023	624,841
	Elevance Health	900,000	5.375%	06/15/34	913,570	892,292
	Fifth Third Bancorp	500,000	6.339%	07/27/29	501,997	518,694
	General Motors Financial	900,000	6.100%	01/07/34	921,881	913,462
	General Mtrs Fincl Co Inc	500,000	5.800%	06/23/28	499,700	509,955
	Goldman Sachs Group	600,000	3.102%	02/24/33	490,548	517,239
	JPMorgan Chase & Co	750,000	2.522%	04/22/31	625,153	660,388
	Lowes Cos Inc	550,000	1.700%	10/15/30	424,776	460,099
	Marsh & McLennan	500,000	4.375%	03/15/29	474,668	491,213
	Nextera Energy Capital Holdings Inc	500,000	5.250%	03/15/34	504,940	494,593
	Oracle Corp	500,000	4.900%	02/06/33	477,735	486,973
	Pfizer Investment	756,000	4.750%	05/19/33	739,861	732,224
	PNC Fincl Svcs Group Inc	745,000	2.307%	04/23/32	607,213	626,701
	Prologis LP	250,000	5.250%	06/15/53	248,558	233,666
	RTX Corporation	485,000	3.950%	08/16/25	476,513	482,434
	RTX Corporation	800,000	6.400%	03/15/54	900,797	871,507
	T-Mobile USA Inc	775,000	5.050%	07/15/33	738,265	759,058
	Thermo Fisher Scientific	520,000	4.950%	11/21/32	512,834	516,736
	US Bancorp Medium	650,000	5.384%	01/23/30	649,383	655,637
	US Bancorp	785,000	5.836%	06/12/34	752,077	800,659
	UnitedHealth Group	510,000	2.000%	05/15/30	428,247	439,712
	Verizon Communications Inc	750,000	2.875%	11/20/50	495,383	461,505
	Wells Fargo & Co	500,000	5.499%	01/23/35	515,275	498,573
	Total Corporate Bonds				22,127,571	22,308,624
Mutual Funds:						
	State Street Institutional Inc	306,597			29,339,097	31,343,378
	Fidelity Salem Street Trust	150,114			4,362,806	5,069,357
	Nationwide Mutual Funds	58,525			4,320,155	5,118,597
	State Street Institutional Inv Tst	104,872			33,693,972	46,028,514
	Undiscovered Managers Fds	62,541			5,148,711	5,270,938
	Total Mutual Funds				76,864,741	92,830,784
	Total Investments				$ 161,639,850	$ 177,563,750

See Independent Auditors' Report.

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: [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 YORK HOTEL TRADES COUNCIL AND HOTEL
ASSOCIATION OF NYC INC HEALTH BENEFITS FUND

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 09/13/1944

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

BOARD OF TRUSTEES NEW YORK HOTEL TRADES COUNCIL &
HOTEL ASSOCIATION OF NEW YORK CITY, INC.
HEALTH BENEFITS FUND
305 WEST 44TH STREET

NEW YORK NY 10036

2b Employer Identification Number (EIN) 13-6126923

2c Plan Sponsor's telephone number 212-586-6400

2d Business code (see instructions) 721110

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

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

SIGN HERE		10/14/25	RICHARD MAROKO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/25	VIJAY DANDAPANI
	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

418401 11-25-24