

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN</u></p> <p><u>9-25 ALLING STREET</u> <u>NEWARK, NJ 07102-0000</u></p>	<p>1c Effective date of plan <u>01/01/1991</u></p> <p>2b Employer Identification Number (EIN) <u>22-3095464</u></p> <p>2c Plan Sponsor's telephone number <u>973-242-7505</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	PRECIOSA LAVRADOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	9795
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	2699
	6a(2)	2804
	6b	3672
	6c	3030
	6d	9506
	6e	401
	6f	9907
	6g(1)	
6g(2)		
6h		307
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	17

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS-</u>	D Employer Identification Number (EIN) <u>22-3095464</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>248803146</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>264603446</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>312633107</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>312633107</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>446952839</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>4483521</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>27264662</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>29632431</u>

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

SIGN HERE <u>ABBY L. KENDIG</u> Type or print name of actuary <u>MILLIMAN</u> Firm name <u>150 CLOVE ROAD, 8TH FLOOR</u> <u>LITTLE FALLS, NJ 07424</u> Address of the firm	Date <u>23-07706</u> Most recent enrollment number <u>973-278-8860</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	248803146
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3962	272423815
(2) For terminated vested participants	2951	105986988
(3) For active participants:		
(a) Non-vested benefits		2398474
(b) Vested benefits		66143562
(c) Total active	2699	68542036
(4) Total	9612	446952839
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.67 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/01/2024	12892746					
			Totals ▶	3(b)	12892746	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	84.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2025

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.3 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2400000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3304824	330026

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	1274230

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	6224617

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	95942769	13031926
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	1251675
9e	20508218

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	35139513
9g	12892746

h Amortization credits as of valuation date.....

	Outstanding balance	
9h	12773595	1979228

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	2825136
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	112031707
9j(2)	141770089
9j(3)	

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	52836623
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	32328405
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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

A Name of plan NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS-	D Employer Identification Number (EIN) 22-3095464	

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

BLACKROCK FINANCIAL MANAGMENT INC

13-3806691

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

INVESCO ADVISORS INC

58-1707262

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

METROPOLITAN WEST ASSET MANAGMENT

95-3703295

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

PIMCO

33-0629048

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

SEIX INVESTMENT ADVISORS LLC

26-1483110

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

ARTISAN PARTNERS

39-1807188

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

STATE STREET GLOBAL ADVISORS

04-1867445

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

WISDOMTREE INVESTMENTS INC

13-3487784

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

MERRILL LYNCH PIERCE FENNER AND SMI

13-5674085

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

RIDGEWORTH CAPITAL MANAGEMENT LLC

58-1604573

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

ASB CAPITAL MANAGEMENT, LLC

80-0618452

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

CHANNING CAPITAL MANAGEMENT LLC

20-0626809

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

ABS INVESTMENT MANAGEMENT, LLC

13-4205457

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

FEDERATED INVESTORS, INC.

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222

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

FIRST EAGLE ALTERNATIVE CREDIT, LLC

27-0890036

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

RELIANCE TRUST COMPANY

58-1428634

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

VP DISTRIBUTORS, LLC

06-0847856

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

BANK OF NEW YORK MELLON

25-6078093

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

BPEA MANAGEMENT, LLC

20-0863070

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

BPEA SHC I, LLC

82-3690461

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

GLOBAL ALPHA CAPITAL MANAGEMENT LTD

98-1484036

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

GCM CUSTOMIZED FUND INVESTMENT GRP

80-0952472

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

GCM PEREI PARTNERS V, LP

32-0586355

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

SEI GLOBAL SERVICES, INC.

36-4545379

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

SEI TRUST COMPANY

06-1271230

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

MACQUARIE INVESTMENT MANAGEMENT ADV

23-2859590

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

MGG INVESTMENT GROUP LP

47-1415826

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

OCP ASIA (SINGAPORE)

350 ORCHARD ROAD, 21-08/10
SHAW HOUSE 238868 SG

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

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

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

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)

NEPC, LLC

26-1429809

(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	NONE	270642	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	196123	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TINEO GUILLERMO

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	124343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRECIOSA LAVRADOR

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98532	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OXFELD COHEN PC

01-0725849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	92132	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN D. SULLIVAN LAW OFFICE

17 CHESTNUT DRIVE
CHESTER, NJ 07930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	90000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ANA SILVA

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	89702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	89622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELISA LOMBARDOZZI

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	63735	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRIYANKA PATEL

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	57051	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JONIEL SARDINAS

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	52438	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYNTONIC SYSTEMS

13-2925049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	50900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JENNIFER EBEL

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	50268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL PISANI JR

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46150	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(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 68 19	NONE	44289	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	38747	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHALYN RODRIGUES

22-3095464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	36656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANNING CAPITAL MANAGEMENT LLC

20-0626809

(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	NONE	28236	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HARDMA JOHNSTON GLOBAL ADVISORS LLC

13-3257590

(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	NONE	16005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL GROUP INC.

06-0839113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	12844	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PENSION BENEFIT INFORMATION, LLC

333 S 7TH ST., SUITE 2400
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	11520	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAYCHEX, INC.

16-1124166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10746	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GARCIA HAMILTON & ASSOCIATES

76-0589652

(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	NONE	9693	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO

41-0449260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 50	NONE	9571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MITCHELL J. MALZBERG LLC

6 E. MAIN ST, STE 7
CLINTON, NJ 08809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	6800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS-</u>	D Employer Identification Number (EIN) <u>22-3095464</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>HARDMAN JOHNSTON INTL EQUITY GRP</u>		
b Name of sponsor of entity listed in (a):	<u>HARDMAN JOHNSTON GLOBAL ADVISORS LLC</u>		
c EIN-PN <u>26-6493485-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>1635566</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BNYM MELLON AFL-CIO SL STOCK INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>18460791</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NEPC EMERGING MARKETS EQUITY CIT</u>		
b Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>32661639</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NEPC GLOBAL EQUITY CIT</u>		
b Name of sponsor of entity listed in (a):	<u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>86-6497312-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>12062243</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SS MSCI EAFE 100 HEDGED TO USD INDE</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-455</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>9955000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SS US TREASURY INDEX NON-LENDING CT</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>84-1553502-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>16576272</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SS US TIPS INDEX NON-LENDING FUND</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-152</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>13000596</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **SS FTSE RAFI US 1000 INDEX NON-LEND**

b Name of sponsor of entity listed in (a): **STATE STREET GLOBAL ADVISORS TRUST COMPANY**

c EIN-PN 06-6556853-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13528057
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEPC DIVERSIFIED CREDIT CIT**

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

c EIN-PN 86-6497312-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25680587
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEPC US SMALL CAP EQUITY CIT**

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

c EIN-PN 86-6497312-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5949831
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS-	D Employer Identification Number (EIN) 22-3095464

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	4736276	1859177
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1830247	2097679
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1810833	1470079
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11520949	3597070
(2) U.S. Government securities	1c(2)	11312440	11576286
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1698562	1404619
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	6989719	4658900
(5) Partnership/joint venture interests	1c(5)	32996385	36745290
(6) Real estate (other than employer real property)	1c(6)	8750000	9000000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	132976011	147875016
(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)	2397831	1635566
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6396325	4520437
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	26577169	28370507

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	10901	5250
f Total assets (add all amounts in lines 1a through 1e).....	1f	250003648	254815876
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	206358	164536
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	135254	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	341612	164536
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	249662036	254651340

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)	12892746	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12892746
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	337247	
(B) U.S. Government securities.....	2b(1)(B)	358176	
(C) Corporate debt instruments.....	2b(1)(C)	57449	
(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)		752872
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	78600	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	201107	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		279707
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	37315270	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	36368783	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		946487
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4195770	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15410994
(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)		253740
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		123006
c Other income	2c		120167
d Total income. Add all income amounts in column (b) and enter total	2d		34975489

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26218328	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		26218328
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)	702192	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	49047	
(4) IQPA audit fees	2i(4)	52095	
(5) Investment advisory and investment management fees	2i(5)	324576	
(6) Bank or trust company trustee/custodial fees	2i(6)	93800	
(7) Actuarial fees	2i(7)	196123	
(8) Legal fees	2i(8)	188932	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	24476	
(11) Other expenses	2i(11)	2136616	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3767857
j Total expenses. Add all expense amounts in column (b) and enter total	2j		29986185

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4989304
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		73136396
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 562694.

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

A Name of plan NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS-	D Employer Identification Number (EIN) 22-3095464	

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): **23-3095464**

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... **3** **0**

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CLARA MAASS MEDICAL CENTER

b EIN 22-1500556 **c** Dollar amount contributed by employer 1365558

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer NEWARK BETH ISRAEL

b EIN 22-3452311 **c** Dollar amount contributed by employer 3174763

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer SAINT BARNABAS MEDICAL CENTER

b EIN 22-1494440 **c** Dollar amount contributed by employer 1697304

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 15 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer DISTRICT 1199J NUHHC

b EIN 22-2180099 **c** Dollar amount contributed by employer 192121

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer PRIME HEALTH SERVICES/ST. MICHAELS

b EIN 46-3487442 **c** Dollar amount contributed by employer 883398

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 15 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer SODEXO

b EIN 52-0936594 **c** Dollar amount contributed by employer 1637923

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 15 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer DISTRICT 1199J B&P FUND

b EIN 22-3143027 **c** Dollar amount contributed by employer 183194

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer CAPITAL HEALTH SYSTEMS HELENE FULD

b EIN 22-3548695 **c** Dollar amount contributed by employer 1308628

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 15 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer DAUGHTER'S OF ISREAL

b EIN 22-2218635 **c** Dollar amount contributed by employer 343569

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 15 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer GREENHILL MEMORIAL CENTER

b EIN 22-1500537 **c** Dollar amount contributed by employer 317861

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 07 Day 15 Year 2025

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

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

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): PERCENTAGE OF GROSS WAGES

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	2441
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	2465
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	2080

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.01
b The corresponding number for the second preceding plan year.....	15b	1.02

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

a Enter the number of employers who withdrew during the preceding plan year.....	16a	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	2980000

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 46.4 % Private Equity: 13.3 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.8 %
 High-Yield Debt: 0.0 % Real Assets: 5.2 % Cash or Cash Equivalents: 1.4 % Other: 9.9 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
District 1199J - New Jersey Health Care
Employers Pension Plan

Opinion

We have audited the financial statements of the District 1199J - New Jersey Health Care Employers Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
October 2, 2025

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

ASSETS	<u>2024</u>	<u>2023</u>
Investments		
Short-term investments	\$ 3,597,070	\$ 11,520,949
United States Government and Government Agency obligations	11,576,286	11,312,440
Corporate bonds and notes	1,404,619	1,698,562
Common stock	4,658,900	6,989,719
Partnerships and joint ventures	36,745,290	32,996,385
Common collective trusts	147,875,016	132,976,011
103-12 Investment entities	1,635,566	2,397,831
Mutual funds	4,520,437	6,396,325
Hedge funds	28,370,507	26,577,169
Investment in building	9,000,000	8,750,000
Total investments	<u>249,383,691</u>	<u>241,615,391</u>
RECEIVABLES		
Employer contributions	2,097,679	1,830,247
Withdrawal liability contributions - net of allowance for credit losses of \$2,318,281 for 2024 and \$1,459,391 for 2023	-	858,890
Accrued interest and dividends	116,079	141,958
Securities sold and not settled	-	-
Due from broker	-	-
Due from affiliates	1,289,622	672,795
Other	14,030	103,752
Total receivables	<u>3,517,410</u>	<u>3,607,642</u>
OTHER ASSETS		
Cash	1,859,177	4,736,276
Property and equipment - net	5,250	10,901
Prepaid expenses	50,348	33,438
Total other assets	<u>1,914,775</u>	<u>4,780,615</u>
Total assets	<u>254,815,876</u>	<u>250,003,648</u>
LIABILITIES		
Accounts payable	164,536	206,358
Due to affiliates	-	135,254
Total liabilities	<u>164,536</u>	<u>341,612</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 254,651,340</u>	<u>\$ 249,662,036</u>

See accompanying notes to financial statements.

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS		
Employer contributions	\$ 12,892,746	\$ 12,317,423
Withdrawal liability contributions	(858,890)	885,049
Investment income		
Net appreciation in fair value of investments	20,929,997	22,782,621
Interest and dividends	1,032,579	1,648,122
	21,962,576	24,430,743
Less investment expenses	(418,376)	(493,844)
Net investment income	21,544,200	23,936,899
Other income	120,167	9,156
Total additions	33,698,223	37,148,527
DEDUCTIONS		
Retirement benefits	26,218,328	25,951,893
Administrative expenses	2,490,591	2,411,518
Total deductions	28,708,919	28,363,411
NET INCREASE	4,989,304	8,785,116
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	249,662,036	240,876,920
End of year	\$ 254,651,340	\$ 249,662,036

See accompanying notes to financial statements.

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the District 1199J - New Jersey Health Care Employers Pension Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan is a multiemployer defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between District 1199J, the National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO (Union) and the various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides regular, early retirement, service, death, disability and other types of pensions. Persons on whose behalf the employers are contributing into the Plan and who meet the requirements are eligible for benefits, as stated in the Summary Plan Description.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Investments and Income Recognition - Investments in common stock, convertible securities, U.S. Treasuries, and mutual funds are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. Convertible securities, Government Agency obligations, and corporate bonds and notes are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. Private equity funds (CCT, 103-12, hedge funds, and other partnerships) are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is used on the fair value of the underlying investments held by the funds less liabilities. The investment in the building is valued at fair value as determined by a certified Real Estate General Appraiser. Short-term investments are carried at cost which approximates fair value.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

Withdrawal Liability Contributions Receivable - The receivable for withdrawal liability contributions and the related income are recorded when payments are deemed determinable pursuant to settlement agreements and collected (see Note 11). The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2024 and 2023, the allowance for credit losses was \$2,318,281 and \$1,459,391, respectively.

Securities Purchased or Sold and Not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year-end and settlement dates after year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING

The Plan is financed by employer contributions. The employer contribution rates have been established under collective bargaining agreements entered into between the Union and the various contributing employers.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on January 5, 2021, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Basis of Fair Value Measurement:

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

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

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

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

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurement at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 3,597,070	\$ 3,597,070	\$ -	\$ -
United States Government and Government Agency obligations	11,576,286	5,435,384	6,140,902	-
Corporate bonds and notes	1,404,619	-	1,404,619	-
Common stock	4,658,900	4,658,900	-	-
Common collective trusts	147,875,016	-	147,875,016	-
Mutual funds	4,520,437	4,520,437	-	-
Investment in building	9,000,000	-	-	9,000,000
	182,632,328	\$ 18,211,791	\$ 155,420,537	\$ 9,000,000
Investments measured at NAV	66,751,363			
Total	\$ 249,383,691			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurement at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Short-term investments	\$ 11,520,949	11,520,949	\$ -	\$ -
United States Government and Government Agency obligations	11,312,440	5,372,402	5,940,038	-
Corporate bonds and notes	1,698,562	-	1,698,562	-
Common stock	6,989,719	6,989,719	-	-
Common collective trusts	132,976,011	-	132,976,011	-
Mutual funds	6,396,325	6,396,325	-	-
Investment in building	8,750,000	-	-	8,750,000
Total assets in the fair value hierarchy	179,644,006	\$ 30,279,395	\$ 140,614,611	\$ 8,750,000
Investments measured at NAV	61,971,385			
Total investments	\$ 241,615,391			

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

The following table sets forth a summary of changes in the fair value of Plan's level 3 assets for the year ended December 31, 2024 and 2023.

	December 31, 2024	December 31, 2023
	Investment in Building	Investment in Building
Beginning balance	\$ 8,750,000	\$ 8,750,000
Realized gains	-	-
Unrealized gains	250,000	-
Purchases	-	-
Sales	-	-
Ending balance	\$ 9,000,000	\$ 8,750,000

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs at December 31, 2024 and 2023.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Instrument	Year	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Investment in building 1-25 Alling Street	2024	\$ 9,000,000	Sales comparison approach	Sale price per square foot of building area	\$104.83 - \$147.85	\$ 127.54
Investment in building 1-25 Alling Street	2023	\$ 8,750,000	Sales comparison approach	Sale price per square foot of building area	\$110.08- \$143.94	\$ 124.10

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2024 and 2023:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
103-12 investment entities:				
Hardman Johnston International Equity Group Trust	\$ 1,635,566	\$ -	Monthly	10 days
Hedge funds:				
400 Capital Credit Opps Fund	5,698,324		Quarterly	60 days
ABS Alpha Ltd.	6,752,706	-	Quarterly	45 days
Davidson Kempner Institutional Partners, LP	9,070,001	-	(a)	(a)
Global Alpha Inter Small Cap Fund	4,636,347	-	(b)	(b)
Orchard Landmark Ltd	2,213,129	-	(c)	(c)
Partnerships and joint ventures:				
BentallGreenOak US Core Plus Fund LP	4,024,880	-	(d)	(d)
Blue Torch Credit Opportunities Fund III LP	1,245,316	1,375,000	(e)	(e)
Bond III, LP	394,617	569,000	(f)	(f)
BPEA Strategic Healthcare I-B, LP	8,894,964	440,000	(g)	(g)
BPEA Strategic Healthcare II LP	635,730	960,000	(h)	(h)
First Eagle DI IV-L Offshore A-1, LP	3,682,992	890,066	(i)	(i)
GCM Grosvenor Advance Feeder Fund, LP	5,796,587	2,201,543	(j)	(j)
Gray Co. Alternative Partners I, LP	1,781,935	746,557	(k)	(k)
Invesco U.S. Venture Partnership Fund VI, LP	243,194	38,649	(l)	(l)
KLCP Offshore Fund III LP	2,184,180	722,189	(m)	(m)
KPS Special Situation Fund VI-A LP	178,766	1,316,840	(n)	(n)
MGG SF Evergreen Fund (Cayman) LP	2,339,444	205,181	(o)	(o)
Mill Point Capital	100,697	1,381,386	(p)	(p)
NEA 18 Venture Growth Equity, LP	326,997	150,000	(q)	(q)
New Enterprise Associates 18 LP	343,857	262,500	(r)	(r)
Parkview Capital Credit, Inc.	1,634,979	-	(s)	(s)
Thoma Bravo Fund XV-A LP	1,531,043	353,387	(t)	(t)
VWH Offshore Fund III, LP	1,405,112	1,612,001	(u)	(u)
Total	<u>\$ 66,751,363</u>	<u>\$ 13,224,299</u>		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
103-12 investment entities:				
Hardman Johnston International Equity Group Trust	\$ 2,397,831	\$ -	Monthly	10 days
Hedge funds:				
400 Capital Credit Opportunities Fund, Ltd	5,165,274	-	Quarterly	60 days
ABS Alpha Ltd.	5,933,728	-	Quarterly	45 days
Davidson Kempner Institutional Partners, LP	8,225,476	-	(a)	(a)
Global Alpha International Small Cap Fund LP	4,808,930	-	(b)	(b)
Orchard Landmark Ltd Class A	2,443,761	-	(c)	(c)
Partnerships and joint ventures:				
BentallGreenOak US Core Plus Fund LP	2,564,110	1,407,407	(d)	(d)
Bond III, LP	141,646	837,500	(f)	(f)
BPEA Strategic Healthcare I-B, LP	8,796,927	640,000	(g)	(g)
BPEA Strategic Healthcare II LP	367,287	1,132,500	(h)	(h)
First Eagle DI IV-L (Offshore) A-1 LP	4,102,641	579,220	(i)	(i)
GCM Grosvenor Advance Feeder Fund, LP	4,807,739	2,903,140	(j)	(j)
Gray Co. Alternative Partners I, LP	2,982,999	746,557	(k)	(k)
Invesco U.S. Venture Partnership Fund VI, LP	328,546	38,649	(l)	(l)
KLCP Offshore Fund III LP	1,412,385	1,234,492	(m)	(m)
MGG SF Evergreen Fund (Cayman) LP	2,274,248	266,631	(o)	(o)
NEA 18 Venture Growth Equity, LP	128,652	331,250	(q)	(q)
New Enterprise Associates 18 LP	147,146	348,750	(r)	(r)
Parkview Capital Credit, Inc.	1,456,000	-	(s)	(s)
Thomas Bravo Fund XV-A LP	1,097,402	504,011	(t)	(t)
VWH Offshore Fund III, LP	2,388,657	486,598	(u)	(u)
Total	<u>\$ 61,971,385</u>	<u>\$ 11,456,705</u>		

400 Capital Credit Opps Fund - A hedge fund with the objective to achieve high absolute returns with low volatility and low correlation to traditional fixed income and equity markets by investing in credit investments across credit sectors and throughout an issuer's capital structure with a primary focus on structured credit.

ABS Alpha Ltd. - A hedge fund with the objective to generate global equity market returns while maintaining a moderate level of risk.

(a) Davidson Kempner Institutional Partners, LP - A hedge fund with the objective to outperform the Citigroup 3-Month Treasury Bills + 3%. The fund is liquid quarterly with 65 days' notice. Full redemptions are subject to a 10% holdback until the final year-end audit.

(b) Global Alpha International Small Cap Fund LP - A limited partnership that invests in primarily international small capitalization stocks. The term of the partnership will last indefinitely. The term of the partnership may be terminated at any time by the general partner in its discretion. With a 15 day notice period, a limited partner may withdraw all or a portion of its interest effective as of the close of the last business day of the month, or at many other time as the general partner shall determine.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(c) Orchard Landmark Ltd - An exempted limited company who invests substantially all of its assets in OL Master Limited, an exempted company incorporated with limited liability in the Cayman Islands. The investment objective is to achieve an attractive risk-adjusted return by employing a primarily credit and credit linked investment program with a focus on privately negotiated credit-intensive investments in securities and assets of companies that have a strong presence in developing Asian/Pacific countries. Redemptions are permitted on the first business day of every month with 90 days' prior written notice.

(d) BentallGreenOak US Core Plus Fund LP - A limited partnership whose objective is to seek out real estate and real estate related investments within the core plus investment space primarily in the United States and, to the extent permitted therein, Canada. Redemptions are permitted on a quarterly basis with at least 90 days prior written notice.

(e) Blue Torch Credit Opportunities Fund III LP - A limited partnership organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. Redemptions are prohibited.

(f) Bond III, LP - A limited partnership organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. Redemptions are prohibited.

(g) BPEA Strategic Healthcare I-B, LP - A limited partnership whose primary purpose is to acquire, manage and dispose of investments in healthcare-focused private equity funds and companies. Redemptions are prohibited.

(h) BPEA Strategic Healthcare II, LP - A limited partnership whose primary purpose is to acquire, manage and dispose of investments in healthcare-focused private equity funds and companies. Redemptions are prohibited.

(i) First Eagle DI IV-L Offshore A-1, LP (formerly THL Credit DL IV-L (Offshore) A-1 LP) - An exempt limited partnership that invests substantially all of its assets in First Eagle Direct Lending Levered Fund IV LLC, the Master Fund, through debt and equity investments in First Eagle DL IV-L A-1 Blocker, LLC. The partnership is a closed end investment fund which provides for no liquidity or redemption prior to the dissolution of the partnership.

(j) GCM Grosvenor Advance Feeder Fund, LP - A feeder fund that invests substantially all of its net assets in a master-feeder arrangement where the master was formed for the purpose of (a) identifying potential Investments, (b) to acquire, hold, finance, managing and disposing of Investments, (c) pending utilization or disbursement of funds, to invest such funds in accordance with the terms of the Amended and Restated Limited Partnership Agreement. The Fund does not allow for redemptions. The only way an investor can exit the Fund is through a transfer or secondary sale.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(k) Gray Co. Alternative Partners I, LP - A fund of fund vehicle utilizing multiple alternative private fund investments. Redemptions are prohibited.

(l) Invesco U.S. Venture Partnership Fund VI, LP - A limited partnership that invests in other collective investment funds investing in alternative assets, including primarily U.S. funds that focus on both early and later stage venture capital investments. Redemptions are prohibited. The limited partnership shall terminate and be dissolved on July 1, 2025.

(m) KLCP Offshore Fund III LP - The exempted partnership's invests substantially all of its assets through a master-feeder structure in Kennedy Lewis Partners Master Fund III LP, and affiliated Alternative Investment Vehicles. The investment objective is long-term growth of capital by investing in a focused portfolio of debt and equity securities. Redemptions are not permitted.

(n) KPS Special Situation Fund VI-A LP - A limited partnership that invests in companies which manufacture goods or provide services. Redemptions are not permitted.

(o) MGG SF Evergreen Fund (Cayman) LP - The limited partnerships objective is to maximize total return, with a focus on current income and capital appreciation. The partnership seeks attractive risk-adjusted returns primarily through debt investments in US-based non-public middle-market companies. Redemptions are not permitted.

(p) Mill Point Capital - A limited partnership organized for the purpose of making or acquiring portfolio investments; owning, managing, supervising and disposing of such investments; and engaging in all activities related thereto. Redemptions are prohibited.

(q) NEA 18 Venture Growth Equity, LP - The limited partnership is a venture capital fund that invests in and assists venture growth business across the technology and healthcare industries. The partnership is scheduled to dissolve on March 31, 2034. Redemptions before the date of dissolution are not permitted.

(r) New Enterprise Associates 18 LP - The limited partnership is a venture capital fund that invests in and assists growth-oriented businesses across the technology and healthcare industries. The partnership is scheduled to dissolve on March 31, 2034. Redemptions before the date of dissolution are not permitted.

(s) Parkview Capital Credit, Inc. - The Fund's objective is to generate current income and capital appreciation primarily by making direct investments in lower middle-market companies in the form of subordinated debt and, to a lesser extent, senior debt and minority equity investments. Redemptions are prohibited.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(t) Thomas Bravo Fund XV-A LP - The partnership intends to use a consolidation or buy and build investment strategy with an emphasis on software and technology enabled services sectors. The partnership intends to dissolve upon the tenth anniversary of its effective date of April 8, 2022. Redemptions are not permitted.

(u) VWH Offshore Fund III, LP - The partnership is an offshore feeder fund investing substantially all of its assets through a master-feeder structure in VWH Master Fund III, LP. Redemptions must be requested at least three business days prior to the requested redemption date. The master fund's objective is to produce superior risk-adjusted total returns by investing in US residential non-performing loans and other mortgage or credit related assets and instruments from the US government or affiliated agencies. Redemptions are not permitted.

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- District 1199J - New Jersey Benefit Fund for Hospital and Health Care Employers
- New Jersey Health Care Employers District 1199J Training and Development Fund
- District 1199J - New Jersey Health Care Employers Pension Fund Title Holding Company, Inc.

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

These entities share common Trustees or officers with this Plan.

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

Administrative expenses paid by the Plan have been allocated between the Plan, District 1199J - New Jersey Benefit Fund for Hospital and Health Care Employers (the Benefit Fund) and District 1199J - New Jersey Health Care Employers Pension Fund Title Holding Company, Inc. (the Title Holding Company) in accordance with a resolution of the Trustees of the Plan. Administrative expenses allocated to the Benefit Fund during the years ended December 31, 2024 and 2023 totaled \$1,347,301 and \$1,314,777, respectively. The Plan was owed \$101,437 from the Benefit Fund as of December 31, 2024 and the Plan owed the Benefit Fund \$1,314,777 as of December 31, 2023. Administrative expenses allocated to the Title Holding Company during the years ended December 31, 2024 and 2023 totaled \$893,673 and \$834,239, respectively. The Title Holding Company owed the Plan \$1,188,185 and \$672,795 as of December 31, 2024 and 2023, respectively.

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

NOTE 7. RELATED PARTY TRANSACTIONS (continued)**Shared Occupancy**

The Plan leases space from a related entity, District 1199J - New Jersey Pension Fund Title Holding Company. The lease was entered into on January 1, 2021 and expires December 31, 2024.

The Plan's rent expense for the years ended December 31, 2024 and 2023 was \$518,449 and \$604,272, respectively.

BENEFITS

Substantially all of the Plan's full-time employees are covered by the related multiemployer welfare benefit plan and this multiemployer defined benefit pension plan.

Contributions made to the benefit plans during the years ended December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
District 1199J - New Jersey Benefit Fund for Hospital and Health Care Employers	\$ 122,695	\$ 82,680
District 1199J - New Jersey Health Care Employers Pension Plan	<u>58,311</u>	<u>73,607</u>
	<u>\$ 181,006</u>	<u>\$ 156,287</u>

NOTE 8. PROPERTY AND EQUIPMENT

The following is a summary of property and equipment as of December 31, 2024 and 2023.

	<u>2024</u>	<u>2023</u>
Furniture and fixtures	\$ 148,944	\$ 148,944
Office equipment	366,244	366,244
Computer equipment	<u>196,927</u>	<u>196,927</u>
	712,115	712,115
Less: accumulated depreciation	<u>(706,865)</u>	<u>(701,214)</u>
Property and equipment - net	<u>\$ 5,250</u>	<u>\$ 10,901</u>

NOTE 9. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by the consulting actuary as of December 31, 2023. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 205,925,102
Other participants	104,455,279
	<u>310,380,381</u>
Nonvested benefits	2,252,726
Total actuarial present value of accumulated plan benefits	<u><u>\$ 312,633,107</u></u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2023 were as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	<u>\$ 315,038,270</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, changes in data	3,706,922
Interest	19,647,329
Benefits paid	(25,951,893)
Actuarial loss	192,479
Net decrease	<u>(2,405,163)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 312,633,107</u></u>

The actuarial cost method used in the valuation is the Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the December 31, 2023 valuation were:

- Mortality rates:
 - Healthy participants: Pri-2012 Blue Collar Mortality Tables with Scale MP-2021
 - Disabled participants: Pri-2012 Disabled Mortality Tables with Scale MP-2021
- Current liability interest rate: 2.82% (previously, 2.19%)

NOTE 9. ACTUARIAL INFORMATION (continued)

- Retirement age assumption

The Plan was valued assuming active participants eligible for early pension will retire according to the following rates:

<u>Age</u>	<u>Probability</u>
55-61	4.0%
62	14.0%
63	9.0%
64	10.0%
65-69	25.0%
70	100.0%

- Net investment rate of return - 6.50%

For current liability purposes, the interest rate was changed from 2.19% to 2.82% in accordance with IRS guidelines. In addition, the mortality table for current liability was updated to applicable table for the valuation year.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results.

Pension benefits in excess of the present net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

Under the Pension Protection Act of 2006 as amended by the Multiemployer Pension Reform Act of 2014, the Plan is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2024, the actuary reported that the Plan is in critical status under the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 10. RISKS AND UNCERTAINTIES (continued)

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

NOTE 11. WITHDRAWAL LIABILITIES

Withdrawn employers are assessed a withdrawal liability as calculated by the Plan's actuary. The Plan may eventually settle with employers to pay their liabilities in a series of periodic payments. During 2017, the withdrawal liability for St. Michael's was settled and paid as part of a bankruptcy agreement for \$13,500,000. This resulted in the \$7,083,640 reduction presented in the chart below. During 2023, the withdrawal liability of Daughters of Miriam was settled and paid in the amount of \$6,530,530. This resulted in the \$4,840,582 reduction presented in the chart below. Princeton Care Center withdrew from the Fund during 2023, and was assessed withdrawal liability in the amount of \$2,980,000. Due to uncertainty of collection, Princeton Care Center's withdrawal liability at present value (\$1,459,391) is offset by an allowance for credit losses of \$1,459,391. Due to uncertainty of collection, beginning in 2024, Hoboken Medical's withdrawal liability at present value (\$858,890) is offset by an allowance for credit losses of \$858,890.

Following is a chart showing the current status of outstanding settlement agreements and the settled St. Michael's and Daughters of Miriam agreements:

<u>Year of Assessment</u>	<u>Assessed Amount</u>	<u>Withdrawal liability receipts</u>	<u>Withdrawal liability written off</u>	<u>Balance at year end</u>
2011	\$ 3,250,000	\$ 162,500	\$ -	\$ 3,087,500
2012	-	162,500	-	2,925,000
2013	-	162,500	-	2,762,500
2014	-	162,500	-	2,600,000
2015	450,000	194,643	-	2,855,357
2016	23,524,160	879,175	-	25,500,342
2017	-	1,467,279	-	24,033,063
2018	-	1,424,422	7,083,640	15,525,001
2019	-	13,737,501	-	1,787,500
2020	-	162,500	-	1,625,000
2021	-	162,500	-	1,462,500
2022	10,803,200	432,580	-	11,833,120
2023	2,980,000	6,726,478	4,840,582	3,246,060
2024	-	-	-	3,246,060

NOTE 11. WITHDRAWAL LIABILITIES (continued)

The net receivable balance as of December 31, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Total payments scheduled	\$ 3,246,060	\$ 3,246,060
Less: discount to present value	(927,779)	(927,779)
Less: allowance for credit losses	<u>(2,318,281)</u>	<u>(1,459,391)</u>
Receivable at present value	<u>\$ -</u>	<u>\$ 858,890</u>

NOTE 12. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 2, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Payroll	\$ 521,186	\$ 460,394
Rent	518,449	604,272
Pension Benefit Guaranty Corporation premiums	362,415	323,085
Actuarial and pension consulting	196,123	127,660
Legal fees	188,932	158,671
Employee benefits	181,006	156,287
Insurance	163,779	190,444
Accounting and audit fees	89,622	69,512
Data processing	57,088	36,375
Payroll taxes	54,294	53,291
Office	36,730	66,217
Repairs and maintenance	30,565	35,111
Trustees and pensioner meetings	15,698	11,770
Telephone	13,552	11,580
Retirement consulting	12,844	42,991
Death audit fees	11,520	-
Payroll processing	10,746	7,233
Postage and shipping	9,513	17,873
Conferences and seminars	8,778	9,474
Depreciation	5,651	8,645
Retirees expense	2,100	2,300
Arbitration fees	-	15,000
Lawsuit settlement	-	3,333
	\$ 2,490,591	\$ 2,411,518
Total administrative expenses	\$ 2,490,591	\$ 2,411,518

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 22-3095464
Plan No. 001

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
Identity of Issuer, Borrower, Lessor or Similar Party					Par / Maturity		
	Type	Maturity Date	Rate of Interest		Value or Shares	Cost	Current Value
<u>Item 1c(1) Short-term investments:</u>							
	First American Government Obligations Fund	MMA	Demand	Variable %	2,203,860	\$ 2,203,860	\$ 2,203,860
*	Wells Fargo Money Market	MMA	Demand	Variable	1,393,210	1,393,210	1,393,210
	Total short-term investments					<u>3,597,070</u>	<u>3,597,070</u>
<u>Item 1c(2) United States Government and Government Agency obligations:</u>							
	Federal Home Loan Mortgage Company	Bond	11/01/39	3.000	250,480	262,921	225,833
	Federal Home Loan Mortgage Company	Bond	04/01/52	2.500	438,297	369,676	358,374
	Federal Home Loan Mortgage Company	Bond	04/01/52	2.500	368,341	309,205	302,681
	Federal Home Loan Mortgage Company	Bond	05/01/52	2.500	441,557	373,668	360,359
	Federal Home Loan Mortgage Company	Bond	05/01/52	3.000	404,657	345,349	344,229
	Federal Home Loan Mortgage Company	Bond	06/01/52	3.500	431,017	374,311	381,407
	Federal National Mortgage Association	Bond	08/01/38	3.500	166,820	178,010	155,940
	Federal National Mortgage Association	Bond	12/01/39	3.000	2,003,556	210,427	180,497
	Federal National Mortgage Association	Bond	03/01/51	2.500	438,614	365,557	357,615
	Federal National Mortgage Association	Bond	05/01/51	2.500	439,255	363,415	358,129
	Federal National Mortgage Association	Bond	04/01/52	1.500	729,410	527,796	539,654
	Federal National Mortgage Association	Bond	05/01/52	2.500	446,438	372,427	364,597
	Federal National Mortgage Association	Bond	02/01/52	3.000	565,596	484,468	480,643
	Federal National Mortgage Association	Bond	06/01/52	3.000	279,112	237,769	237,706
	Federal National Mortgage Association	Bond	08/01/52	3.000	560,962	467,965	477,188
	Federal National Mortgage Association	Bond	09/01/52	3.500	344,675	304,768	305,216
	Federal National Mortgage Association	Bond	09/01/52	4.000	394,200	373,997	361,048
	Federal National Mortgage Association	Bond	10/01/52	4.000	381,925	354,611	349,786
	United States Treasury	Bond	08/15/31	1.250	1,040,000	859,398	848,723
	United States Treasury	Bond	02/15/32	1.875	1,865,000	1,619,194	1,568,633
	United States Treasury	Bond	02/15/33	3.500	780,000	747,192	725,626
	United States Treasury	Bond	02/15/34	4.000	770,000	773,930	737,167
	United States Treasury	Bond	08/15/41	3.750	570,000	581,914	501,418
	United States Treasury	Bond	02/15/45	2.500	930,000	725,509	645,253
	United States Treasury	Bond	05/15/46	2.500	600,000	640,199	408,564
	Total United States Government and Government Agency obligations					<u>12,223,676</u>	<u>11,576,286</u>
<u>Item 1c(3) Corporate obligations:</u>							
	Citigroup Inc	Bond	03/31/31	4.412	340,000	388,048	326,798
	Comcast Corp	Bond	04/01/30	3.400	150,000	160,677	139,185
	Florida Power Light Co	Bond	08/01/34	5.000	295,000	294,885	293,112
	IBM Corp	Bond	05/15/29	3.500	400,000	433,620	379,052
	JPMorgan Chase Co	Bond	10/15/30	2.739	140,000	132,567	126,115
*	Wells Fargo	Bond	04/04/31	4.478	145,000	166,657	140,357
	Total corporate obligations					<u>1,576,454</u>	<u>1,404,619</u>
<u>Item 1c(4) Corporate stocks:</u>							
	Advanced Energy Inds				1,108	108,222	128,118
	Affiliated Managers Group Inc				784	111,315	144,977
	ATI Inc				2,226	56,629	122,519
	Artisan Partners Asset Management				2,696	95,088	116,063

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	<u>Item 1c(4) Corporate stocks (continued):</u>						
	Asbury Automotive Group				408	\$ 72,294	\$ 99,156
	Avient Corporation				2,619	90,176	107,012
	Belden Inc				841	55,350	94,705
	Boyd Gaming Corporation				1,613	77,346	117,007
	Brunswick Corp				1,378	109,199	89,129
	Copt Defense Properties				4,209	109,165	130,269
	Cushman Wakfield				7,129	100,215	93,247
	Evercore Inc				176	24,492	48,786
	Formfactor				2,327	103,191	102,388
	Gates Industrial Corp				6,315	108,020	129,900
	Herc Holdings Inc				637	86,557	120,603
	Hexcel Corp				1,713	105,506	107,405
	Hillenbrand Inc				1,064	31,960	32,750
	Installed Building Products				329	54,583	57,657
	Integer Holdings Corporation				958	87,309	126,954
	Littelfuse Inc				545	138,551	128,429
	Louisiana Pac Corp				828	48,642	85,740
	Madison Square Garden Entertainment				3,140	112,614	111,784
	Merit Med Sys Inc				1,045	69,375	101,072
	MSA Safety Inc				731	83,777	121,178
	Nexstar Media Group Inc				768	115,251	121,321
	Northern Oil				2,517	96,932	93,532
	Old Natl Bancorp Ind				7,030	138,999	152,586
	Onespaworld Holdings Ltd				4,307	31,732	85,709
	Parsons Corp				999	45,676	92,158
	Perella				1,049	24,818	25,008
	Pinnacle Financial Partners				1,174	76,711	134,294
	Portland General Electric Co				2,789	117,242	121,656
	PVH Corp				957	101,264	101,203
	Selective Ins Group Inc				813	75,298	76,032
	SM Energy Co				2,317	93,248	89,807
	South State Corp				1,334	109,531	132,706
	Southwest Gas Holdings Inc				1,747	115,184	123,531
	SPX Technologies Inc				468	19,546	68,103
	Stag Industrial Inc				3,440	117,973	116,341
	Stifel Financial Corp				1,401	63,915	148,618
	Synovus Financial Corp				2,618	86,797	134,120
	The Brinks Co				1,257	91,595	116,612
	Veeco				2,846	109,831	76,273
	Wintrust Financial Corp				1,062	87,162	132,442
	Total corporate stocks					<u>3,758,281</u>	<u>4,658,900</u>
	<u>Item 1c(5) Partnerships / joint venture interests:</u>						
	BentallGreenOak US Core Plus Fund LP					3,973,232	4,024,880
	Blue Torch Credit Opportunities Fund III LP					1,122,417	1,245,316
	Bond III, LP					409,977	394,617
	BPEA Strategic Healthcare I-B, LP					4,804,968	8,894,964
	BPEA Strategic Healthcare II LP					530,959	635,730
	First Eagle DI IV-L Offshore A-1 LP					2,879,614	3,682,992
	GCM Grosvenor Advance Feeder Fund, LP					4,847,161	5,796,587
	GrayCo Alternative Partners I, L.P.					3,159,193	1,781,935
	Invesco U.S. Venture Partnership Fund VI, LP					1	243,194
	KLCP Offshore Fund III LP					1,753,332	2,184,180
	KPS Special Situation Fund VI-A LP					183,002	178,766
	MGG SF Evergreen Fund (Cayman) LP					1,935,272	2,339,444
	Mill Point Capital					118,614	100,697
	NEA 18 Venture Growth Equity LP					338,021	326,997
	New Enterprise Associates 18, LP					211,296	343,857
	Parkview Capital Credit Inc					12,304,035	1,634,979
	Thomas Bravo Fund XV-A, LP					1,031,513	1,531,043
	VWH Offshore Fund III, LP					1,205,305	1,405,112
	Total partnerships / joint venture interests					<u>40,807,913</u>	<u>36,745,290</u>

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Rate of Interest, Collateral, Par or Maturity			Cost	Current Value
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	
	<u>Item 1c(6) Real estate:</u>					
	Title Holding Corporation					\$ 8,350,000
	<u>Item 1c(9) Common collective trusts:</u>					
	BNYM Mellon AFL-CIO SL Stock Index Fund				979,719	13,163,996
	NEPC Diversified				2,925,464	29,218,699
	NEPC Emerging Markets Equity CIT				1,310,900	12,413,272
	NEPC Global Equity CIT				2,109,444	22,040,295
	NEPC US Small Cap Equity				462,500	4,625,000
	State Street FTSE RAFI US 1000 Index Non-Lending Fund				283,964	9,863,996
	State Street MSCI EAFE 100% Hedged Non-Lending Fund				446,934	8,488,916
	State Street US Treasury Index Non-Lending Fund				1,870,700	17,403,311
	State Street US Treasury Inflation Protected Securities Fund				435,487	12,910,107
	Total common collective trusts					<u>130,127,592</u>
	<u>Item 1c(12) 103-12 investment entities:</u>					
	Hardman Johnston International Equity Group Trust				38,600	674,933
	<u>Item 1c(13) Mutual funds:</u>					
	PIMCO All Asset Fund Institute				321,353	3,973,419
	WCM Focused International Growth Fund				47,950	705,363
	Total mutual funds					<u>4,678,782</u>
	<u>Item 1c(15) Hedge funds:</u>					
	400 Capital Credit Opportunities Fund				5,000	5,000,000
	ABS Alpha Ltd				26,136	4,420,220
	Davidson Kempner Institutional Partners				8,969,402	2,557,906
	Global Alpha Intermediate Small Cap Fund				5,000,000	5,000,000
	Orchard Landmark Ltd Class A				2,498	2,498,487
	Total hedge funds					<u>19,476,613</u>
	Total investments					<u>\$ 225,271,314</u>
						<u>\$ 249,383,691</u>

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

**DISTRICT 1199J - NEW JERSEY HEALTH CARE
EMPLOYERS PENSION PLAN**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500, Schedule H, Item 4j

E.I.N. 22-3095464
Plan No. 001

(a) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset</u>	(i) <u>Net Gain or (Loss)</u>
First American Government Obligations Fund	\$ 20,361,598 N/A	N/A \$ 19,472,212	\$ 20,361,598 19,472,197	\$ 20,361,598 19,472,212	N/A \$ 15
* Wells Fargo Money Market Short-Term Investment Fund	14,915,378 N/A	N/A 23,728,658	14,915,378 23,728,658	14,915,378 23,728,658	N/A -

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

District 1199J – New Jersey Health Care Employers Pension Plan
EIN/PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

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

Basic Information

Plan Name: District 1199J - New Jersey Health Care Employers Pension Fund

Effective Date of Plan: January 1, 1970.

Applicable Effective Date: The date on or after January 1, 1970 when a contributing Employer first became obligated to make contributions to Fund.

EIN/PN: 22-3095464.

Plan Year: The Plan Year is the calendar year.

Participation: Immediate – for those employees on whose behalf the employer is obligated to contribute.

Future Service: One year for each 12 months of contribution after the Applicable Effective Date.

Past Service: One year for each year of employment before the Applicable Effective Date.

Vesting Service: One year for each 5 months of contributions.

Year of Service: A Plan Year in which a Participant is credited with at least 1,000 Hours of Service.

Average Final Pay: The highest average pay during 5 consecutive Plan Years within the last 10 Plan Years of Future Service.

Frozen Average Final Pay: The highest average pay during the 5 consecutive Plan Years within the last 10 Plan Years of Future Service immediately preceding August 31, 2004.

Past Service Pay: Pay on the Applicable Effective Date.

Benefit Formulas and Eligibilities

Normal and Early Pension

Eligibility: Age 65 and 5 Years of Service.

Benefit: The sum of (1) the Pre-2016 Benefit and (2) the Post-2015 Variable Annuity Benefit (VAB) benefit.

- (1) Pre-2016 Benefit: A participant's Pre-2016 Benefit shall be an amount determined in accordance with the Future Service Benefit formula plus the Past Service Benefit formula.

District 1199J – New Jersey Health Care Employers Pension Plan
EIN/PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

- (i) A Future Service Benefit calculated as follows:
- a. For the first 29 years of Future Service, (I) 1.8% of the Participant's Frozen Average Final Pay multiplied by Future Service as of December 31, 1999, plus 1.6% of the Participant's Frozen Average Final Pay multiplied by Future Service from January 1, 2000, through August 31, 2004, plus (II) 0.5% of the Participant's Average Final Pay multiplied by Future Service from September 1, 2004, through December 31, 2004, plus (III) 0.65% of the Participant's Average Final Pay multiplied by Future Service from January 1, 2005, through September 30, 2005, plus (IV) 0.8% of the Participant's Average Final Pay multiplied by Future Service after September 30, 2005, and through December 31, 2015.
 - b. For years of Future Service in excess of 29 but not in excess of 34, (I) 1.8% of the Participant's Frozen Average Final Pay multiplied by Future Service prior to September 1, 2004, plus (II) 0.5625% of the Participant's Average Final Pay multiplied by Future Service from September 1, 2004, through December 31, 2004, plus (III) 0.73125% of the Participant's Average Final Pay multiplied by Future Service from January 1, 2005, through September 30, 2005, plus (IV) 0.9% of the Participant's Average Final Pay multiplied by Future Service after September 30, 2005, and through December 31, 2015.
 - c. For years of Future Service in excess of 34, (I) 2.0% of the Participant's Frozen Average Final Pay multiplied by Future Service prior to September 1, 2004, plus (II) 0.625% of the Participant's Average Final Pay multiplied by Future Service from September 1, 2004, through December 31, 2004, plus (III) 0.8125% of the Participant's Average Final Pay multiplied by Future Service from January 1, 2005, through September 30, 2005, plus (IV) 1.0% of the Participant's Average Final Pay multiplied by Future Service after September 30, 2005, and through December 31, 2015.

The benefits earned through December 31, 2015 will be frozen – hours worked after this date will not count. However, Average Final Pay will be calculated using all pay through termination.

- (ii) A Past Service Benefit calculated as the greater of \$66 or 1.5% of the Participant's Past Service Pay, multiplied by Past Service; provided, however, that with respect to any Participant with an Applicable Effective Date prior to 1971, who did not incur a Break in Service prior to January 1, 1999, the Past Service Benefit is equal to 1.6% of Average Final Pay multiplied by Past Service.
- (2) Post-2015 Variable Annuity Benefit (VAB): A participant's Post-2015 Benefit shall be determined and adjusted as follows:
- (i) VAB Accrual: For a participant who earns Credited Service in any Plan Year after December 31, 2015, the VAB Accrual equals Regular Pay for that year, multiplied by the applicable Accrual Rate. The applicable Accrual Rate will be determined by the number of Years of Service with which the Participant is credited as of December 31 of the year for which the benefit is accrued and shall be 0.65% for the first 29 Years of Service, 0.75% for Years of Service in excess of 29 but not in excess of 34, and 0.85% for Years of Service in excess of 34.

District 1199J – New Jersey Health Care Employers Pension Plan
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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

- (ii) VAB Benefit: As of December 31 of each Plan Year up to and including the Plan Year in which the Participant attains (or, in the case of a survivor benefit, would have attained) age 80, the Participant's VAB Benefit shall be the sum of (a) and (b) below:
- a. The VAB Benefit as of the prior December 31, multiplied by the Adjustment Fraction.
 - b. The Participant's VAB Accrual for the Plan Year.

In no event shall application of the Adjustment Fraction result in the reduction of any Participant's VAB Benefit prior to January 1, 2019.

In the event that the VAB Benefit of a Pensioner or beneficiary in pay status is less than the greatest VAB Benefit that the Pensioner or beneficiary previously had earned, the Pensioner or beneficiary will receive an additional payment equal to the difference between the two amounts, to the extent permitted by the available Stabilization Reserve.

Hurdle Rate: 5.0%.

Adjustment Fraction: The numerator of the Adjustment Fraction is 100% plus the rate of investment return during the twelve month period ending on September 30 of the Plan Year, as reported by the Fund's Investment Consultant(s), and the denominator of such Fraction is 100% plus the Hurdle Rate of 5.0% (i.e., 105%). The actual rate of investment return generated by the Fund during any applicable measurement period will be limited to 10.0% for purposes of the Adjustment Fraction.

Stabilization Reserve: The Stabilization Reserve is a hypothetical account balance that will be used to minimize reductions in Participants' VAB Benefits due to investment performance falling below the Hurdle Rate. Each December 31, the Stabilization Reserve will be adjusted for interest by multiplying the Stabilization Reserve as of the prior December 31 by the rate of the Pension Fund investment return during the twelve month period ending on the September 30 of the Plan Year, as reported by the Fund's Investment Consultant(s). The Stabilization Reserve as so adjusted will also be increased by the product of (a) the rate of Pension Fund investment return during the twelve month period ending on September 30 of the Plan Year in excess of 10.0% (if any), multiplied by (b) the present value of the Fund's liabilities attributable to Participants' VAB Benefits as of January 1 of the Plan Year. If, with respect to any Plan Year beginning on or after January 1, 2020, additional payments are made to Pensioners or beneficiaries in order to maintain their benefit level at the greatest amount previously earned, the Stabilization Reserve shall be reduced accordingly.

Early Pension (prior to Age 65)

Eligibility: Age 55 and 10 Years of Service for bargaining unit Participants. Age 55 and 5 Years of Service for non-bargaining unit Participants.

Benefit: Actuarial Equivalent of Normal Pension (1/2% for each month prior to retirement). Effective July 31, 2018, Actuarial Equivalent of Normal Pension (Male GA 51 Mortality Table Projection C to 1967, 7.25% interest).

District 1199J – New Jersey Health Care Employers Pension Plan
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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 6 – Summary of Plan Provisions

Service Pension (prior to Age 65)

Eligibility: Age 57 and 30 Years of Service. Effective August 31, 2018, age 62 and 30 Years of Service. Effective July 1, 2019 unreduced benefits are no longer available in accordance with the rehabilitation plan.

Benefit: Accrued Pension. Effective July 1, 2019, benefits will be actuarially reduced using the basis described under Early Pension in accordance with the rehabilitation plan.

Disability Pension

Eligibility: 10 Years of Service in receipt of a Social Security Award

Benefit: Normal Pension accrued to date of Disability.

Deferred Pension

Eligibility: 5 Years of Service.

Benefit: Normal or Early Retirement Benefit.

Death Benefits

Eligibility: 5 Years of Service, and election by participant.

Benefit: Qualified Joint & Survivor Annuity Pre-Retirement Age – Annual Cost Post Retirement Age – Presumptive.

Normal Form of Benefit

Normal Form of Benefit: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity; 10 year certain and life annuity; 50% joint and survivor annuity; 75% joint and survivor annuity; 100% joint and survivor annuity.

Maximum Benefit: The maximum salary used to determine Plan benefits is limited as required by IRC Section 415(b).

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

District 1199J- New Jersey Health Care Employers Pension Plan
EIN / PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

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

Number of Participants by Age and Service Groups

Age	Years of Credited Service										Total	
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up		
0-24	91	73	3	-	-	-	-	-	-	-	-	167
25-29	83	75	20	-	-	-	-	-	-	-	-	178
30-34	81	98	47	13	3	-	-	-	-	-	-	242
35-39	68	95	53	16	25	2	-	-	-	-	-	259
40-44	60	77	59	28	25	17	-	-	-	-	-	266
45-49	50	95	61	31	36	19	4	-	-	-	-	296
50-54	50	92	57	27	50	38	9	9	2	-	-	334
55-59	35	90	55	45	52	52	17	21	9	-	-	376
60-64	21	59	42	44	69	51	17	30	19	7	-	359
65-69	10	18	26	23	32	31	10	16	12	8	-	186
70&Up	1	5	5	3	7	5	2	3	4	1	-	36
Total	550	777	428	230	299	215	59	79	46	16	-	2,699

Average Compensation by Age and Service Groups

Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up
0-24	18,301	28,528	*	-	-	-	-	-	-	-
25-29	22,329	34,957	36,824	*	-	-	-	-	-	-
30-34	23,704	35,348	34,659	*	*	-	-	-	-	-
35-39	26,699	33,677	32,394	*	42,644	*	-	-	-	-
40-44	26,039	36,736	38,601	44,363	46,256	*	-	-	-	-
45-49	24,267	38,189	40,693	38,692	44,697	*	*	-	-	-
50-54	27,463	36,037	36,901	40,533	46,688	40,703	*	*	*	-
55-59	21,093	35,124	40,480	41,978	43,382	40,495	*	60,802	*	-
60-64	28,613	37,585	38,257	41,254	43,881	45,111	*	47,886	*	*
65-69	*	*	38,394	39,228	44,479	48,736	*	*	*	*
70&Up	*	*	*	*	*	*	*	*	*	*

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

District 1199J- New Jersey Health Care Employers Pension Plan
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Attachment to 2024 Schedule MB (Form 5500)

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

Average Accrued Monthly Benefit by Age and Service Groups

Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up
0-24	6	31	*	-	-	-	-	-	-	-
25-29	9	40	99	-	-	-	-	-	-	-
30-34	10	45	118	*	*	-	-	-	-	-
35-39	11	44	110	*	376	*	-	-	-	-
40-44	11	54	120	276	416	*	-	-	-	-
45-49	10	50	127	242	390	*	*	-	-	-
50-54	11	49	107	270	393	539	*	*	*	-
55-59	9	46	134	247	391	520	*	1,269	*	-
60-64	12	53	119	265	389	599	*	1,045	*	*
65-69	*	*	121	250	407	586	*	*	*	*
70&Up	*	*	*	*	*	*	*	*	*	*

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

District 1199J – New Jersey Health Care Employers Pension Plan
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Attachment to 2024 Schedule MB (Form 5500)

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

Funding Status Projection Results

Plan Year Beginning	Funded Percentage	Contributions	Credit Balance with extensions at End of Year	Credit Balance without extensions at End of Year
1/1/2023	82.63%	18,539,000	34,386,000	21,735,000
1/1/2024	84.44%	11,910,000	30,741,000	15,993,000
1/1/2025	83.42%	12,263,000	26,551,000	10,562,000
1/1/2026	81.79%	12,626,000	20,977,000	3,831,000
1/1/2027	79.60%	13,000,000	14,370,000	(2,174,000)
1/1/2028	80.75%	13,385,000	7,765,000	(7,558,000)
1/1/2029	81.59%	13,781,000	994,000	(12,714,000)
1/1/2030	82.60%	14,190,000	(5,218,000)	(15,396,000)
1/1/2031	83.83%	14,611,000	(10,259,000)	(16,805,000)
1/1/2032	85.30%	14,882,000	(12,042,000)	(16,160,000)
1/1/2033	86.97%	15,328,000	(12,174,000)	(14,172,000)

When considering the Credit Balance without regard to amortization base extensions, an accumulated funding deficiency is projected to occur during the 2027 plan year.

The funded percentage as of January 1, 2024 is projected to be 84.44%.

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

The Plan was certified to be in critical status for the 2023 plan year, and in order for the Plan to emerge from critical status, the Plan must not be projected to have a funded deficiency for the following ten plan years with regard to amortization extensions. However, the credit balance is projected to be negative as of the end of the 2030 plan year. Therefore, the Plan is certified to be in Critical Status for the 2024 plan year because it fails the special emergence rule as described in IRC Section 432(e)(4)(B)(ii)(1)(aa).

The Plan is not projected to become insolvent.

PPA Actuarial Certification

Based on the actuarial assumptions and methods, financial and participant data, and Plan provisions, as described in the actuarial report for the Plan year ended December 31, 2023, I hereby certify that the District 1199J - New Jersey Health Care Employers Pension Plan is considered “critical” for the plan year beginning January 1, 2024 as defined in the Pension Protection Act of 2006 as amended by the Multiemployer Pension Reform Act of 2014 (“MPRA”).

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

District 1199J – New Jersey Health Care Employers Pension Plan
EIN/PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

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

Scheduled Progress

I certify that the Plan is making scheduled progress in meeting the requirements of its adopted Rehabilitation Plan.

Summary of Assumptions/Methods

1. Our forecast of future minimum funding requirements is based on:
 - January 1, 2023 participant data and January 1, 2023 actuarial valuation results, as provided in our actuarial report unless otherwise stated below (the 2023 Plan Provisions and Actuarial Assumptions are attached to this certification).
 - Estimated January 1, 2024 unaudited asset value of approximately \$247.1 million based on information provided by the Fund's auditors. This figure excludes the present value of future withdrawal liability contribution.
 - An assumed rate of return on market assets of 6.50% (net of investment expenses) for every year after the plan year ended December 31, 2023. No future asset gains or losses other than the gains or losses related to the asset smoothing method are reflected.
 - Estimated plan year 2023 administrative expenses of \$2.4 million, increased by inflation of 1% per year for all future years.
 - An assumption that the active population will remain stable for each plan year beginning with the plan year ending December 31, 2023 and continuing thereafter, with salary increases of 3% per year based on industry activity provided by the Trustees.
 - Withdrawal liability payments are assumed to be paid in accordance with the payment schedule.
 - An assumption that all bargaining parties continue to select the Preferred Schedule of the Rehabilitation Plan under every subsequent Collective Bargaining Agreement.
 - Contribution rates in accordance with the Preferred Schedule of the Rehabilitation Plan through the 2024 plan year, with contributions held constant for all plan years thereafter. For purposes of the Rehabilitation Plan progress, we utilized contribution rates from the rehabilitation schedule reflecting scheduled increases and not the constant rates assumed in this certification.
 - Plan provisions as described in the January 1, 2023 actuarial valuation.
2. This actuarial certification is based on 1) the proposed Multiemployer Plan Funding Guidance provided by the IRS on March 18, 2008, 2) the December 2007 Practice Note issued by the Multiemployer Plans Subcommittee of the Pension Committee of the American Academy of Actuaries, and 3) action taken by the Board of Trustees on or before March 29, 2024.
3. This certification is based on our understanding of the Pension Relief Act of 2010, the Multiemployer Pension Reform Act of 2014 (MPRA), the American Rescue Plan Act of 2021, and regulations and other IRS guidance issued to date.

District 1199J – New Jersey Health Care Employers Pension Plan
EIN/PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

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

Summary of Zone Status Definitions under PPA as Amended by MPRA

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

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

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

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

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

In critical status and either:

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

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

Not in critical status and either:

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

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

Not in critical status and both:

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

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

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

**District 1199J – New Jersey Health Care Employers Pension Plan
EIN/PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)**

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

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

Not Endangered due to Special Rule – IRC Section 432(b)(5)

The plan was not certified as critical or endangered in the previous year, and would be certified as endangered this year, but the plan's actuary certifies that the plan is projected to be not endangered as of the end of the tenth plan year ending after the plan year to which this certification relates.

Not Endangered, Seriously Endangered, nor Critical ("Green Zone") Status

Does not meet any of the conditions described above.

District 1199J – New Jersey Health Care Employers Pension Plan
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

District 1199J - New Jersey Health Care Employers Pension Plan

Summary of Actuarial Methods and Assumptions

Actuarial Cost Method

Actuarial Cost Method: Unit Credit

The actuarial cost method used in the valuation is the Unit Credit cost method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Accrued Liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

There is a 5-year automatic extension of amortization charge bases established prior to January 1, 2016, as approved by the IRS.

Actuarial Asset Valuation Method: Smoothed Market Value

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

Assumptions

Interest:

Assumption: The assumed annual interest rate for funding purposes is 6.50% compounded annually.

Rationale: In developing this assumption, we relied on models and capital market assumptions developed by Milliman and other investment consultants and the Plan's investment policy. We reviewed the Plan's asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations, and correlations between investment categories were determined and used in the investment return assumption.

District 1199J – New Jersey Health Care Employers Pension Plan
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Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

District 1199J - New Jersey Health Care Employers Pension Plan

Summary of Actuarial Methods and Assumptions

Retirement:

Assumption:

Active Participants eligible for Early Pension are assumed to retire based upon the following table:

Age	Rate	Age	Rate
55	4.00%	63	9.00%
56	4.00	64	10.00
57	4.00	65	25.00
58	4.00	66	25.00
59	4.00	67	25.00
60	4.00	68	25.00
61	4.00	69	25.00
62	14.00	70	100.00

Terminated vested participants are assumed to retire based on the following table:

Age	Rate	Age	Rate
55	10.00%	61	4.00%
56	4.00	62	9.00
57	4.00	63	9.00
58	4.00	64	9.00
59	4.00	65	100.00
60	4.00		

Rationale: The assumption reflects the latest experience study report prepared in 2017. Based on historical experience and future expectations, we believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Funding Mortality:

Healthy Participants Assumption: Rates in accordance with the Pri-2012 Blue Collar Mortality Tables with Scale MP-2021. The Pri-2012 Contingent Mortality Tables were reflected for beneficiaries subsequent to the death of their spouse.

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District 1199J - New Jersey Health Care Employers Pension Plan

Summary of Actuarial Methods and Assumptions

Disabled Participants Assumption: Rates in accordance with the Pri-2012 Disabled Mortality Tables with Scale MP-2021. The Pri-2012 Contingent Mortality Tables were reflected for beneficiaries subsequent to the death of their spouse.

Rationale: Based on historical experience and future expectations, we believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period. The blue collar adjustment is utilized since the current population is weighted towards blue collar workers.

Turnover:

Assumption: For participants with less than 5 years of service, turnover rates are in accordance with the Crocker-Sarason T-11 table with a flat 7.5% assumption starting at age 53. For participants with 5 or more years of service, rates are in accordance with the Crocker-Sarason T-8 table with a flat 3.0% assumption starting at age 53.

Rationale: The assumption reflects the latest experience study report prepared in 2017. Based on historical experience and future expectations, we believe the turnover assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability:

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

Age	Probability of Disablement
30	0.05%
35	0.05
40	0.05
45	0.10
50	0.15
55	0.35
60	0.50
64	0.80

Rationale: The assumption reflects the latest experience study report prepared in 2017. Based on historical experience and future expectations, we believe the disability assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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District 1199J - New Jersey Health Care Employers Pension Plan

Summary of Actuarial Methods and Assumptions

Administrative Expenses:

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

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

Normal Cost Load for Working Retirees:

Assumption: A 2% Normal Cost load is included to reflect retirees over 70 years of age who continue to work and accrue a benefit (previously, there was no load for this purpose).

Rationale: Based on historic analysis and the current population of active participants who are over age 70 and currently in pay status, a 2% Normal Cost load is a reasonable approximation of the annual benefit accruals expected to be earned by these active participants.

Marriage:

Assumption: 80% of active participants are assumed to be married, with males three years older than their female spouse.

Rationale: The assumption reflects the latest experience study report prepared in 2017. Most participants are married at retirement. We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Salary Increases:

Assumption: 2.00% per year.

Rationale: This assumption is based on input provided by the Plan Sponsor, including information from the Collective Bargaining Agreements. We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Terminated Vested Liability:

Assumption: For funding purposes, all terminated vested participants and deferred beneficiaries that are age 69 or older as of the valuation date are removed.

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

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District 1199J - New Jersey Health Care Employers Pension Plan

Summary of Principal Plan Provisions

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

Basic Information

Plan Name: District 1199J - New Jersey Health Care Employers Pension Fund

Effective Date of Plan: January 1, 1970.

Applicable Effective Date: The date on or after January 1, 1970 when a contributing Employer first became obligated to make contributions to Fund.

EIN/PN: 22-3095464/001.

Plan Year: The Plan Year is the calendar year.

Participation: Immediate – for those employees on whose behalf the employer is obligated to contribute.

Future Service: One year for each 12 months of contribution after the Applicable Effective Date.

Past Service: One year for each year of employment before the Applicable Effective Date.

Vesting Service: One year for each 5 months of contributions.

Year of Service: A Plan Year in which a Participant is credited with at least 1,000 Hours of Service.

Average Final Pay: The highest average pay during 5 consecutive Plan Years within the last 10 Plan Years of Future Service.

Frozen Average Final Pay: The highest average pay during the 5 consecutive Plan Years within the last 10 Plan Years of Future Service immediately preceding August 31, 2004.

Past Service Pay: Pay on the Applicable Effective Date.

District 1199J – New Jersey Health Care Employers Pension Plan
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District 1199J - New Jersey Health Care Employers Pension Plan

Benefit Formulas and Eligibilities

Normal and Early Pension

Eligibility: Age 65 and 5 Years of Service.

Benefit: The sum of (1) the Pre-2016 Benefit and (2) the Post-2015 Variable Annuity Benefit (VAB).

(1) Pre-2016 Benefit: A participant's Pre-2016 Benefit shall be an amount determined in accordance with the Future Service Benefit formula plus the Past Service Benefit formula.

- (i) A Future Service Benefit calculated as follows:
 - a. For the first 29 years of Future Service, (I) 1.8% of the Participant's Frozen Average Final Pay multiplied by Future Service as of December 31, 1999, plus 1.6% of the Participant's Frozen Average Final Pay multiplied by Future Service from January 1, 2000, through August 31, 2004, plus (II) 0.5% of the Participant's Average Final Pay multiplied by Future Service from September 1, 2004, through December 31, 2004, plus (III) 0.65% of the Participant's Average Final Pay multiplied by Future Service from January 1, 2005, through September 30, 2005, plus (IV) 0.8% of the Participant's Average Final Pay multiplied by Future Service after September 30, 2005, and through December 31, 2015.
 - b. For years of Future Service in excess of 29 but not in excess of 34, (I) 1.8% of the Participant's Frozen Average Final Pay multiplied by Future Service prior to September 1, 2004, plus (II) 0.5625% of the Participant's Average Final Pay multiplied by Future Service from September 1, 2004, through December 31, 2004, plus (III) 0.73125% of the Participant's Average Final Pay multiplied by Future Service from January 1, 2005, through September 30, 2005, plus (IV) 0.9% of the Participant's Average Final Pay multiplied by Future Service after September 30, 2005, and through December 31, 2015.
 - c. For years of Future Service in excess of 34, (I) 2.0% of the Participant's Frozen Average Final Pay multiplied by Future Service prior to September 1, 2004, plus (II) 0.625% of the Participant's Average Final Pay multiplied by Future Service from September 1, 2004, through December 31, 2004, plus (III) 0.8125% of the Participant's Average Final Pay multiplied by Future Service from January 1, 2005, through September 30, 2005, plus (IV) 1.0% of the Participant's Average Final Pay multiplied by Future Service after September 30, 2005, and through December 31, 2015.

The benefits earned through December 31, 2015 will be frozen – hours worked after this date will not count. However, Average Final Pay will be calculated using all pay through termination.

- (ii) A Past Service Benefit calculated as the greater of \$66 or 1.5% of the Participant's Past Service Pay, multiplied by Past Service; provided, however, that with respect to any Participant with an Applicable Effective Date prior to 1971, who did not incur a Break in Service prior to January 1, 1999, the Past Service Benefit is equal to 1.6% of Average Final Pay multiplied by Past Service.

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District 1199J - New Jersey Health Care Employers Pension Plan

(2) Post-2015 Variable Annuity Benefit (VAB): A participant's Post-2015 Benefit shall be determined and adjusted as follows:

- (i) VAB Accrual: For a participant who earns Credited Service in any Plan Year after December 31, 2015, the VAB Accrual equals Regular Pay for that year, multiplied by the applicable Accrual Rate. The applicable Accrual Rate will be determined by the number of Years of Service with which the Participant is credited as of December 31 of the year for which the benefit is accrued and shall be 0.65% for the first 29 Years of Service, 0.75% for Years of Service in excess of 29 but not in excess of 34, and 0.85% for Years of Service in excess of 34.
- (ii) VAB Benefit: As of December 31 of each Plan Year up to and including the Plan Year in which the Participant attains (or, in the case of a survivor benefit, would have attained) age 80, the Participant's VAB Benefit shall be the sum of (a) and (b) below:
 - a. The VAB Benefit as of the prior December 31, multiplied by the Adjustment Fraction.
 - b. The Participant's VAB Accrual for the Plan Year.

In no event shall application of the Adjustment Fraction result in the reduction of any Participant's VAB Benefit prior to January 1, 2019.

In the event that the VAB Benefit of a Pensioner or beneficiary in pay status is less than the greatest VAB Benefit that the Pensioner or beneficiary previously had earned, the Pensioner or beneficiary will receive an additional payment equal to the difference between the two amounts, to the extent permitted by the available Stabilization Reserve.

Hurdle Rate: 5.0%.

Adjustment Fraction: The numerator of the Adjustment Fraction is 100% plus the rate of investment return during the twelve month period ending on September 30 of the Plan Year, as reported by the Fund's Investment Consultant(s), and the denominator of such Fraction is 100% plus the Hurdle Rate of 5.0% (i.e., 105%). The actual rate of investment return generated by the Fund during any applicable measurement period will be limited to 10.0% for purposes of the Adjustment Fraction.

District 1199J – New Jersey Health Care Employers Pension Plan

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District 1199J - New Jersey Health Care Employers Pension Plan

Stabilization Reserve: The Stabilization Reserve is a hypothetical account balance that will be used to minimize reductions in Participants' VAB Benefits due to investment performance falling below the Hurdle Rate. Each December 31, the Stabilization Reserve will be adjusted for interest by multiplying the Stabilization Reserve as of the prior December 31 by the rate of the Pension Fund investment return during the twelve month period ending on the September 30 of the Plan Year, as reported by the Fund's Investment Consultant(s). The Stabilization Reserve as so adjusted will also be increased by the product of (a) the rate of Pension Fund investment return during the twelve month period ending on September 30 of the Plan Year in excess of 10.0% (if any), multiplied by (b) the present value of the Fund's liabilities attributable to Participants' VAB Benefits as of January 1 of the Plan Year. If, with respect to any Plan Year beginning on or after January 1, 2020, additional payments are made to Pensioners or beneficiaries in order to maintain their benefit level at the greatest amount previously earned, the Stabilization Reserve shall be reduced accordingly.

Early Pension (prior to Age 65)

Eligibility: Age 55 and 10 Years of Service for bargaining unit Participants. Age 55 and 5 Years of Service for non-bargaining unit Participants.

Benefit: Actuarial Equivalent of Normal Pension (1/2% for each month prior to retirement). Effective July 31, 2018, Actuarial Equivalent of Normal Pension (Male GA 51 Mortality Table Projection C to 1967).

Service Pension (prior to Age 65)

Eligibility: Age 57 and 30 Years of Service. Effective August 31, 2018, age 62 and 30 Years of Service. Effective July 1, 2019 unreduced benefits are no longer available.

Benefit: Accrued Pension. Effective July 1, 2019, benefits will be actuarially reduced using the bases described under Early Pension.

Disability Pension

Eligibility: 10 Years of Service in receipt of a Social Security Award

Benefit: Normal Pension accrued to date of Disability.

Deferred Pension

Eligibility: 5 Years of Service.

Benefit: Normal or Early Retirement Benefit.

Death Benefits

Eligibility: 5 Years of Service, and election by participant.

Benefit: Qualified Joint & Survivor Annuity Pre-Retirement Age – Annual Cost Post Retirement Age – Presumptive.

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District 1199J - New Jersey Health Care Employers Pension Plan

Normal Form of Benefit

Normal Form of Benefit: Single Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint & 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms of Benefits: Life Annuity; 10 year certain and life annuity; 50% joint and survivor annuity; 75% joint and survivor annuity; 100% joint and survivor annuity.

Maximum Benefit: The maximum salary used to determine Plan benefits is limited as required by IRC Section 415(b).

District 1199J- New Jersey Health Employers Pension Plan

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Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases

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

1. Charges as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 2010	Actuarial Loss	\$ 685,126	6	\$ 3,532,293
b.	January 1, 2011	Actuarial Loss	119,738	7	699,393
c.	January 1, 2012	Actuarial Loss	678,856	8	4,402,054
d.	January 1, 2012	Change in Assumptions	672,971	8	4,363,897
e.	January 1, 2013	Change in Assumptions	42,883	9	303,985
f.	January 1, 2013	Actuarial Loss	394,965	9	2,799,806
g.	January 1, 2014	Change in Assumptions	44,033	10	337,120
h.	January 1, 2014	Actuarial Loss	199,973	10	1,531,018
i.	January 1, 2015	Actuarial Loss	591,722	11	4,845,509
j.	January 1, 2015	Change in Assumptions	1,406,169	11	11,514,878
k.	January 1, 2016	Actuarial Loss	1,096,335	7	6,403,708
l.	January 1, 2017	Actuarial Loss	1,343,538	8	8,712,198
m.	January 1, 2017	Change in Assumptions	558,642	8	3,622,523
n.	January 1, 2018	Actuarial Loss	942,617	9	6,681,974
o.	January 1, 2019	Actuarial Loss	668,351	10	5,116,968
p.	January 1, 2020	Actuarial Loss	758,701	11	6,212,877
q.	January 1, 2020	Change in Assumptions	947,591	11	7,759,656
r.	January 1, 2021	Change in Assumptions	1,135,031	12	9,862,337
s.	January 1, 2022	Change in Assumptions	101,716	13	931,586
t.	January 1, 2023	Actuarial Loss	312,942	14	3,004,165
u.	January 1, 2024	Actuarial Loss	<u>330,026</u>	15	<u>3,304,824</u>
v.	Total		13,031,926		95,942,769

2. Credits as of January 1, 2024

	Date		Amortization	Years	Outstanding
	<u>Established</u>	<u>Description</u>	<u>Amount</u>	<u>Remaining</u>	<u>Balance</u>
a.	January 1, 2016	Change in Cost Method	570,806	2	1,106,772
b.	January 1, 2019	Change in Assumptions	120,344	10	921,370
c.	January 1, 2019	Plan Amendments	594,432	10	4,551,031
d.	January 1, 2021	Actuarial Gain	337,425	12	2,931,896
e.	January 1, 2022	Actuarial Gain	<u>356,221</u>	13	<u>3,262,526</u>
f.	Total		1,979,228		12,773,595

3.	Net outstanding balance [(1v) - (2f)]				\$ 83,169,174
4.	Credit Balance as of January 1, 2024				35,139,513
5.	Waived Funding Deficiency				0
6.	Balance test result [(3) - (4) - (5)]				48,029,661
7.	Unfunded Actuarial Accrued Liability as of January 1, 2024, minimum \$0				\$ 48,029,661

District 1199J – New Jersey Health Care Employers Pension Plan
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Attachment to 2024 Schedule MB (Form 5500)

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

Actuarial Cost Method

Actuarial Cost Method: Unit Credit

The actuarial cost method used in the valuation is the Unit Credit cost method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Accrued Liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

There is a 5-year automatic extension of amortization charge bases established prior to January 1, 2016, as approved by the IRS.

Amortization Method

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

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

Actuarial Asset Valuation Method: Smoothed Market Value

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

Assumptions

Interest:

Assumption: The assumed annual interest rate for funding purposes is 6.50% compounded annually.

Rationale: In developing this assumption, we relied on models and capital market assumptions developed by Milliman and other investment consultants and the Plan's investment policy. We reviewed the Plan's asset allocation along with forward-looking data such as projections of inflation and total return growth. Mean returns, standard deviations, and correlations between investment categories were determined and used in the investment return assumption.

Current Liability Interest Rate: A 2.82% assumed annual rate of investment return was used for the calculation of "RPA '94 Current Liability." This rate was 2.19% for the prior year.

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

Retirement:

Assumption:

Active Participants eligible for Early Pension are assumed to retire based upon the following table:

Age	Rate	Age	Rate
55	4.00%	63	9.00%
56	4.00	64	10.00
57	4.00	65	25.00
58	4.00	66	25.00
59	4.00	67	25.00
60	4.00	68	25.00
61	4.00	69	25.00
62	14.00	70	100.00

Terminated vested participants are assumed to retire based on the following table:

Age	Rate	Age	Rate
55	10.00%	61	4.00%
56	4.00	62	9.00
57	4.00	63	9.00
58	4.00	64	9.00
59	4.00	65	100.00
60	4.00		

Rationale: The assumption reflects the latest experience study report prepared in 2017. Based on historical experience and future expectations, we believe the retirement assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

District 1199J – New Jersey Health Care Employers Pension Plan
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Schedule MB, Line 6 – Summary of Actuarial Methods and Assumptions

Funding Mortality:

Healthy Participants Assumption: Rates in accordance with the Pri-2012 Blue Collar Mortality Tables with Scale MP-2021. The Pri-2012 Contingent Mortality Tables were reflected for beneficiaries subsequent to the death of their spouse.

Disabled Participants Assumption: Rates in accordance with the Pri-2012 Disabled Mortality Tables with Scale MP-2021. The Pri-2012 Contingent Mortality Tables were reflected for beneficiaries subsequent to the death of their spouse.

Rationale: Based on historical experience and future expectations, we believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period. The blue collar adjustment is utilized since the current population is weighted towards blue collar workers.

Current Liability Assumption: 2024 Current Liability Annuitant/Non-Annuitant Mortality Tables for males and females.

Turnover:

Assumption: For participants with less than 5 years of service, turnover rates are in accordance with the Crocker-Sarason T-11 table with a flat 7.5% assumption starting at age 53. For participants with 5 or more years of service, rates are in accordance with the Crocker-Sarason T-8 table with a flat 3.0% assumption starting at age 53.

Rationale: The assumption reflects the latest experience study report prepared in 2017. Based on historical experience and future expectations, we believe the turnover assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Disability:

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

Age	Probability of Disablement
30	0.05%
35	0.05
40	0.05
45	0.10
50	0.15
55	0.35
60	0.50
64	0.80

Rationale: The assumption reflects the latest experience study report prepared in 2017. Based on historical experience and future expectations, we believe the disability assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

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Attachment to 2024 Schedule MB (Form 5500)

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

Administrative Expenses:

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

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

Normal Cost Load for Working Retirees:

Assumption: A 2% Normal Cost load is included to reflect retirees over 70 years of age who continue to work and accrue a benefit (previously, there was no load for this purpose).

Rationale: Based on historic analysis and the current population of active participants who are over age 70 and currently in pay status, a 2% Normal Cost load is a reasonable approximation of the annual benefit accruals expected to be earned by these active participants.

Marriage:

Assumption: 80% of active participants are assumed to be married, with males three years older than their female spouse.

Rationale: The assumption reflects the latest experience study report prepared in 2017. Most participants are married at retirement. We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Salary Increases:

Assumption: 2.00% per year.

Rationale: This assumption is based on input provided by the Plan Sponsor, including information from the Collective Bargaining Agreements. We believe the assumption selected is reasonable for the contingency it is measuring, and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Terminated Vested Liability:

Assumption: For funding purposes, all terminated vested participants and deferred beneficiaries that are age 69 or older as of the valuation date are removed.

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

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**Schedule MB, Line 4c – Documentation Regarding Progress Under Funding Improvement
or Rehabilitation Plan**

District 1199J - New Jersey Health Care Employers Pension Plan
PPA Actuarial Certification for Plan Year Beginning January 1, 2024

PPA Actuarial Certification

Based on the actuarial assumptions and methods, financial and participant data, and Plan provisions, as described in the actuarial report for the Plan year ended December 31, 2023, I hereby certify that the District 1199J - New Jersey Health Care Employers Pension Plan is considered “critical” for the plan year beginning January 1, 2024 as defined in the Pension Protection Act of 2006 as amended by the Multiemployer Pension Reform Act of 2014 (“MPRA”).

Further, I hereby certify that to the best of my knowledge and belief, the actuarial assumptions employed in preparing this certification are individually reasonable and represent my best estimate of future experience and are expected to have no significant bias. Additionally, the “projected industry activity” assumption, as required under IRC Section 432(b)(3)(B)(iii), has been provided by the Board of Trustees and the determinations of future contributions were made, as allowed under IRC Section 432(b)(3)(B)(ii).

Scheduled Progress

I certify that the Plan is making scheduled progress in meeting the requirements of its adopted Rehabilitation Plan.



Victor P. Harte, EA, MAAA

Enrolled Actuary #23-04649

March 29, 2024

Date

District 1199J – New Jersey Health Care Employers Pension Plan

EIN/PN: 22-3095464 / 001

Attachment to 2024 Schedule MB (Form 5500)

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payment	Total
2024	490,749	1,190,105	25,544,532	27,225,386
2025	1,059,411	1,837,639	24,468,140	27,365,190
2026	1,552,813	2,297,452	23,387,593	27,237,858
2027	2,094,323	2,708,390	22,282,616	27,085,329
2028	2,502,516	3,153,659	21,158,433	26,814,608
2029	2,868,992	3,554,692	20,029,975	26,453,659
2030	3,195,573	3,933,134	18,897,636	26,026,343
2031	3,486,210	4,207,754	17,765,813	25,459,777
2032	3,713,801	4,528,231	16,631,523	24,873,555
2033	3,918,512	4,784,732	15,492,018	24,195,262
2034	4,085,259	5,063,400	14,386,397	23,535,056
2035	4,216,473	5,202,296	13,305,823	22,724,592
2036	4,311,039	5,357,709	12,251,441	21,920,189
2037	4,396,014	5,494,662	11,226,957	21,117,633
2038	4,450,774	5,597,949	10,236,789	20,285,512
2039	4,476,083	5,665,472	9,285,235	19,426,790
2040	4,494,084	5,735,403	8,376,166	18,605,653
2041	4,495,086	5,749,900	7,512,691	17,757,677
2042	4,469,197	5,731,104	6,697,525	16,897,826
2043	4,428,484	5,688,216	5,932,823	16,049,523
2044	4,378,950	5,622,323	5,220,170	15,221,443
2045	4,315,302	5,533,692	4,560,665	14,409,659
2046	4,236,365	5,431,063	3,954,881	13,622,309
2047	4,138,067	5,330,337	3,402,882	12,871,286
2048	4,029,250	5,182,625	2,904,157	12,116,032
2049	3,914,897	5,027,701	2,457,633	11,400,231
2050	3,787,872	4,855,117	2,061,643	10,704,632
2051	3,648,201	4,683,913	1,713,986	10,046,100
2052	3,506,529	4,498,060	1,411,961	9,416,550
2053	3,358,416	4,296,426	1,152,409	8,807,251
2054	3,208,876	4,120,920	931,842	8,261,638
2055	3,061,495	3,928,607	746,532	7,736,634
2056	2,915,777	3,736,935	592,633	7,245,345
2057	2,772,205	3,521,508	466,299	6,760,012
2058	2,632,734	3,319,260	363,795	6,315,789
2059	2,494,952	3,107,092	281,574	5,883,618
2060	2,362,297	2,894,258	216,356	5,472,911
2061	2,233,178	2,682,240	165,177	5,080,595
2062	2,106,381	2,476,508	125,419	4,708,308
2063	1,987,569	2,282,809	94,817	4,365,195
2064	1,869,357	2,098,881	71,458	4,039,696
2065	1,756,693	1,924,527	53,755	3,734,975
2066	1,649,588	1,761,530	40,414	3,451,532
2067	1,545,092	1,609,513	30,400	3,185,005
2068	1,445,863	1,468,119	22,900	2,936,882
2069	1,349,139	1,336,925	17,283	2,703,347
2070	1,257,257	1,215,099	13,067	2,485,423
2071	1,166,377	1,102,128	9,892	2,278,397
2072	1,079,140	997,184	7,489	2,083,813
2073	994,702	899,931	5,662	1,900,295

District 1199J- New Jersey Health Care Employers Pension Plan
EIN / PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

**Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions
and Withdrawal Liability Payments**

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	11,747,500	162,500	11,910,000
2025	12,100,500	162,500	12,263,000
2026	12,463,500	162,500	12,626,000
2027	12,837,500	162,500	13,000,000
2028	13,222,500	162,500	13,385,000
2029	13,618,500	162,500	13,781,000
2030	14,027,500	162,500	14,190,000
2031	14,448,500	162,500	14,611,000
2032	14,882,000	0	14,882,000
2033	15,328,000	0	15,328,000

District 1199J – New Jersey Health Care Employers Pension Plan
EIN/PN: 22-3095464 / 001
Attachment to 2024 Schedule MB (Form 5500)

Line 9f - Explanation of Prior Year Credit Balance/Funding Deficiency Discrepancy

Line 3 of the 2023 Schedule MB should list a single contribution of \$19,043,901 as of July 1, 2023.

The contribution amount of \$17,213,654 originally reported on the 2023 Form 5500 did not include receivable contributions. The beginning of year credit balance as of January 1, 2024 has been adjusted to \$35,139,513 from last year's ending balance of \$33,250,720 to reflect this final contribution amount disclosed in the Plan's audited financial statement.

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DISTRICT 1199J-NEW JERSEY HEALTH CARE EMPLOYERS- PENSION PLAN 9-25 ALLING STREET NEWARK NJ 07102-0000	1c Effective date of plan 01/01/1991 2b Employer Identification Number (EIN) 22-3095464 2c Plan Sponsor's telephone number 973-242-7505 2d Business code (see instructions) 622000

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	<input checked="" type="checkbox"/> <i>Preciosa Lavrador</i>	<input checked="" type="checkbox"/> X 10-9-25	PRECIOSA LAVRADOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	9,795
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)	2,699
a (2) Total number of active participants at the end of the plan year	6a(2)	2,804
b Retired or separated participants receiving benefits	6b	3,672
c Other retired or separated participants entitled to future benefits	6c	3,030
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	9,506
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	401
f Total. Add lines 6d and 6e	6f	9,907
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	307
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	17

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan New Jersey Health Care Employers-Pension Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF District 1199J-New Jersey Health Care Employers-Pension Plan	D Employer Identification Number (EIN) 22-3095464	

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

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

b Assets

(1) Current value of assets
(2) Actuarial value of assets for funding standard account

1b(1)	248,803,146
1b(2)	264,603,446
1c(1)	312,633,107

c (1) Accrued liability for plan using immediate gain methods
(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases
(b) Accrued liability under entry age normal method
(c) Normal cost under entry age normal method

1c(2)(a)	
1c(2)(b)	
1c(2)(c)	
1c(3)	312,633,107

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)

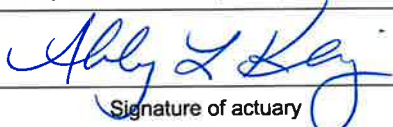
(2) "RPA '94" information:

(a) Current liability.....
(b) Expected increase in current liability due to benefits accruing during the plan year.....
(c) Expected release from "RPA '94" current liability for the plan year.....
(3) Expected plan disbursements for the plan year.....

1d(1)	
1d(2)(a)	446,952,839
1d(2)(b)	4,483,521
1d(2)(c)	27,264,662
1d(3)	29,632,431

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>10/9/2025</u> Date
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Abby L. Kendig

Type or print name of actuary

23-07706

Most recent enrollment number

(973) 278-8860

Telephone number (including area code)

Milliman

Firm name

150 Clove Road
8th Floor
Little Falls

NJ 07424

Address of the firm

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

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

Schedule MB (Form 5500) 2024
v. 240311

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	248,803,146
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3,962	272,423,815
(2) For terminated vested participants	2,951	105,986,988
(3) For active participants:		
(a) Non-vested benefits		2,398,474
(b) Vested benefits		66,143,562
(c) Total active	2,699	68,542,036
(4) Total	9,612	446,952,839
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.67%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	12,892,746				
Totals ▶			3(b)	12,892,746	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	84.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	C
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	2025

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

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9PF
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	2.00 % <input type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.3 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2,400,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	3,304,824	330,026

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	1,274,230

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	6,224,617

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	95,942,769	13,031,926
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		1,251,675
e Total charges. Add lines 9a through 9d.....	9e		20,508,218
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		35,139,513
g Employer contributions. Total from column (b) of line 3.....	9g		12,892,746
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	12,773,595	1,979,228
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2,825,136
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	112,031,707	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	141,770,089	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		52,836,623
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		32,328,405
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No