

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

**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><b>1a</b> Name of plan <u>NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> 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>BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</u></p> <p><u>810 BELMONT AVENUE, SUITE 100</u> <u>NORTH HALEDON, NJ 07508-2396</u></p> <p><u>810 BELMONT AVE, SUITE 100</u> <u>NORTH HALEDON, NJ 07508-2396</u></p>	<p><b>1c</b> Effective date of plan <u>09/19/1968</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>22-6082349</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>973-423-4565</u></p> <p><b>2d</b> Business code (see instructions) <u>525100</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/15/2026	MICHAEL CURCIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/15/2026	RICK LAMANTIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1615
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	1605
	<b>6a(2)</b>	1496
	<b>6b</b>	12
	<b>6c</b>	
	<b>6d</b>	1508
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	81

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input checked="" 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)

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

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></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><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<p><b>A</b> Name of plan <b>NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>22-6082349</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3344, C4607	1031	04/01/2024	03/31/2025

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

<p><b>(a)</b> Total amount of commissions paid <b>5489</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**J,N, SAVASTA CORPORATION** **1350 BROADWAY, SUITE 410**  
**NEW YORK, NY 10018**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5489			3

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	54886
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6082349</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1423090</b>	<b>69744</b>	<b>G2839, C4131</b>	<b>427</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

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

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

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....			<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>			
	<b>7c(2)</b>			
	<b>7c(3)</b>			
	<b>7c(4)</b>			
	<b>7c(5)</b>			
	(6) Total additions .....			
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....			<b>7d</b>	
<b>e</b> Deductions:				
	<b>7e(1)</b>			
	<b>7e(2)</b>			
	<b>7e(3)</b>			
	<b>7e(4)</b>			
(5) Total deductions .....		<b>7e(5)</b>	0	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....			<b>7f</b>	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>	
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>	
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>	
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>
	(4) Claims charged .....		<b>9b(4)</b>
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions .....	<b>9c(1)(A)</b>	
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
	(D) Other expenses .....	<b>9c(1)(D)</b>	
	(E) Taxes .....	<b>9c(1)(E)</b>	
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	
	(G) Other retention charges .....	<b>9c(1)(G)</b>	
	(H) Total retention .....		<b>9c(1)(H)</b>
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
	(2) Claim reserves .....		<b>9d(2)</b>
	(3) Other reserves .....		<b>9d(3)</b>
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	142299
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

<b>A</b> Name of plan <b>NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6082349</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**(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

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

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

HORIZON HEALTHCARE SERVICES INC

22-0999690

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 22	NONE	876477	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PAYER MATRIX

1400 N PROVIDENCE ROAD, SUITE 5000  
MEDIA, PA 19063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 22 50	NONE	289151	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)

STACEY BRAUN ASSOCIATES INC.

13-2889432

(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 68	NONE	222236	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

3000 S LENOLA ROAD  
MAPLE SHADE, NJ 08052

(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 16 50	NONE	174387	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)

SALVATRICE VERILLO

22-6082349

(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	145013	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)

ZELIS CLAIMS INTEGRITY

2 CROSSROADS DRIVE  
BEDMINSTER, NJ 07921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	135435	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)

MICHELE PROCHOV

22-6082349

(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	131158	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)

MICHALINA PACYNA

22-6082349

(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	103684	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)

MSPC CERTIFIED PUBLIC ACCOUNTANTS

22-2951202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	90230	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)

SILVANA TURDO

22-6082349

(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	81591	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)

NICOLE GRABINSKI

22-6082349

(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	79291	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)

KROLL HEINEMAN GIBLIN

99 S WOOD AVE, 307  
ISELIN, NJ 08830

(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	76382	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)

DAWN CARMODY ITRI

22-6082349

(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	71052	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)

RIFAT RAMDANI

22-6082349

(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	70113	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)

PREMIER TECHNOLOGIES

5694 NE 17TH STREET  
DES MOINES, IA 50313

(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 16 50	NONE	68510	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)

NICOLE HUERTA

22-6082349

(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	62802	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)

LUZ QUINTERO

22-6082349

(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	61788	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)

WITHUM SMITH & BROWN

506 CARNEGIE CENTER, SUITE 400  
PRINCETON, NJ 08540

(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 16 50	NONE	61619	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)

MARJORIE FANARRAGEA

22-6082349

(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	58847	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)

MEGAN BARRON

22-6082349

(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	56055	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)

JENNIFER MARRETTA

22-6082349

(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	50028	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)

UNITED REVIEW SERVICES

22-2853893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	46935	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)

O'SULLIVAN AND ASSOCIATES

20-8199367

(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 16 50	NONE	35400	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)

CALIBRE CPA GROUP

47-0900880

(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	30087	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)

CHERYLANN CALISE

22-6082349

(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	26480	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 AMERICA

94-1687665

(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	21854	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"/>

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

SCHULTHESIS AND PANNETTIERI

13-1577780

(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	17750	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)

JBM COMPUTER CONSULTANTS

16-1173118

(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 16 50	NONE	12195	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)

FITZSIMMONS, KRANTZ & ABRAMS

13-2858927

(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	11597	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)

LYNCH & MURRAY

22-3352529

(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	7950	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)

COHEN WEISS & SIMON LLP

13-1592323

(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	7238	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)

HUDSON HARBOUR CONDOMINIUM

1203 RIVER ROAD  
EDGEWATER, NJ 07020

(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	5200	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"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>04/01/2024</b> and ending <b>03/31/2025</b>	
<b>A</b> Name of plan <b>NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN</b>	<b>D</b> Employer Identification Number (EIN) <b>22-6082349</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	889221	729600
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	2623125	2412123
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	979565	975519
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	298699	222303
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	25003781	30064001
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1103268	1417242
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	20713682	18786953
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	1555618	1461691
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	53166959	56069432
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	3554753	3944553
<b>h</b> Operating payables.....	<b>1h</b>	244092	290110
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3798845	4234663
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	49368114	51834769

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	33858169	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	159744	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		34017913
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	44540	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	845167	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	66752	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	442	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		956901
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	177662	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		177662
(3) Rents.....	<b>2b(3)</b>		103564
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	18915483	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	19221930	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2087800	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		306314
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		37343707

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	30035077	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	208057	
(3) Other.....	<b>2e(3)</b>	132162	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		30375296
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	956951	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	157614	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	244090	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	35400	
(8) Legal fees .....	<b>2i(8)</b>	88820	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	3018881	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4501756
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		34877052

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2466655
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

(2) EIN: **22-2951202**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Northern New Jersey Teamsters Benefit Plan  
North Haledon, New Jersey

### *Opinion*

We have audited the financial statements of Northern New Jersey Teamsters Benefit 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 March 31, 2025 and 2024, 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 Northern New Jersey Teamsters Benefit Plan as of March 31, 2025, and 2024, 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 Northern New Jersey Teamsters Benefit 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 Northern New Jersey Teamsters Benefit 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 Northern New Jersey Teamsters Benefit 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 Northern New Jersey Teamsters Benefit 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 audits.

## ***Supplemental Schedules***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole.

In forming our opinion on the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) we evaluated whether this supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion, the information in this accompanying supplemental schedule is 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink, appearing to read 'MSPC', is positioned above the printed name of the firm.

**MSPC**

Certified Public Accountants and Advisors,  
A Professional Corporation

Cranford, New Jersey  
January 9, 2026

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d)  <u>Cost</u>	(e)  <u>Current Value</u>	
<b>Short-Term Investments:</b>					
	Money Market Savings Account	222,303	3.84%	\$ 222,303	\$ 222,303
<b>Common Stocks:</b>					
	3M Company	1,250		143,615	183,575
	AbbVie Inc	525		100,292	109,998
	Alkami Tech Inc	7,600		237,471	199,500
	Alphabet Inc	4,500		216,603	695,880
	Amazon Com Inc	3,475		280,530	661,154
	Amer Express Company	875		154,138	235,419
	Ameren Corp	1,650		103,333	165,660
	Amgen Inc	400		115,323	124,620
	Apple Inc	4,675		188,428	1,038,458
	Applovin Corp Com	1,300		70,211	344,461
	Arch Capital Grp Ltd	2,200		140,860	211,596
	Arista Networks Inc	3,375		111,694	261,495
	AutoZone Inc	50		108,052	190,639
	Bank Of America Corp	5,625		144,172	234,731
	Bellring Brands Inc	2,825		162,306	210,350
	Berkshire Hathaway Inc	525		106,479	279,605
	Blackrock Inc	205		106,616	194,028
	Boston Scientific Corp	2,275		161,693	229,502
	Bristol-Myers Squibb Co	2,700		157,000	164,673
	Broadcom Inc	1,600		89,369	267,888
	Caterpillar Inc Del	290		102,664	95,642
	Chart Inds Inc	1,000		199,093	144,360
	Coca Cola	2,850		189,725	204,117
	Colgate Palmolive	1,810		181,963	169,597
	ConocoPhillips	1,800		139,287	189,036
	Corcept Therapeutics Inc	1,665		90,104	190,176
	Costco Wholesale	225		35,686	212,801
	DraftKings Inc	2,675		111,756	88,837
	Eli Lilly & Co	395		79,867	326,234
	Encompass Health Corp	875		86,467	88,620
	Entergy Corp	2,150		112,184	183,804
	Evercore Inc	900		162,133	179,748
	Exxon Mobil Corp	2,600		208,946	309,218
	Ge Healthcare Technologies Inc	2,000		156,081	161,420
	Home Depot Inc	425		87,724	155,758
	Howmet Aerospace Inc	2,825		108,668	366,487
	Itron Inc	1,500		106,928	157,140
	JPMorgan Chase & Co	1,250		75,927	306,625
	Kyndryl Holdings Inc	4,475		173,124	140,515
	Lam Resh Corp	2,250		71,920	163,575
	Leidos Holdings Inc Shs	1,175		129,984	158,555
	Liberty Media Corp	2,650		185,747	238,527
	Life Time Group Hldgs	6,625		128,297	200,075

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)	(d)	(e)	
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
	Linde Plc	125	57,879	58,205	
	Marriott Intl Inc	500	86,865	119,100	
	Marvell Tech Inc	2,100	149,663	129,297	
	Mastercard Inc	415	32,785	227,470	
	McKesson Corporation	295	85,565	198,532	
	Meta Platforms Inc	910	230,200	524,488	
	MetLife Inc	1,892	125,673	151,909	
	Micron Technology Inc	2,175	163,943	188,986	
	Microsoft Corp	2,325	138,327	872,782	
	Nasdaq Omx Grp Inc	3,100	170,907	235,166	
	Nucor Corporation	1,000	66,432	120,340	
	Nvidia	8,915	138,321	966,208	
	Ny Times Co	2,300	121,217	114,080	
	Palo Alto Networks Inc	1,250	107,967	213,300	
	Post Holdings Inc	1,675	192,075	194,903	
	Procter & Gamble Co	1,150	135,360	195,983	
	Quanta Services Inc	850	88,206	216,053	
	Regeneron Pharmactcls	165	101,640	104,648	
	RTX Corp	1,480	189,733	196,041	
	Sarepta Therapeutics Inc	775	101,349	49,461	
	ServiceNow Inc	250	111,114	199,035	
	Sharkninja Inc	1,400	149,295	116,774	
	Targa Resources Corp	1,150	177,616	230,541	
	Teck Resources Ltd	3,900	160,965	142,077	
	Texas Roadhouse Inc	1,050	96,079	174,962	
	TG Therapeutics, Inc.	1,750	60,166	69,003	
	Thermo Fisher Scientific	105	36,057	52,248	
	TJX Cos Inc	1,625	155,839	197,925	
	T-Mobile Us Inc Shs	950	133,467	253,375	
	Trade (The) Desk Inc	2,100	154,419	114,912	
	Travelers Cos Inc	835	152,786	220,824	
	UnitedHealth Group Inc	325	56,111	170,219	
	Vertex Pharmctls Inc	425	126,148	206,041	
	Vertiv Hldg Co	3,125	114,208	225,625	
	Vici Pptys Inc	6,400	208,737	208,768	
	WEC Energy Group Inc	1,750	145,629	190,715	
	Wells Fargo & Co	3,750	196,534	269,213	
	Welltower Inc	1,525	150,288	233,645	
	<b>Total Common Stocks</b>		<u>10,692,025</u>	<u>18,786,953</u>	
	<b>U.S Government Securities:</b>				
	GNM P004398M	539	5.00% 01/01/39	552	545
	GNM P546753X	4,403	5.00% 01/01/40	4,590	4,370
	GNM P587069X	244	6.00% 01/01/32	242	247
	GNM P604654X	725	6.00% 01/01/36	740	752
	GNM P605772X	439	4.50% 01/01/34	434	435

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)		(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>
		<u>Rate of Interest, Collateral</u>			
		<u>Par or Maturity Value</u>			
GNM P616009X		419	4.50% 01/01/33	411	415
GNM P617518X		206	5.50% 01/01/37	216	210
GNM P619189X		129	5.00% 01/01/35	129	129
GNM P656294X		5,244	5.00% 01/01/38	5,372	5,312
GNM P667428X		4,035	5.00% 01/01/39	4,233	4,087
GNM P673497X		465	5.00% 01/01/38	461	463
GNM P687827X		657	5.50% 01/01/38	652	678
GNM P688091X		471	5.00% 01/01/38	466	477
GNM P690950X		485	5.00% 01/01/38	468	483
GNM P690977X		1,232	5.50% 01/01/38	1,235	1,265
GNM P692304X		1,258	5.00% 01/01/39	1,308	1,266
GNM P692479X		1,319	5.00% 01/01/39	1,368	1,326
GNM P697452X		475	5.00% 01/01/38	481	477
GNM P698722X		612	5.00% 01/01/38	599	620
GNM P700356X		1,440	5.00% 01/01/39	1,480	1,448
GNM P701501X		1,754	5.00% 01/01/38	1,778	1,777
GNM P701781X		3,891	5.00% 01/01/39	3,989	3,941
GNM P710182X		567	5.00% 01/01/39	583	570
GNM P717749X		615	4.50% 01/01/39	650	601
GNM P720202X		6,429	4.50% 01/01/39	6,784	6,302
GNM P721203X		999	5.00% 01/01/39	1,108	1,004
GNM P724181X		993	5.00% 01/01/39	1,020	990
GNM P731674X		901	5.00% 01/01/40	957	904
GNM P741379X		413	4.50% 01/01/40	436	411
GNM P752362X		8,426	4.50% 01/01/40	8,974	8,254
GNM P769889X		881	4.50% 01/01/41	924	863
GNM P781811X		419	5.00% 01/01/34	422	426
GNM P781881X		328	5.00% 01/01/35	328	326
GNM P782200X		446	5.00% 01/01/37	443	452
GNM P782363X		1,002	5.50% 01/01/38	1,049	1,033
GNM P782472X		714	5.00% 01/01/38	736	717
GNM P782474X		1,879	5.50% 01/01/38	1,965	1,937
United States Treasury Bond		775,000	5.38% 02/15/31	988,195	829,583
United States Treasury Bond		195,000	4.50% 02/15/36	242,059	200,813
United States Treasury Bond		170,000	3.50% 02/15/39	174,383	155,006
United States Treasury Bond		125,000	4.38% 05/15/40	123,956	124,067
United States Treasury Bond		250,000	3.88% 08/15/40	319,775	233,780
United States Treasury Bond		100,000	4.25% 11/15/40	99,128	97,496
United States Treasury Bond		200,000	3.75% 08/15/41	188,750	182,296
United States Treasury Bond		775,000	3.13% 11/15/41	850,528	647,791
United States Treasury Bond		300,000	3.00% 05/15/42	297,022	244,323
United States Treasury Bond		255,000	2.75% 08/15/42	246,513	199,089
United States Treasury Bond		69,071	0.63% 02/15/43	68,717	53,100
United States Treasury Bond		375,000	2.88% 05/15/43	369,511	295,327
United States Treasury Bond		100,000	3.75% 11/15/43	89,807	89,281
United States Treasury Bond		250,000	3.63% 02/15/44	219,131	218,750
United States Treasury Bond		50,000	3.13% 08/15/44	41,441	40,328

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)		(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>
<u>Rate of Interest, Collateral</u>	<u>Par or Maturity Value</u>				
United States Treasury Bond		590,000	2.50% 02/15/45	596,153	425,378
United States Treasury Bond		100,000	2.50% 02/15/46	128,300	71,117
United States Treasury Bond		50,000	2.50% 05/15/46	49,390	35,433
United States Treasury Bond		345,000	2.25% 08/15/46	379,901	232,040
United States Treasury Bond		100,000	3.00% 05/15/47	74,925	76,828
United States Treasury Bond		350,000	3.13% 05/15/48	329,372	272,440
United States Treasury Bond		150,000	3.00% 08/15/48	151,409	113,901
United States Treasury Bond		875,000	3.38% 11/15/48	776,362	710,220
United States Treasury Bond		225,000	2.25% 08/15/49	242,016	145,143
United States Treasury Bond		200,000	2.00% 02/15/50	202,375	121,016
United States Treasury Bond		175,000	1.13% 05/15/40	177,756	110,735
United States Treasury Bond		150,000	1.38% 11/15/40	147,847	97,476
United States Treasury Bond		100,000	1.88% 02/15/41	98,675	70,156
United States Treasury Bond		100,000	1.75% 08/15/41	99,175	67,770
United States Treasury Bond		75,000	4.00% 11/15/42	68,558	67,638
United States Treasury Bond		100,000	4.00% 11/15/42	98,206	93,285
United States Treasury Bond		100,000	4.38% 08/15/43	92,738	97,453
United States Treasury Bond		100,000	4.50% 02/15/44	95,518	98,809
United States Treasury Bond		150,000	4.63% 05/15/44	148,339	150,486
United States Treasury Inflation Nte		275,000	2.75% 11/15/42	270,229	213,898
United States Treasury Inflation Nte		167,083	0.63% 01/15/26	153,619	166,975
United States Treasury Inflation Nte		164,351	0.38% 01/15/27	155,000	162,647
United States Treasury Note		150,000	0.63% 08/15/30	148,927	125,818
United States Treasury Note		100,000	0.25% 08/31/25	99,863	98,374
United States Treasury Note		100,000	0.50% 02/28/26	99,280	96,792
United States Treasury Note		250,000	0.75% 04/30/26	251,328	241,362
United States Treasury Note		211,937	0.13% 04/15/26	199,505	210,456
United States Treasury Note		250,000	1.25% 06/30/28	254,766	229,970
United States Treasury Note		100,000	1.00% 07/31/28	99,519	91,012
United States Treasury Note		650,000	1.25% 08/15/31	647,709	548,359
United States Treasury Note		50,000	2.38% 03/31/29	49,831	47,154
United States Treasury Note		700,000	2.63% 04/15/25	697,297	699,517
United States Treasury Note		940,000	2.88% 05/15/32	917,126	869,650
United States Treasury Note		250,000	2.75% 05/15/25	249,980	249,540
United States Treasury Note		250,000	2.75% 05/31/29	248,477	238,780
United States Treasury Note		200,000	2.88% 06/15/25	199,313	199,396
United States Treasury Note		650,000	3.25% 06/30/29	640,404	632,736
United States Treasury Note		450,000	3.25% 06/30/27	440,291	443,952
United States Treasury Note		250,000	2.75% 07/31/27	248,281	243,662
United States Treasury Note		200,000	3.13% 08/31/27	197,000	196,454
United States Treasury Note		450,000	3.88% 09/30/29	447,219	448,735
United States Treasury Note		525,000	4.13% 09/30/27	518,707	528,056
United States Treasury Note		250,000	4.25% 10/15/25	248,828	250,055
United States Treasury Note		250,000	4.00% 10/31/29	249,502	250,558
United States Treasury Note		550,000	4.13% 10/31/27	545,387	553,113
United States Treasury Note		1,200,000	4.13% 11/15/25	1,181,074	1,201,776
United States Treasury Note		200,000	4.50% 11/15/25	200,253	200,398

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)		(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>
<u>Rate of Interest, Collateral</u>	<u>Par or Maturity Value</u>				
United States Treasury Note		200,000	3.88% 11/30/29	199,250	199,390
United States Treasury Note		75,000	3.88% 11/30/27	74,722	74,968
United States Treasury Note		100,000	3.88% 12/31/27	100,081	99,977
United States Treasury Note		100,000	3.88% 01/15/26	99,976	99,834
United States Treasury Note		215,000	3.50% 01/31/28	215,408	212,749
United States Treasury Note		250,000	3.50% 02/15/33	250,469	239,473
United States Treasury Note		300,000	4.00% 02/29/28	299,156	300,879
United States Treasury Note		150,000	3.63% 03/31/30	149,277	147,698
United States Treasury Note		200,000	3.63% 03/31/28	196,719	198,546
United States Treasury Note		250,000	3.50% 04/30/50	249,351	244,630
United States Treasury Note		350,000	3.50% 04/30/28	348,633	345,968
United States Treasury Note		200,000	3.38% 04/15/33	195,219	189,446
United States Treasury Note		600,000	4.13% 07/31/28	596,018	604,242
United States Treasury Note		150,000	3.88% 08/15/33	146,909	147,012
United States Treasury Note		800,000	4.38% 08/31/28	798,081	811,720
United States Treasury Note		275,000	4.63% 09/30/28	274,515	281,402
United States Treasury Note		200,000	3.75% 12/31/28	198,156	198,820
United States Treasury Note		200,000	4.00% 01/31/29	200,125	200,546
United States Treasury Note		700,000	4.00% 02/15/34	691,609	690,487
United States Treasury Note		250,000	4.13% 03/31/31	248,555	251,240
United States Treasury Note		200,000	4.50% 05/15/27	199,031	202,376
United States Treasury Note		200,000	4.25% 06/30/29	199,063	202,438
United States Treasury Note		300,000	4.13% 11/30/31	299,063	300,948
United States Treasury Note		300,000	2.00% 08/15/25	299,989	297,456
United States Treasury Note		125,000	2.25% 11/15/25	124,152	123,560
United States Treasury Note		20,000	1.63% 02/15/26	20,350	19,573
United States Treasury Note		200,000	1.63% 05/15/26	198,469	194,758
United States Treasury Note		755,000	2.00% 11/15/26	745,350	732,116
United States Treasury Note		175,000	2.25% 02/15/27	174,795	169,757
United States Treasury Note		50,000	2.13% 05/15/25	48,433	49,864
United States Treasury Note		825,000	2.38% 05/15/27	794,208	799,384
United States Treasury Note		475,000	1.63% 08/15/29	477,197	431,804
United States Treasury Note		325,000	2.88% 07/31/25	323,888	323,469
United States Treasury Note		100,000	0.63% 05/15/30	100,800	84,606
United States Treasury Note		1,100,000	1.50% 02/15/30	1,162,651	981,277
United States Treasury Note		625,000	1.50% 08/15/26	601,628	604,469
United States Treasury Note		250,000	2.25% 08/15/27	248,194	240,773
United States Treasury Note		1,000,000	2.75% 02/15/28	983,916	969,380
United States Treasury Note		110,000	2.88% 05/15/28	109,248	106,704
United States Treasury Note		250,000	2.75% 08/31/25	249,091	248,472
United States Treasury Note		550,000	3.13% 11/15/28	543,623	535,475
United States Treasury Note		250,000	2.63% 12/31/25	248,652	247,220
United States Treasury Note		520,000	2.63% 02/15/29	518,177	496,033
<b>Total U.S. Government Securities</b>				<u>32,194,426</u>	<u>30,064,001</u>

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
<b>Corporate Bonds:</b>				
	Bristol-Myers Squibb Co	250,000 3.20% 06/15/26	249,503	247,063
	Eli Lilly & Co	100,000 5.50% 05/15/37	116,231	105,352
	Lockheed Martin Corp	75,000 4.07% 12/15/42	75,688	62,772
	Marriott International	400,000 5.00% 10/15/27	399,321	404,980
	McDonald's Corp	35,000 4.70% 12/09/35	37,899	33,922
	MetLife Inc	200,000 4.55% 03/23/30	189,563	200,226
	Microsoft Corp	100,000 3.50% 02/12/35	100,094	92,182
	National Rural Util Coop	50,000 4.02% 11/01/32	47,265	47,158
	T-Mobile USA Inc	200,000 5.20% 01/15/33	196,763	201,597
	United Technologies Corp	25,000 4.50% 06/01/42	26,400	21,990
	<b>Total Corporate Bonds</b>		<u>1,438,727</u>	<u>1,417,242</u>
	<b>Totals</b>		<u>\$ 44,547,481</u>	<u>\$ 50,490,499</u>

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS**  
**BENEFIT PLAN**

**FINANCIAL STATEMENTS**

**FOR THE YEARS ENDED**  
**MARCH 31, 2025 AND 2024**

**MSPC**  
Certified Public  
Accountants and Advisors, P.C.



**MOORE**

An independent firm associated with  
Moore Global Network Limited

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

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## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
Northern New Jersey Teamsters Benefit Plan  
North Haledon, New Jersey

### ***Opinion***

We have audited the financial statements of Northern New Jersey Teamsters Benefit 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 March 31, 2025 and 2024, 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 Northern New Jersey Teamsters Benefit Plan as of March 31, 2025, and 2024, 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 Northern New Jersey Teamsters Benefit 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 Northern New Jersey Teamsters Benefit 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 Northern New Jersey Teamsters Benefit 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 Northern New Jersey Teamsters Benefit 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 audits.

## ***Supplemental Schedules***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole.

In forming our opinion on the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) we evaluated whether this supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion, the information in this accompanying supplemental schedule is 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 is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink, appearing to read 'MSPC', is positioned above the printed name of the firm.

**MSPC**

Certified Public Accountants and Advisors,  
A Professional Corporation

Cranford, New Jersey  
January 9, 2026

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**

**Statements of Net Assets Available for Benefits**

	<b>March 31,</b>	
	<b><u>2025</u></b>	<b><u>2024</u></b>
<b>Assets:</b>		
<b>Investments at Fair Value:</b>		
Short-Term Investments	\$ 222,303	\$ 298,699
Common Stocks	18,786,953	20,713,682
U.S. Government Securities	30,064,001	25,003,781
Corporate Bonds	<u>1,417,242</u>	<u>1,103,268</u>
<b>Total Investments at Fair Value</b>	<u>50,490,499</u>	<u>47,119,430</u>
<b>Receivables:</b>		
Employers' Contributions	2,412,123	2,623,125
Accrued Interest and Dividends	255,789	211,385
Due from Related Party	--	4,008
Advance Deposits	<u>703,778</u>	<u>682,865</u>
<b>Total Receivables</b>	<u>3,371,690</u>	<u>3,521,383</u>
<b>Property and Equipment - Net</b>	<u>1,461,691</u>	<u>1,555,618</u>
<b>Right-of-Use Asset - Operating Lease</b>	<u>9,057</u>	<u>20,851</u>
<b>Other Assets:</b>		
Prepaid Expenses	--	57,200
Security Deposit	<u>6,895</u>	<u>3,256</u>
<b>Total Other Assets</b>	<u>6,895</u>	<u>60,456</u>
<b>Cash</b>	<u>729,600</u>	<u>889,221</u>
<b>Total Assets</b>	<u>56,069,432</u>	<u>53,166,959</u>
<b>Liabilities:</b>		
Accrued Expenses	256,009	206,322
Security Deposit Payable	6,813	3,213
Payroll Taxes Payable	18,231	13,706
Operating Lease Liability	<u>9,057</u>	<u>20,851</u>
<b>Total Liabilities</b>	<u>290,110</u>	<u>244,092</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 55,779,322</u>	<u>\$ 52,922,867</u>

See Accompanying Notes to Financial Statements.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**

**Statements of Changes in Net Assets Available for Benefits**

	<b>Years ended</b>	
	<b>March 31,</b>	
	<b>2 0 2 5</b>	<b>2 0 2 4</b>
<b>Additions to Net Assets Attributed to:</b>		
<b>Investment Income:</b>		
Net Appreciation in Fair Value of Investments	\$ 1,781,353	\$ 5,018,286
Interest and Dividends	1,134,563	926,166
Totals	2,915,916	5,944,452
Less: Investment Expenses	244,090	212,801
<b>Net Investment Income</b>	2,671,826	5,731,651
<b>Employers' Contributions</b>	33,858,169	32,908,188
<b>COBRA Contributions</b>	159,744	124,317
<b>Employers' Late Charges, Interest and Fees</b>	34,680	23,168
<b>Rental Income</b>	103,564	80,125
<b>Administration Fee Income - Related Funds</b>	243,852	238,632
<b>Miscellaneous Income</b>	27,782	28,521
<b>Total Additions - Forward</b>	37,099,617	39,134,602
<b>Deductions from Net Assets Attributed to:</b>		
<b>Benefits Paid Directly to Participants:</b>		
<b>Welfare Benefits:</b>		
Health	25,445,194	22,716,342
Prescriptions	3,013,517	3,718,999
Dental	981,205	1,023,753
Optical	205,361	216,713
Life and Group AD&D Insurance	208,057	213,382
<b>Total Welfare Benefits</b>	29,853,334	27,889,189
<b>Educational Benefits:</b>		
Scholarships	132,162	116,375
<b>Total Benefits Paid Directly to Participants - Forward</b>	29,985,496	28,005,564
<b>Administrative Expenses:</b>		
Salaries and Wages	956,951	950,332
Network Leasing and Claim Repricing Fees	807,550	861,794
Health Benefit Administrative Fees	589,718	664,301
Computer Programming Fees and Software	351,093	216,527
Benefit Plan Contributions	343,717	339,830
Pension Contributions	187,231	168,653
<b>Totals - Forward</b>	\$ 3,236,260	\$ 3,201,437

See Accompanying Notes to Financial Statements.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**

**Statements of Changes in Net Assets Available for Benefits**

	<b>Years ended</b>	
	<b>March 31,</b>	
	<b><u>2025</u></b>	<b><u>2024</u></b>
<b>Total Additions - Forwarded</b>	\$ 37,099,617	\$ 39,134,602
<b>Deductions from Net Assets Attributed to:</b>		
<b>Total Benefits Paid Directly to Participants - Forwarded</b>	<u>29,985,496</u>	<u>28,005,564</u>
<b>Administrative Expenses (Continued):</b>		
Totals - Forwarded	3,236,260	3,201,437
Office Expense	175,034	114,817
Accounting Fees	157,614	164,098
Insurance	112,086	78,129
Depreciation	105,431	105,654
Defined Contribution Plan	91,694	93,453
Payroll Taxes	88,924	96,300
Legal Fees	88,820	135,532
Building Maintenance	44,947	68,642
Real Estate Taxes	39,788	53,201
Conferences, Seminars and Trustee Expenses	38,249	58,727
Actuarial Fees	35,400	39,488
Utilities	20,617	18,803
Telephone	12,023	12,342
ACA - PCORI Fees	10,779	10,369
Professional Trustee Fees	--	8,000
Appraisal Fees	<u>--</u>	<u>13,845</u>
<b>Total Administrative Expenses</b>	<u>4,257,666</u>	<u>4,272,837</u>
<b>Total Deductions</b>	<u>34,243,162</u>	<u>32,278,401</u>
<b>Net Increase in Net Assets Available for Benefits</b>	2,856,455	6,856,201
<b>Net Assets Available for Benefits - Beginning of Years</b>	<u>52,922,867</u>	<u>46,066,666</u>
<b>Net Assets Available for Benefits - End of Years</b>	<u>\$ 55,779,322</u>	<u>\$ 52,922,867</u>

See Accompanying Notes to Financial Statements.

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

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### ***(1) Description of the Plan***

The following brief description of the Northern New Jersey Teamsters Benefit 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.

**General** - The name of the Plan was amended to Teamsters Local 11 Benefit Plan from Teamsters Local 11 Welfare Fund effective January 19, 1994 and was then amended to Northern New Jersey Teamsters Benefit Plan effective May 25, 1995. The Plan is a multiemployer, defined benefit health and welfare fund which was established in accordance with an agreement entered into between the employers and Teamsters Local 11. The Plan provides benefits to employees covered by collective bargaining agreements between Teamsters 11, 102, 814, 966 (collectively the "Union") and various employers. The Plan is administered by a Board of Trustees, comprised of union officials and management of certain employers covering eligible employees pursuant to a collective bargaining agreement between the Union and various employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions** - Contributing employers are required to make contributions to the Plan on behalf of each participant the amounts required by the applicable collective bargaining agreements in effect.

**Eligibility** - In general a participant becomes eligible for benefits after completing an initial probation period and a participating employer makes contributions as provided for in the collective bargaining agreements with the Union. For other eligibility, participants should refer to the summary plan description. Once obtaining eligibility, the employee will remain eligible based upon certain criteria as outlined in the corresponding collective bargaining agreements and/or summary plan description. Generally, benefits are not provided to retired members.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by COBRA, was adopted by the Plan.

**Benefits** - The Plan provides health benefits that includes (hospital, major medical, optical, dental, and prescription drugs), life insurance coverage, and death benefits. Effective January 1, 1982, the Plan created an Educational Fund to provide educational programs to assist members and their families.

### ***(2) Summary of Significant Accounting Policies***

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

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

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

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### ***(2) Summary of Significant Accounting Policies (Continued)***

***Use of Estimates*** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported ("IBNR"), eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

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

***Employer Contributions Receivable*** - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on an agreed upon hourly rate and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection. As of March 31, 2025 and 2024, the Plan did not record any credit loss allowance for employers' contributions receivable.

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

***Property and Equipment*** - Property and equipment employed in operations are recorded at cost and depreciation is computed using the straight-line method over the estimated useful life of the asset which range from 3 to 39 years. Gain or loss, if any, is recognized upon the disposal of property and equipment and the asset and related accumulated depreciation are removed from the accounts. The other affiliated funds of the Plan are charged for a portion of depreciation expense.

For the years ended March 31, 2025 and 2024, depreciation expenses were \$105,431 and \$105,654, respectively.

***Long-Lived Asset Impairment*** - The Plan reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence and other economic factors. For the years ended March 31, 2025 and 2024, the Plan recorded no impairment charges against the carrying value of other assets employed in operations.

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

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### *(2) Summary of Significant Accounting Policies (Continued)*

**Plan Benefit Obligations** - Plan obligations at March 31, 2025 and 2024, for claims incurred but not reported and claims payable by active participants at that date and for accumulated eligibility of participants are estimated by the Plan's actuary in accordance with accepted actuarial principles based on claim's experience.

**Payment of Benefits** - Benefit payments to or for participants are recorded when paid.

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

**Administrative Expenses** - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

**Subsequent Events** - The Plan has evaluated subsequent events through January 9, 2026, the date on which the financial statements were available to be issued.

### *(3) Benefit Obligations*

**Postretirement Benefits** - The amount reported as postretirement benefit obligations represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing plan assets. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

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

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

### ***(3) Benefit Obligations (Continued)***

Teamsters Local 814 Welfare Fund merged into the Plan effective June 1, 2010. Teamsters Local 814 Welfare Fund provided life insurance benefits for permanently disabled retirees. This postretirement benefit was available to disabled participants with at least 15 years of service and entitled to social security disability payments. The Plan continues to recognize this benefit, however, benefits are not provided to participants who retired after May 31, 2010.

The following were the significant assumptions used in the valuations as of March 31, 2024 and 2023.

Actuarial Method:	Projected Unit Credit
Discount Rate:	March 31, 2025 - 5.25%
	March 31, 2024 - 5.00%
Mortality:	March 31, 2025 - RP 2012 Blue Collar (Sex Distinct) using Scale MP-2021
	March 31, 2024 - RP 2012 Blue Collar (Sex Distinct) using Scale MP-2021
Trend:	March 31, 2025 - 0.00%
	March 31, 2024 - 0.00%
Administrative Expenses:	10% of Claim Cost

If the medical cost inflation assumption is increased by 1%, the benefit obligations would increase by \$-0- and \$-0- as of March 31, 2025 and 2024, respectively.

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

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

#### Benefit Obligations:

	<u>2025</u>	<u>March 31, 2024</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Health Claims Payable and Claims Incurred but not Reported	\$ 3,944,553	\$ 3,554,753
Other Obligations for Current Benefit Coverage, at Present		
Value of Estimated Amounts:		
Accumulated Eligibility Credits	<u>5,242,090</u>	<u>5,554,189</u>
Total Obligations Other Than Postretirement Benefit Obligations	9,186,643	9,108,942
Postretirement Benefit Obligations:		
Current Retirees, Spouses and Beneficiaries	<u>186,667</u>	<u>213,682</u>
<b><u>Total Benefit Obligations</u></b>	<b><u>\$ 9,373,310</u></b>	<b><u>\$ 9,322,624</u></b>

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**

**Notes to Financial Statements**

**(3) Benefit Obligations (Continued)**

Changes in Benefit Obligations:

	<u>Years ended</u>	
	<u>March 31,</u>	
	<u>2 0 2 5</u>	<u>2 0 2 4</u>
Amounts Currently Payable to or for Participants, Beneficiaries and Dependents:		
Balance - Beginning of Years	\$ 3,554,753	\$ 3,033,432
Claims Reported and Approved for Payment	30,243,134	28,410,510
Claims Paid	(29,853,334)	(27,889,189)
Balance - End of Years	3,944,553	3,554,753
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts:		
Balance - Beginning of Years	5,554,189	5,739,824
Net Change During Years	(312,099)	(185,635)
Balance - End of Years	5,242,090	5,554,189
Total Obligations Other Than Postretirement Benefit Obligation	9,186,643	9,108,942
Postretirement Benefit Obligations:		
Balance - Beginning of Years	213,682	241,639
Changes in Actuarial Assumptions	(3,125)	(19,855)
Passage of Time	10,157	8,666
Actual Experience Loss (Gain)	(14,768)	4,321
Benefits Paid During the Year	(19,279)	(21,089)
Balance - End of Years	186,667	213,682
<b><u>Total Benefit Obligations - End of Years</u></b>	<b>\$ 9,373,310</b>	<b>\$ 9,322,624</b>

The above figures were prepared by the Plan's consulting actuaries, and are based upon their latest actuarial valuation as of March 31, 2025. The actuarial assumptions and techniques are related primarily to participant data, and to reasonable expectations, represent an estimate of anticipated experience under the Plan. Actual results may differ from these assumptions.

**(4) 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 market 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 under FASB ASC 820 are described as follows:

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

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

### (4) Fair Value Measurements (Continued)

Level 2-Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2025 and 2024:

Short-Term Investments: Valued using amortized cost, which approximates fair value.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities (level 2). Those valued based upon quoted market prices are classified as level 1.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2025 and 2024:

	Assets at Fair Value as of March 31, 2025			
	Level 1	Level 2	Level 3	Total
Short-Term Investments	\$ 222,303	\$ --	\$ --	\$ 222,303
Common Stocks	18,786,953	--	--	18,786,953
U.S. Government Securities	30,008,486	55,515	--	30,064,001
Corporate Bonds	--	1,417,242	--	1,417,242
<b><u>Totals</u></b>	<b><u>\$ 49,017,742</u></b>	<b><u>\$ 1,472,757</u></b>	<b><u>\$ --</u></b>	<b><u>\$ 50,490,499</u></b>

## NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

### Notes to Financial Statements

#### (4) Fair Value Measurements (Continued)

	<u>Assets at Fair Value as of March 31, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Short-Term Investments	\$ 298,699	\$ --	\$ --	\$ 298,699
Common Stocks	20,713,682	--	--	20,713,682
U.S. Government Securities	24,938,246	65,535	--	25,003,781
Corporate Bonds	--	1,103,268	--	1,103,268
<b><u>Totals</u></b>	<b><u>\$ 45,950,627</u></b>	<b><u>\$ 1,168,803</u></b>	<b><u>\$ --</u></b>	<b><u>\$ 47,119,430</u></b>

**Transfers Between Levels** - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

#### (5) Property and Equipment

Property and equipment consist of the following at March 31, 2025 and 2024:

	<u>March 31,</u>		<u>Useful Life</u>
	<u>2025</u>	<u>2024</u>	
Land	\$ 307,258	\$ 307,258	
Building	876,917	876,917	39 Years
Building Improvements	1,666,720	1,657,518	15-39 Years
Computer Software	402,522	402,522	3 Years
Office Furniture, Fixtures and Equipment	869,340	867,038	5 Years
Totals	4,122,757	4,111,253	
Less: Accumulated Depreciation	<u>(2,661,066)</u>	<u>(2,555,635)</u>	
<b><u>Property and Equipment - Net</u></b>	<b><u>\$ 1,461,691</u></b>	<b><u>\$ 1,555,618</u></b>	

#### (6) Lease Obligations

The Plan has several office equipment lease agreements with third-parties which provide for minimum rental payments through lease terms expiring through June 30, 2026. There are no variable lease payments required by the provisions of the lease agreement.

Because the initial term of these leases are greater than a year, the Plan records the related right-of-use assets and liabilities at the present value of the lease payments to be paid over the life of the related lease. The present value of lease payments is calculated by utilizing the discount rate stated in the lease when readily determinable.

Because the Plan does not have access to the rate implicit in the leases, the Plan utilizes the risk free interest rate as the discount rate. The weighted average discount rate for the leases was 2.72%. In determining that rate, the Plan considers prevailing economic conditions at the commencement date and factors such as credit risk, term of lease and options, and the effect of collateralization based on the nature of and quality of the underlying asset. The weighted average remaining lease term in years for the leases was 1.72.

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

### ***(6) Lease Obligations (Continued)***

At March 31, 2025, the Plan's future minimum lease payments under the leases reconciled to the lease liability is as follows:

<u>Years ending</u> <u>March 31,</u>	<u>Copier</u>	<u>Postage</u> <u>Machines</u>	<u>Total</u>
2026	\$ 5,940	\$ 1,823	\$ 7,763
2027	<u>1,485</u>	<u>--</u>	<u>1,485</u>
Total Lease Payments	7,425	1,823	9,248
Less: Imputed interest	<u>(189)</u>	<u>(2)</u>	<u>(191)</u>
<b><u>Total Operating Lease Liabilities</u></b>	<b><u>\$ 7,236</u></b>	<b><u>\$ 1,821</u></b>	<b><u>\$ 9,057</u></b>

The amount of recognized rent expense associated with the leases amounted to \$15,442 and \$5,927 for the years ended March 31, 2025 and 2024, respectively and is included in office expenses on the schedules of administrative expenses.

### ***(7) Transactions with Parties-in-Interest and Related Parties***

The Plan shares with Teamsters Local Pension Fund bookkeeping, clerical and other related administrative expenses. The Teamsters Local 11 Pension Fund also paid rent to the Plan. These reimbursements from Teamsters Local 11 Pension Fund totaled \$161,696 and \$170,395 for the years ended March 31, 2025 and 2024, respectively. As of March 31, 2025 and 2024, the Plan was owed \$-0- and \$4,008 from affiliated funds.

The Plan remits contributions to Teamsters Local 11 Pension Fund on behalf of its employees. Teamsters Local Union No. 11 remits contributions on behalf of its employees to the Plan and Teamsters Local 11 Pension Fund.

The Plan leased office space to affiliated funds and unrelated parties on a month to month basis. Rental income for the years ended March 31, 2025 and 2024 were as follows:

	<u>March 31,</u> <u>2025</u>	<u>2024</u>
Teamsters Local 11 Pension Fund	\$ 17,880	\$ 17,880
Teamsters Local Union No. 11	33,709	35,310
Kaplan & Kaplan Law Office	20,475	19,735
Blooming Buddies	<u>31,500</u>	<u>7,200</u>
<b><u>Total Rental Income</u></b>	<b><u>\$ 103,564</u></b>	<b><u>\$ 80,125</u></b>

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

### ***(7) Transactions with Parties-in-Interest and Related Parties (Continued)***

The Plan serves as a third party administrator for Teamsters Local 814 Pension Fund, Teamsters Local 814 Annuity Fund, and Teamsters Local 814 Moving and Storage Industry Promotion Fund for which the Plan receives a monthly administration fee of \$20,321. Total administration fees received for the years ended March 31, 2025 and 2024 were as follows:

	March 31,	
	2025	2024
Teamsters Local 814 Annuity Fund	\$ 97,142	\$ 95,028
Teamsters Local 814 Pension Fund	141,804	138,708
Teamsters Local 814 Moving and Storage Industry Promotion Fund	4,896	4,896
<b><u>Total Administration Fees Income</u></b>	<b>\$ 243,842</b>	<b>\$ 238,632</b>

Contributions to related benefit plans within administrative expenses during the years ended March 31, 2025 and 2024 consists of the following:

	March 31,	
	2025	2024
Northern New Jersey Teamsters Benefit Plan	\$ 343,717	\$ 339,830
Teamsters Local 11 Pension Fund	187,231	168,653
Northern New Jersey Teamsters Benefit Plan Defined Contribution Fund	91,694	93,453
<b><u>Totals</u></b>	<b>\$ 622,642</b>	<b>\$ 601,936</b>

### ***(8) Commitments***

The Plan has a contract with Horizon Blue Cross Blue Shield of New Jersey (the "Administrator") for monthly administrative services, with a term period of September 1, 2022 through August 31, 2025. Fees are paid to the Administrator on a monthly basis at a rate of \$35.52 for each medical claims and \$3.49 for each dental claims for fiscal 2025 and 2024. Fees paid to the Administrator during the years ended March 31, 2025 and 2024 amounted to \$589,718 and \$664,301, respectively.

The administrator requires advance deposits of \$703,778 and \$682,865 at March 31, 2025 and 2024 as a working capital account which medical and dental claims are paid. These accounts are replenished each month and are reflected as advanced deposits on the statement of net assets available for benefits.

# NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

## Notes to Financial Statements

### ***(9) Multiemployer Pension Plans***

The Plan participated in a Multiemployer Pension Plan (the "Plan") as outlined in the table below. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number of these Plans. The Pension Protection Act (PPA) zone is based on information that is certified by the Plan's actuary. Among other factors, plans in the red zone (critical) are generally less than 65 percent funded, plans in the yellow zone (endangered) are less than 80 percent funded, and plans in the green zone (neither critical or endangered) are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. There is no collective bargaining agreement associated with the Plan's participation in these plans.

<u>Pension Fund</u>	<u>EIN/Pension Plan Number</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending/Implemented</u>	<u>Contributions for Year Ended March 31,</u>		<u>Surcharge Imposed</u>
		<u>2025</u>	<u>2024</u>		<u>2025</u>	<u>2024</u>	
Teamsters Local 11 Pension Fund	22-6172223-001	Red	Red	Implemented	\$ 187,231	\$ 168,653	No

### ***(10) Tax Status***

The Plan obtained its latest determination letter on September 19, 1986 in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

### ***(11) Plan Termination***

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

### ***(12) Significant Participating Employer***

For the years ended March 31, 2025 and 2024, contributions from one employer represented 11% and 11% of total employers' contributions, respectively. In the event this employer was to suspend contributions, the Plan would retain the risk of meeting its current obligations until the appropriate adjustments were made.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**

**Notes to Financial Statements**

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***(13) Risks and Uncertainties***

***Credit Risk*** - Cash balances consist of monies held in non-interest-bearing transaction accounts. The Plan places its cash with a financial institution deemed to be creditworthy. Cash account balances are insured by the FDIC up to \$250,000. At March 31, 2025 and 2024, the Plan's cash exceeded federally insured limits by approximately \$599,000 and \$774,000, respectively.

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

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

***(14) Reconciliation of Financial Statements to Form 5500***

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

	<u>March 31,</u> <u>2 0 2 5</u>	<u>2 0 2 4</u>
Net Assets Available for Benefits per the Financial Statements	\$ 55,779,322	\$ 52,922,867
Less: Benefit Obligations Currently Payable	<u>(3,944,553)</u>	<u>(3,554,753)</u>
<b><u>Net Assets Available for Benefits per the Form 5500</u></b>	<b><u>\$ 51,834,769</u></b>	<b><u>\$ 49,368,114</u></b>

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

	<u>March 31,</u> <u>2 0 2 5</u>
Benefits Paid to Participants per the Financial Statements	\$ 29,853,334
Add: Amounts Currently Payable at March 31, 2025	3,944,553
Less: Amounts Currently Payable at March 31, 2024	<u>(3,554,753)</u>
<b><u>Benefits Paid to Participants per the Form 5500</u></b>	<b><u>\$ 30,243,134</u></b>

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**SUPPLEMENTARY INFORMATION**

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d)  <u>Cost</u>	(e)  <u>Current Value</u>	
<b>Short-Term Investments:</b>					
	Money Market Savings Account	222,303	3.84%	\$ 222,303	\$ 222,303
<b>Common Stocks:</b>					
	3M Company	1,250		143,615	183,575
	AbbVie Inc	525		100,292	109,998
	Alkami Tech Inc	7,600		237,471	199,500
	Alphabet Inc	4,500		216,603	695,880
	Amazon Com Inc	3,475		280,530	661,154
	Amer Express Company	875		154,138	235,419
	Ameren Corp	1,650		103,333	165,660
	Amgen Inc	400		115,323	124,620
	Apple Inc	4,675		188,428	1,038,458
	Applovin Corp Com	1,300		70,211	344,461
	Arch Capital Grp Ltd	2,200		140,860	211,596
	Arista Networks Inc	3,375		111,694	261,495
	AutoZone Inc	50		108,052	190,639
	Bank Of America Corp	5,625		144,172	234,731
	Bellring Brands Inc	2,825		162,306	210,350
	Berkshire Hathaway Inc	525		106,479	279,605
	Blackrock Inc	205		106,616	194,028
	Boston Scientific Corp	2,275		161,693	229,502
	Bristol-Myers Squibb Co	2,700		157,000	164,673
	Broadcom Inc	1,600		89,369	267,888
	Caterpillar Inc Del	290		102,664	95,642
	Chart Inds Inc	1,000		199,093	144,360
	Coca Cola	2,850		189,725	204,117
	Colgate Palmolive	1,810		181,963	169,597
	ConocoPhillips	1,800		139,287	189,036
	Corcept Therapeutics Inc	1,665		90,104	190,176
	Costco Wholesale	225		35,686	212,801
	DraftKings Inc	2,675		111,756	88,837
	Eli Lilly & Co	395		79,867	326,234
	Encompass Health Corp	875		86,467	88,620
	Entergy Corp	2,150		112,184	183,804
	Evercore Inc	900		162,133	179,748
	Exxon Mobil Corp	2,600		208,946	309,218
	Ge Healthcare Technologies Inc	2,000		156,081	161,420
	Home Depot Inc	425		87,724	155,758
	Howmet Aerospace Inc	2,825		108,668	366,487
	Itron Inc	1,500		106,928	157,140
	JPMorgan Chase & Co	1,250		75,927	306,625
	Kyndryl Holdings Inc	4,475		173,124	140,515
	Lam Resh Corp	2,250		71,920	163,575
	Leidos Holdings Inc Shs	1,175		129,984	158,555
	Liberty Media Corp	2,650		185,747	238,527
	Life Time Group Hldgs	6,625		128,297	200,075

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)	(d)	(e)	
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
	Linde Plc	125	57,879	58,205	
	Marriott Intl Inc	500	86,865	119,100	
	Marvell Tech Inc	2,100	149,663	129,297	
	Mastercard Inc	415	32,785	227,470	
	McKesson Corporation	295	85,565	198,532	
	Meta Platforms Inc	910	230,200	524,488	
	MetLife Inc	1,892	125,673	151,909	
	Micron Technology Inc	2,175	163,943	188,986	
	Microsoft Corp	2,325	138,327	872,782	
	Nasdaq Omx Grp Inc	3,100	170,907	235,166	
	Nucor Corporation	1,000	66,432	120,340	
	Nvidia	8,915	138,321	966,208	
	Ny Times Co	2,300	121,217	114,080	
	Palo Alto Networks Inc	1,250	107,967	213,300	
	Post Holdings Inc	1,675	192,075	194,903	
	Procter & Gamble Co	1,150	135,360	195,983	
	Quanta Services Inc	850	88,206	216,053	
	Regeneron Pharmactcls	165	101,640	104,648	
	RTX Corp	1,480	189,733	196,041	
	Sarepta Therapeutics Inc	775	101,349	49,461	
	ServiceNow Inc	250	111,114	199,035	
	Sharkninja Inc	1,400	149,295	116,774	
	Targa Resources Corp	1,150	177,616	230,541	
	Teck Resources Ltd	3,900	160,965	142,077	
	Texas Roadhouse Inc	1,050	96,079	174,962	
	TG Therapeutics, Inc.	1,750	60,166	69,003	
	Thermo Fisher Scientific	105	36,057	52,248	
	TJX Cos Inc	1,625	155,839	197,925	
	T-Mobile Us Inc Shs	950	133,467	253,375	
	Trade (The) Desk Inc	2,100	154,419	114,912	
	Travelers Cos Inc	835	152,786	220,824	
	UnitedHealth Group Inc	325	56,111	170,219	
	Vertex Pharmctls Inc	425	126,148	206,041	
	Vertiv Hldg Co	3,125	114,208	225,625	
	Vici Pptys Inc	6,400	208,737	208,768	
	WEC Energy Group Inc	1,750	145,629	190,715	
	Wells Fargo & Co	3,750	196,534	269,213	
	Welltower Inc	1,525	150,288	233,645	
	<b>Total Common Stocks</b>		<u>10,692,025</u>	<u>18,786,953</u>	
	<b>U.S Government Securities:</b>				
	GNM P004398M	539	5.00% 01/01/39	552	545
	GNM P546753X	4,403	5.00% 01/01/40	4,590	4,370
	GNM P587069X	244	6.00% 01/01/32	242	247
	GNM P604654X	725	6.00% 01/01/36	740	752
	GNM P605772X	439	4.50% 01/01/34	434	435

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>	<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>		<u>Value</u>
		<u>Rate of Interest, Collateral</u>		
		<u>Par or Maturity Value</u>		
GNM P616009X		419 4.50% 01/01/33	411	415
GNM P617518X		206 5.50% 01/01/37	216	210
GNM P619189X		129 5.00% 01/01/35	129	129
GNM P656294X		5,244 5.00% 01/01/38	5,372	5,312
GNM P667428X		4,035 5.00% 01/01/39	4,233	4,087
GNM P673497X		465 5.00% 01/01/38	461	463
GNM P687827X		657 5.50% 01/01/38	652	678
GNM P688091X		471 5.00% 01/01/38	466	477
GNM P690950X		485 5.00% 01/01/38	468	483
GNM P690977X		1,232 5.50% 01/01/38	1,235	1,265
GNM P692304X		1,258 5.00% 01/01/39	1,308	1,266
GNM P692479X		1,319 5.00% 01/01/39	1,368	1,326
GNM P697452X		475 5.00% 01/01/38	481	477
GNM P698722X		612 5.00% 01/01/38	599	620
GNM P700356X		1,440 5.00% 01/01/39	1,480	1,448
GNM P701501X		1,754 5.00% 01/01/38	1,778	1,777
GNM P701781X		3,891 5.00% 01/01/39	3,989	3,941
GNM P710182X		567 5.00% 01/01/39	583	570
GNM P717749X		615 4.50% 01/01/39	650	601
GNM P720202X		6,429 4.50% 01/01/39	6,784	6,302
GNM P721203X		999 5.00% 01/01/39	1,108	1,004
GNM P724181X		993 5.00% 01/01/39	1,020	990
GNM P731674X		901 5.00% 01/01/40	957	904
GNM P741379X		413 4.50% 01/01/40	436	411
GNM P752362X		8,426 4.50% 01/01/40	8,974	8,254
GNM P769889X		881 4.50% 01/01/41	924	863
GNM P781811X		419 5.00% 01/01/34	422	426
GNM P781881X		328 5.00% 01/01/35	328	326
GNM P782200X		446 5.00% 01/01/37	443	452
GNM P782363X		1,002 5.50% 01/01/38	1,049	1,033
GNM P782472X		714 5.00% 01/01/38	736	717
GNM P782474X		1,879 5.50% 01/01/38	1,965	1,937
United States Treasury Bond		775,000 5.38% 02/15/31	988,195	829,583
United States Treasury Bond		195,000 4.50% 02/15/36	242,059	200,813
United States Treasury Bond		170,000 3.50% 02/15/39	174,383	155,006
United States Treasury Bond		125,000 4.38% 05/15/40	123,956	124,067
United States Treasury Bond		250,000 3.88% 08/15/40	319,775	233,780
United States Treasury Bond		100,000 4.25% 11/15/40	99,128	97,496
United States Treasury Bond		200,000 3.75% 08/15/41	188,750	182,296
United States Treasury Bond		775,000 3.13% 11/15/41	850,528	647,791
United States Treasury Bond		300,000 3.00% 05/15/42	297,022	244,323
United States Treasury Bond		255,000 2.75% 08/15/42	246,513	199,089
United States Treasury Bond		69,071 0.63% 02/15/43	68,717	53,100
United States Treasury Bond		375,000 2.88% 05/15/43	369,511	295,327
United States Treasury Bond		100,000 3.75% 11/15/43	89,807	89,281
United States Treasury Bond		250,000 3.63% 02/15/44	219,131	218,750
United States Treasury Bond		50,000 3.13% 08/15/44	41,441	40,328

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)		(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>
<u>Rate of Interest, Collateral</u>	<u>Par or Maturity Value</u>				
United States Treasury Bond		590,000	2.50% 02/15/45	596,153	425,378
United States Treasury Bond		100,000	2.50% 02/15/46	128,300	71,117
United States Treasury Bond		50,000	2.50% 05/15/46	49,390	35,433
United States Treasury Bond		345,000	2.25% 08/15/46	379,901	232,040
United States Treasury Bond		100,000	3.00% 05/15/47	74,925	76,828
United States Treasury Bond		350,000	3.13% 05/15/48	329,372	272,440
United States Treasury Bond		150,000	3.00% 08/15/48	151,409	113,901
United States Treasury Bond		875,000	3.38% 11/15/48	776,362	710,220
United States Treasury Bond		225,000	2.25% 08/15/49	242,016	145,143
United States Treasury Bond		200,000	2.00% 02/15/50	202,375	121,016
United States Treasury Bond		175,000	1.13% 05/15/40	177,756	110,735
United States Treasury Bond		150,000	1.38% 11/15/40	147,847	97,476
United States Treasury Bond		100,000	1.88% 02/15/41	98,675	70,156
United States Treasury Bond		100,000	1.75% 08/15/41	99,175	67,770
United States Treasury Bond		75,000	4.00% 11/15/42	68,558	67,638
United States Treasury Bond		100,000	4.00% 11/15/42	98,206	93,285
United States Treasury Bond		100,000	4.38% 08/15/43	92,738	97,453
United States Treasury Bond		100,000	4.50% 02/15/44	95,518	98,809
United States Treasury Bond		150,000	4.63% 05/15/44	148,339	150,486
United States Treasury Inflation Nte		275,000	2.75% 11/15/42	270,229	213,898
United States Treasury Inflation Nte		167,083	0.63% 01/15/26	153,619	166,975
United States Treasury Inflation Nte		164,351	0.38% 01/15/27	155,000	162,647
United States Treasury Note		150,000	0.63% 08/15/30	148,927	125,818
United States Treasury Note		100,000	0.25% 08/31/25	99,863	98,374
United States Treasury Note		100,000	0.50% 02/28/26	99,280	96,792
United States Treasury Note		250,000	0.75% 04/30/26	251,328	241,362
United States Treasury Note		211,937	0.13% 04/15/26	199,505	210,456
United States Treasury Note		250,000	1.25% 06/30/28	254,766	229,970
United States Treasury Note		100,000	1.00% 07/31/28	99,519	91,012
United States Treasury Note		650,000	1.25% 08/15/31	647,709	548,359
United States Treasury Note		50,000	2.38% 03/31/29	49,831	47,154
United States Treasury Note		700,000	2.63% 04/15/25	697,297	699,517
United States Treasury Note		940,000	2.88% 05/15/32	917,126	869,650
United States Treasury Note		250,000	2.75% 05/15/25	249,980	249,540
United States Treasury Note		250,000	2.75% 05/31/29	248,477	238,780
United States Treasury Note		200,000	2.88% 06/15/25	199,313	199,396
United States Treasury Note		650,000	3.25% 06/30/29	640,404	632,736
United States Treasury Note		450,000	3.25% 06/30/27	440,291	443,952
United States Treasury Note		250,000	2.75% 07/31/27	248,281	243,662
United States Treasury Note		200,000	3.13% 08/31/27	197,000	196,454
United States Treasury Note		450,000	3.88% 09/30/29	447,219	448,735
United States Treasury Note		525,000	4.13% 09/30/27	518,707	528,056
United States Treasury Note		250,000	4.25% 10/15/25	248,828	250,055
United States Treasury Note		250,000	4.00% 10/31/29	249,502	250,558
United States Treasury Note		550,000	4.13% 10/31/27	545,387	553,113
United States Treasury Note		1,200,000	4.13% 11/15/25	1,181,074	1,201,776
United States Treasury Note		200,000	4.50% 11/15/25	200,253	200,398

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)			(d)	(e)
<u>Identity of Issue,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
United States Treasury Note		200,000	3.88%	11/30/29	199,250	199,390
United States Treasury Note		75,000	3.88%	11/30/27	74,722	74,968
United States Treasury Note		100,000	3.88%	12/31/27	100,081	99,977
United States Treasury Note		100,000	3.88%	01/15/26	99,976	99,834
United States Treasury Note		215,000	3.50%	01/31/28	215,408	212,749
United States Treasury Note		250,000	3.50%	02/15/33	250,469	239,473
United States Treasury Note		300,000	4.00%	02/29/28	299,156	300,879
United States Treasury Note		150,000	3.63%	03/31/30	149,277	147,698
United States Treasury Note		200,000	3.63%	03/31/28	196,719	198,546
United States Treasury Note		250,000	3.50%	04/30/50	249,351	244,630
United States Treasury Note		350,000	3.50%	04/30/28	348,633	345,968
United States Treasury Note		200,000	3.38%	04/15/33	195,219	189,446
United States Treasury Note		600,000	4.13%	07/31/28	596,018	604,242
United States Treasury Note		150,000	3.88%	08/15/33	146,909	147,012
United States Treasury Note		800,000	4.38%	08/31/28	798,081	811,720
United States Treasury Note		275,000	4.63%	09/30/28	274,515	281,402
United States Treasury Note		200,000	3.75%	12/31/28	198,156	198,820
United States Treasury Note		200,000	4.00%	01/31/29	200,125	200,546
United States Treasury Note		700,000	4.00%	02/15/34	691,609	690,487
United States Treasury Note		250,000	4.13%	03/31/31	248,555	251,240
United States Treasury Note		200,000	4.50%	05/15/27	199,031	202,376
United States Treasury Note		200,000	4.25%	06/30/29	199,063	202,438
United States Treasury Note		300,000	4.13%	11/30/31	299,063	300,948
United States Treasury Note		300,000	2.00%	08/15/25	299,989	297,456
United States Treasury Note		125,000	2.25%	11/15/25	124,152	123,560
United States Treasury Note		20,000	1.63%	02/15/26	20,350	19,573
United States Treasury Note		200,000	1.63%	05/15/26	198,469	194,758
United States Treasury Note		755,000	2.00%	11/15/26	745,350	732,116
United States Treasury Note		175,000	2.25%	02/15/27	174,795	169,757
United States Treasury Note		50,000	2.13%	05/15/25	48,433	49,864
United States Treasury Note		825,000	2.38%	05/15/27	794,208	799,384
United States Treasury Note		475,000	1.63%	08/15/29	477,197	431,804
United States Treasury Note		325,000	2.88%	07/31/25	323,888	323,469
United States Treasury Note		100,000	0.63%	05/15/30	100,800	84,606
United States Treasury Note		1,100,000	1.50%	02/15/30	1,162,651	981,277
United States Treasury Note		625,000	1.50%	08/15/26	601,628	604,469
United States Treasury Note		250,000	2.25%	08/15/27	248,194	240,773
United States Treasury Note		1,000,000	2.75%	02/15/28	983,916	969,380
United States Treasury Note		110,000	2.88%	05/15/28	109,248	106,704
United States Treasury Note		250,000	2.75%	08/31/25	249,091	248,472
United States Treasury Note		550,000	3.13%	11/15/28	543,623	535,475
United States Treasury Note		250,000	2.63%	12/31/25	248,652	247,220
United States Treasury Note		520,000	2.63%	02/15/29	518,177	496,033
<b>Total U.S. Government Securities</b>					<u>32,194,426</u>	<u>30,064,001</u>

See Independent Auditors' Report.

**NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN**  
**EIN #22-6082349 PLAN NO. 501**  
**PLAN YEAR ENDED MARCH 31, 2025**

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
<b>Corporate Bonds:</b>				
	Bristol-Myers Squibb Co	250,000 3.20% 06/15/26	249,503	247,063
	Eli Lilly & Co	100,000 5.50% 05/15/37	116,231	105,352
	Lockheed Martin Corp	75,000 4.07% 12/15/42	75,688	62,772
	Marriott International	400,000 5.00% 10/15/27	399,321	404,980
	McDonald's Corp	35,000 4.70% 12/09/35	37,899	33,922
	MetLife Inc	200,000 4.55% 03/23/30	189,563	200,226
	Microsoft Corp	100,000 3.50% 02/12/35	100,094	92,182
	National Rural Util Coop	50,000 4.02% 11/01/32	47,265	47,158
	T-Mobile USA Inc	200,000 5.20% 01/15/33	196,763	201,597
	United Technologies Corp	25,000 4.50% 06/01/42	26,400	21,990
	<b>Total Corporate Bonds</b>		<u>1,438,727</u>	<u>1,417,242</u>
	<b>Totals</b>		<u>\$ 44,547,481</u>	<u>\$ 50,490,499</u>

See Independent Auditors' Report.

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **04/01/2024** and ending **03/31/2025**

- 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

<b>1a</b> Name of plan NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN	<b>1b</b> Three-digit plan number (PN) ► 501
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS B  810 BELMONT AVENUE, SUITE 100  NORTH HALEDON NJ 07508-2396	<b>1c</b> Effective date of plan 09/19/1968  <b>2b</b> Employer Identification Number (EIN) 22-6082349  <b>2c</b> Plan Sponsor's telephone number 973-423-4565  <b>2d</b> Business code (see instructions) 525100

**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.

<b>SIGN HERE</b>			MICHAEL CURCIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>R Lamantia</i>	1/8/24	RICK LAMANTIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210 - 0110  
1210 - 0099

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

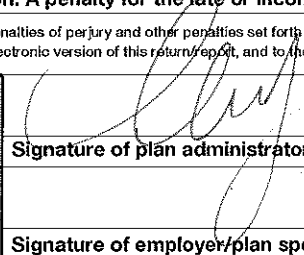
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_  
 the first return/report  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**

<b>1a</b> Name of plan NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan	09/19/1968
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - NORTHERN NEW JERSEY TEAMSTERS B  810 BELMONT AVENUE, SUITE 100  NORTH HALEDON NJ 07508-2396	<b>2b</b> Employer Identification Number (EIN)	22-6082349
	<b>2c</b> Plan Sponsor's telephone number	973-423-4565
	<b>2d</b> Business code (see instructions)	525100

**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.

<b>SIGN HERE</b>		1/8/2025	MICHAEL CURCIO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			RICK LAMANTIA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311