

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of 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		
1a Name of plan <u>LOCAL 1205 PENSION FUND</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
1c Effective date of plan <u>01/01/1954</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND</u> <u>246 CONKLIN STREET</u> <u>FARMINGDALE, NY 11735</u> <u>246 CONKLIN STREET</u> <u>FARMINGDALE, NY 11735</u>	2b Employer Identification Number (EIN) <u>11-1880353</u>	2c Plan Sponsor's telephone number <u>516-501-1205</u>
2d Business code (see instructions) <u>444190</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	DAN DECROTIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	TOM CARBERRY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1523
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 689
a(2) Total number of active participants at the end of the plan year		6a(2) 687
b Retired or separated participants receiving benefits		6b 498
c Other retired or separated participants entitled to future benefits.....		6c 363
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1548
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 102
f Total. Add lines 6d and 6e		6f 1650
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7 39
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LOCAL 1205 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353	

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.
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1 Coverage Information:

(a) Name of insurance carrier PRINCIPAL 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
42-0127290	61271	619725	0	01/01/2022	12/31/2022

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.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

(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	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	12136613

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..... Specify nature of costs ▶	6d	

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan LOCAL 1205 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353

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

1a Enter the valuation date: Month 01 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 248857677
(2) Actuarial value of assets for funding standard account	1b(2) 220287264
c (1) Accrued liability for plan using immediate gain methods	1c(1) 182741732
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 168795541
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 345567861
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 11467421
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 8528024
(3) Expected plan disbursements for the plan year	1d(3) 9043024

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

SIGN HERE	10/04/2023
Signature of actuary JONATHAN SCARPA, FSA, MAAA	Date 23-08268
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 333 WEST 34TH STREET, NEW YORK, NY 10001-2402	Telephone number (including area code)
Address of the firm	

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

a Current value of assets (see instructions)		2a	248857677
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....		458	111718667
(2) For terminated vested participants		382	78197061
(3) For active participants:			
(a) Non-vested benefits			10362562
(b) Vested benefits			145289571
(c) Total active		560	155652133
(4) Total		1400	345567861
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	%

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
07/15/2022	4871104						
			Totals ►	3(b)	4871104	3(c)	

0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	130.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.22 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	12.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	15.9 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	496562
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	161358	16557
1	-13282821	-1362974
4	-174300	-17885

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	3477915

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	37183818	4550809
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 562011**e** Total charges. Add lines 9a through 9d.....**9e** 8590735**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 33241880**g** Employer contributions. Total from column (b) of line 3.....**9g** 4871104**h** Amortization credits as of valuation date.....

Outstanding balance

9h 41487470 5921187**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 2897696**j** Full funding limitation (FFL) and credits:

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

9j(1)	0	
9j(2)	94373130	
9j(3)		

k (1) Waived funding deficiency.....**9k(1)****(2)** Other credits.....**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 46931867**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 38341132**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LOCAL 1205 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353	

Part I	Service Provider Information (see instructions)
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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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEUBERGER BERMAN INV ADVISERS LLC
02-0654486

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBAL TRUST COMPANY
26-3761443

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO TRUST COMPANY
46-3793325

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

BOYD WATTERSON ASSET MANAGEMENT

34-1922005

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

BLACKROCK INVESTMENTS, LLC

55 EAST 52 STREET
NEW YORK, NY 10055

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

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

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

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

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

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

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)

ULLICO INVESTMENT ADVISORS

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	195290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRESCENT CAPITAL COLLECTIVE INVEST.

26-3761443

(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 50	NONE	96024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL COMPANY (EASTERN STATES),INC

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	92524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIANA PUGLISI

11-1880353

(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	51467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TINA NARDI

11-1880353

(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	41441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROTHMAN ROCCO LARUFFA

47-5401457

(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	39584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED BANK

13-4920330

(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 28 51 52	NONE	32587	Yes ☒ No ☐	Yes ☒ No ☐	1057	Yes ☐ No ☒

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

INNOVATIVE SOFTWARE SOLUTIONS, INC.

23-2180279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	32213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

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	AUDITOR	29976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARIA DIMARIA

11-1880353

(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	EMPLOYEE	28818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

(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 50	NONE	24697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEARBRIDGE INVESTMENTS, LLC

01-0846058

(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	20553	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

REYNOLDS CONSULTING SERVICE, LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	17215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	NONE	13338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GETTRY MARCUS CPA, PC

13-3418879

(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	10136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UNION LABOR SYSTEMS

360 EAST PARK AVENUE
LONG BEACH, NY 11561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	5938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LOCAL 1205 PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND		
D Employer Identification Number (EIN) 11-1880353		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SA-PG12		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE CO.		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12136613
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 13-4920330-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42764507
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 1000 GROWTH FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 42-2032992-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27555364
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 1000 VALUE FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 46-2026448-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34276340
a Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL TR. II (UNLEVERED)		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 32-6471303-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7612772
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL SELECT EQUITY		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 20-2583973-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2752336
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 400 INDEX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 14-4920330-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2793713

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD**b** Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.**c** EIN-PN 90-0622302-001**d** Entity code E**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11577716**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

<b style="font-size: 1.2em;">SCHEDULE H <b style="font-size: 1.1em;">(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b style="font-size: 1.2em;">Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <b style="font-size: 1.2em;">2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LOCAL 1205 PENSION FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND</u>	D Employer Identification Number (EIN) <u>11-1880353</u>	

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets		(a) Beginning of Year	(b) End of Year
a	Total noninterest-bearing cash.....	1a	873862	730482
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	462492	480016
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	93382	1100722
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	453524	422252
	(2) U.S. Government securities	1c(2)	6615322	4543291
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	3483347	4559066
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)	18904812	19770812
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants).....	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	146514438	117755032
	(10) Value of interest in pooled separate accounts	1c(10)	11668054	12136613
	(11) Value of interest in master trust investment accounts.....	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)	11169831	11577716
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	43557055	39050313
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	5081356	3667900

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	55294	27756
f Total assets (add all amounts in lines 1a through 1e)	1f	248932769	215821971

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	75092	87174
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	75092	87174

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	248857677	215734797
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4871104	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4871104
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6336	
(B) U.S. Government securities	2b(1)(B)	55673	
(C) Corporate debt instruments	2b(1)(C)	123554	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	394506	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		580069
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2013473	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2013473
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	9304484	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8991479	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		313005
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1228435	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1228435

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-24984726
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		671882
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6349852
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-24113480
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7938620	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		7938620
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	168543	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	541258	
(4) Other	2i(4)	360979	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1070780
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9009400
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-33122880
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 433872.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LOCAL 1205 PENSION FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND		D Employer Identification Number (EIN) 11-1880353
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 11
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **RIVERHEAD BUILDING SUPPLY**

b EIN **11-2238519** **c** Dollar amount contributed by employer **1943029**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **5.60**

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

a Name of contributing employer **KLEET LUMBER**

b EIN **11-1729481** **c** Dollar amount contributed by employer **542873**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **5.60**

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

a Name of contributing employer **THE NEW SCHOOL**

b EIN **13-3297197** **c** Dollar amount contributed by employer **287107**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2022**

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

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): **% OF SALARIES**

a Name of contributing employer **SUFFOLK CEMENT PRODUCTS**

b EIN **11-2105488** **c** Dollar amount contributed by employer **319336**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **5.60**

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

a Name of contributing employer **DYKES LUMBER COMPANY**

b EIN **22-2001740** **c** Dollar amount contributed by employer **413032**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☒ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2023**

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

(1) Contribution rate (in dollars and cents) **4.00**

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

a Name of contributing employer **S W ANDERSON**

b EIN **11-1765142** **c** Dollar amount contributed by employer **127664**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **06** Day **30** Year **2027**

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

(1) Contribution rate (in dollars and cents) **4.40**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **C&H RENTALS AND LEASING**

b EIN **c** Dollar amount contributed by employer **94750**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2023**

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

(1) Contribution rate (in dollars and cents) **5.60**

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

a Name of contributing employer **INDUSTRIAL THREADED**

b EIN **11-2710996** **c** Dollar amount contributed by employer **94566**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **22** Year **2024**

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

(1) Contribution rate (in dollars and cents) **2.20**

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

a Name of contributing employer **KINGS MATERIAL HANDLING CORP.**

b EIN **11-2571937** **c** Dollar amount contributed by employer **93705**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **11** Day **30** Year **2022**

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

(1) Contribution rate (in dollars and cents) **5.60**

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

a Name of contributing employer **RUSSIN LUMBER**

b EIN **11-1823794** **c** Dollar amount contributed by employer **70308**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **15** Year **2023**

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

(1) Contribution rate (in dollars and cents) **11.90**

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a 363
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b 356
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c 327
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a The corresponding number for the plan year immediately preceding the current plan year.....	15a 1.03
b The corresponding number for the second preceding plan year.....	15b 1.01
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a Enter the number of employers who withdrew during the preceding plan year	16a 3
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b 0
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 55.0 % Investment-Grade Debt: 25.0 % High-Yield Debt: 0.0 % Real Estate: 15.0 % Other: 5.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____



LOCAL 1205 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2022





LOCAL 1205 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 1205 Pension Fund

Opinion

We have audited the accompanying financial statements of Local 1205 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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





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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplemental 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 2022 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the 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 the accompanying schedule 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.

Calibre CPA Group, PLLC

New York, NY
September 25, 2023



LOCAL 1205 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	2022	2021
Assets		
Investments, at fair value		
Cash equivalents	\$ 422,252	\$ 453,524
U.S. Government securities	4,543,291	6,615,322
Corporate bonds	4,559,066	3,483,347
Registered investment companies	39,050,313	43,557,055
Collective trust funds	117,755,032	146,514,438
Commingled investment trust	3,667,900	5,081,356
Limited partnerships	31,348,528	30,074,643
Pooled separate account	12,136,613	11,668,054
Stable value fund	1,009,433	-
Total investments	<u>214,492,428</u>	<u>247,447,739</u>
Receivables		
Employer contributions	480,016	462,492
Interest and dividends	56,009	51,923
Due from related parties	35,280	41,459
Total receivables	<u>571,305</u>	<u>555,874</u>
Cash	<u>730,482</u>	<u>873,862</u>
Prepaid expenses and other assets	<u>27,756</u>	<u>55,294</u>
Total assets	215,821,971	248,932,769
Liabilities		
Accounts payable and accrued expenses	<u>87,174</u>	<u>75,092</u>
Net assets available for benefits	<u>\$ 215,734,797</u>	<u>\$ 248,857,677</u>

See accompanying notes to financial statements.



LOCAL 1205 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (32,345,406)	\$ 31,939,448
Interest and dividends	<u>3,360,822</u>	<u>2,931,369</u>
	(28,984,584)	34,870,817
Less: investment expenses	<u>541,258</u>	<u>450,241</u>
Net investment income (loss)	(29,525,842)	34,420,576
Employer contributions	<u>4,871,104</u>	<u>4,853,274</u>
Total additions	<u>(24,654,738)</u>	<u>39,273,850</u>
Deductions		
Benefits paid to participants	7,938,620	7,319,370
Administrative expenses	<u>529,522</u>	<u>503,193</u>
Total deductions	<u>8,468,142</u>	<u>7,822,563</u>
Net change	(33,122,880)	31,451,287
Net assets available for benefits		
Beginning of year	<u>248,857,677</u>	<u>217,406,390</u>
End of year	<u>\$ 215,734,797</u>	<u>\$ 248,857,677</u>



LOCAL 1205 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2022 AND 2021

NOTE 1. DESCRIPTION OF PLAN

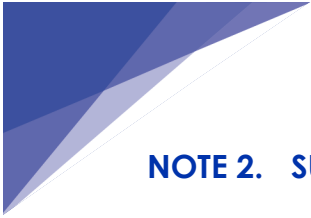
The following brief description of Local 1205 Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer defined benefit pension plan established under the provisions of an Agreement and Declaration of Trust effective December 30, 1975, between Local 1205 (the Union), affiliated with the International Brotherhood of Teamsters and various employers, primarily in the lumber and building supplies industry, who are parties to collective bargaining agreements with the Union requiring contributions to the Plan. The Union and the employers agreed to participate in the operation of a plan for the purpose of providing and maintaining pension benefits for eligible employees of participating employers who are represented by the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of Union and Employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits including early retirement and disability pensions as well as death benefits, to eligible participants and beneficiaries as defined in the Plan Document. These benefits are payable in the form of life annuities, joint and survivor annuities, and lump sum payments.

The Plan requires (unless waived) participant and spousal benefits providing for actuarially reduced pensions to participants during their lifetime, after which the surviving spouse receives 50%, 75%, or 100% of the calculated benefit for life depending on the option chosen.

Funding Policy - Funding to provide the benefits are made through monthly contributions by participating employers on behalf of each covered employee, based on a fixed rate for each hour worked by the employee or as a percentage of salary in accordance with the terms of the applicable collective bargaining agreements with the Union. Contributions are also made by the Plan's sponsoring Union and by the Plan in their capacities as employers. Contributions by participants are not permitted under the Plan. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2022 and 2021.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recorded when earned and expenses are recorded as incurred, regardless of when cash is exchanged.

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

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

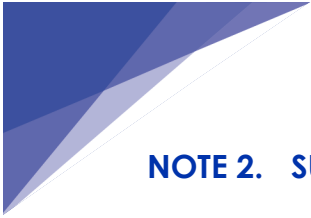
Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Therefore, an allowance for doubtful accounts is not necessary. Additionally, contributions due to the Plan resulting from payroll audits of contributing employers are accrued at year end as plan assets and additions to plan assets only when collections in the subsequent period can be observed.

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 entities in accordance with a periodic time allocation study.

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

New Accounting Pronouncement Adopted - In February 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2016-02, *Leases* (Topic 842). The standard requires lessors to classify leases as a sales-type, direct financing, or operating lease and lessees to recognize right-of-use assets and lease liabilities. The Plan adopted ASU 2016-02 and its related amendments as of January 1, 2022, using the modified retrospective approach as permitted by ASU 2018-11, *Leases* (Topic 842): *Targeted Improvements*. The Plan elected to apply all practical expedients available under the ASU, allowing it to not reassess under the new standard prior conclusions about lease identification, lease classification, initial direct costs, risk-free rate, and using hindsight in determining the lease term.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The adoption of Topic 842 and related amendments did not have a significant impact on the Plan's financial statements. The Plan evaluated all leases where they are the lessee and determined that any related estimated right-of-use assets and lease liabilities are not material to the financial statements and therefore related disclosures under Topic 842 for these leases are not included in the financial statements.

NOTE 3. TAX STATUS

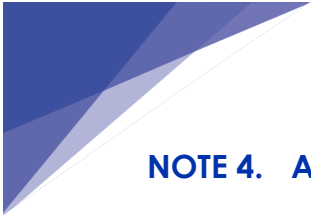
The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated June 11, 2015, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently 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 (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement and the pension option selected.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, Segal Consulting, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the present value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The significant actuarial assumptions used in the valuation as of December 31, 2021 are as follows:

Net Investment Return: 7.00%

Mortality Rates: Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021.

Disabled: Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021.

Retirement Rates: For employees assumed to retire from active employment, retirement probabilities for those eligible for immediate benefits are as follows:

<u>Age</u>	<u>Retirement Rates</u>
Less than 50	0%
50-54	2%
55-59	10%
60-64	15%
65-71	20%
72 and older	100%

Retirement rates for inactive vested participants are as follows:

<u>Age</u>	<u>Retirement Rates</u>
60	60%
61-69	15%
70 and older	100%

*If years of credited service are greater than or equal to 30, age is less than 60, and the hourly contribution rate is greater than or equal to \$1.20, the retirement rates are equal to 15%.

Administrative Expenses: \$515,000 annually

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Termination Rates Before Retirement:

Age	Rate (%)			
	Mortality*		Disability	Withdrawal**
	Male	Female		
20	0.07	0.02	0.06	8.73
25	0.07	0.03	0.09	9.26
30	0.07	0.03	0.11	6.10
35	0.07	0.04	0.15	4.39
40	0.09	0.06	0.22	3.50
45	0.12	0.09	0.36	3.11
50	0.18	0.13	0.61	2.82
55	0.28	0.20	1.01	1.46
60	0.44	0.30	1.63	1.10

*Mortality rates shown for base table.

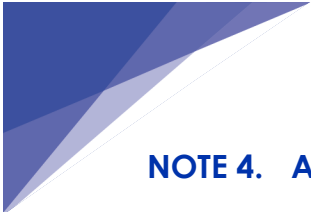
**Withdrawal rates shown are tripled during the first five years of employment. Withdrawal rates do not apply at or beyond early retirement age.

Actuarial Assumption Changes: Due to past experience and future expectations, actuarial assumptions for mortality and administrative expenses were changed from the prior valuation.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2022. Had the valuation been performed as of December 31, 2021, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2021 is shown below:

Actuarial present value of accumulated plan benefits	
Participants and beneficiaries currently receiving benefits	\$ 69,503,043
Other vested benefits	<u>95,470,509</u>
Total vested benefits	164,973,552
Actuarial present value of non-vested accumulated plan benefits	<u>3,821,989</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 168,795,541</u>



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2021	<u>\$ 161,462,944</u>
Changes during year due to	
Benefits accumulated, net experience gains or losses and changes in data	3,906,349
Benefits paid	(7,319,370)
Change in actuarial assumptions	(279,262)
Interest	<u>11,024,880</u>
Net change	<u>7,332,597</u>
Actuarial present value of accumulated plan benefits - December 31, 2021	<u>\$ 168,795,541</u>

Since information on the accumulated plan benefits at December 31, 2022, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2022, and changes in its financial status for the year then ended. The financial statements present the complete financial status of the Plan as of December 31, 2021.

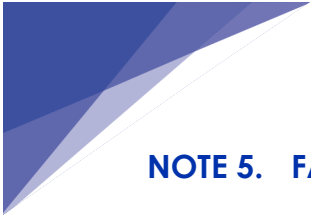
Pension Protection Act Filings

For each of the years ended December 31, 2022 and 2021, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.

NOTE 5. FAIR VALUE MEASUREMENTS

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

- 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 relevant observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.

Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2022 and 2021.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

U.S. Government securities - Valued at the closing price reported in the active market in 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 with comparable securities of issuers with similar credit ratings.

Registered investment companies (mutual funds and exchange traded funds) - Valued at quoted market prices reported in the active markets in the which the funds are traded.

Collective trust funds - Valued at the NAV per share at year end as reported by the Fund. The NAV, as provided by the Fund is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Commingled investment trust - Valued at the NAV per share at year end as reported by the Trust. The NAV, as provided by the Trust, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

Limited partnerships - Valued at the NAV per share at year end and as reported by the limited partnership. The NAV, as provided by the partnership, is used as a practical expedient to estimate fair value. Share values are based on the current market value of the underlying securities.

Pooled separate account - Valued at the NAV per share at year end as reported by the insurance company. The NAV, as provided by the insurance company, is used as a practical expedient to estimate fair value. Share values are based on the current market value or appraised value of the underlying investments.

Stable value fund - Valued at contributions made plus interest earned at the contract value rate, less withdrawals and administrative charges. The fair value approximates contract value as estimated by the insurance company.

The preceding methods 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. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022.

Description	Assets at Fair Value as of December 31, 2022			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 422,252	\$ -	\$ 422,252	\$ -
U.S. Government securities	4,543,291	4,543,291	-	-
Corporate bonds	4,559,066	-	4,559,066	-
Registered investment companies	39,050,313	39,050,313	-	-
Stable value fund	1,009,433	-	-	1,009,433
Total assets in fair value hierarchy	49,584,355	\$ 43,593,604	\$ 4,981,318	\$ 1,009,433
Investments measured at NAV*	164,908,073			
Total assets at fair value	<u>\$ 214,492,428</u>			

* In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021.

Description	Assets at Fair Value as of December 31, 2021			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 453,524	\$ -	\$ 453,524	\$ -
U.S. Government securities	6,615,322	6,615,322	-	-
Corporate bonds	3,483,347	-	3,483,347	-
Registered investment companies	43,557,055	43,557,055	-	-
Total assets in fair value hierarchy	54,109,248	\$ 50,172,377	\$ 3,936,871	\$ -
Investments measured at NAV*	193,338,491			
Total assets at fair value	\$ 247,447,739			

* In accordance with accounting standards, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Fair Value of Level 3 Assets

The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of investments from one fair value level to another. Purchases of investments, whose fair value has been determined using significant unobservable inputs (Level 3), was \$1,009,433 for the year ended December 31, 2022.

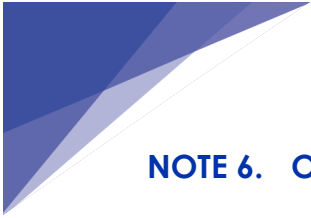
Fair Value of Investments that Calculate NAV

The following table on the next page summarizes investments measured at fair value based on NAV per share as of December 31, 2022 and 2021. The investment funds, with the exception of the limited partnerships and commingled investment trust, are measured at fair value by using the NAV practical expedient and also file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these investments are not required. Except for Capital Crescent Trust II, there were no unfunded commitments towards these investment funds at December 31, 2022 and 2021.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/22	12/31/21		
Collective Trust Funds				
Longview Largecap 500 Index Fund	\$ 42,764,507	\$ 53,782,105	Daily	1 day
Longview Largecap 1000 Growth Index Fund	27,555,364	39,687,510	Daily	1 day
Longview Largecap 1000 Value Index Fund	34,276,340	37,830,045	Daily	1 day
Longview Midcap 400 Index Fund	2,793,713	3,213,112	Daily	1 day
Crescent Capital Trust II (a)	7,612,772	7,582,092	See (a)	See (a)
Invesco International Select Equity Trust	2,752,336	4,419,574	Daily	1 day
Commingled Investment Trust				
ClearBridge Intl. Growth Portfolio (b)	3,667,900	5,081,356	Daily	5 days
Pooled Separate Account				
Principal U.S. Property	12,136,613	11,668,054	Daily	1 day
Limited partnerships				
Ullico Infrastructure Fund, LP (c)	11,577,716	11,169,831	See (c)	See (c)
Boyd Watterson GSA Fund, LP (d)	<u>19,770,812</u>	<u>18,904,812</u>	Quarterly	60 Days
	<u>\$ 164,908,073</u>	<u>\$ 193,338,491</u>		

- a) Other than quarterly income distributions, it is not expected that the Trust will make distributions during the life of the Trust, which is anticipated to be approximately eight years beginning in 2018. As of December 31, 2022 and 2021, the Plan had unfunded commitments of \$955,595 and \$2,796,394, respectively, towards the Trust.
- b) This entity invests in non-U.S. stocks that appear to offer above average growth potential and trade at a significant discount to their intrinsic value.
- c) This fund provides a vehicle for institutional investors to invest in the development, maintenance, and refurbishment of infrastructure assets in the United States and Canada. The investment goal is to achieve attractive risk-adjusted returns with significant annual yield and relatively low volatility. The fund seeks to achieve this objective by building a diversified portfolio of equity investments with both minority and controlling interests. Redemptions will not be permitted during the four-year period beginning on its initial admission date (lock up period begins November 2020). After the expiration of the lock up period, redemptions will be permitted at the end of each calendar quarter with 45 days notice, subject to available liquidity.
- d) This entity invests in diversified commercial properties primarily leased to the United States federal government either through the General Services Administration (GSA) or other federal government agencies.



NOTE 6. OPERATING LEASE - LESSEE

The Plan, along with its affiliated Local 1205 Welfare Fund (Welfare Fund), leases office space from the 1205 Building Corporation, a wholly owned subsidiary of the Union, under an operating lease expiring August 18, 2023. Total rent paid under the lease agreement for the years ended December 31, 2022 and 2021, including real estate taxes, totaled \$25,668 and \$23,740, respectively.

At December 31, 2022, the remaining future lease payments, exclusive of real estate tax and reimbursements from the Welfare Fund under the cost sharing agreement, were as follows:

<u>Years Ended December 31,</u>	<u>Amount</u>
2023	<u>\$ 33,402</u>

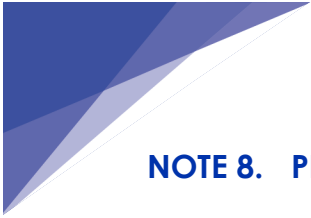
NOTE 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan shares office space and administration with its affiliated Welfare Fund. As part of a cost sharing agreement, the Pension Fund acts as paying agent for certain common administrative expenses. Consequently, the Plan receives reimbursements from its affiliated Welfare Fund for its estimated allocable share of these common administrative expenses as determined by the Board of Trustees. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Reimbursements received from its affiliated Welfare Fund for allocable expenses for the years ended December 31, 2022 and 2021, totaled \$348,894 and \$387,420, respectively.

The Plan also shares certain common administrative expenses with its sponsoring Union. These expenses include telephone, postage, and other miscellaneous office expenses. Reimbursements received for allocable expenses from the Union for the years ended December 31, 2022 and 2021 totaled \$1,593 and 2,507, respectively.

Total amounts due from the Welfare Fund and Union totaled \$35,280 and \$41,459 at December 31, 2022 and 2021, respectively. These amounts were subsequently reimbursed.

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.



NOTE 8. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees, as Plan Sponsor, reserve the right to terminate the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and to uncertainties in estimates and assumptions, it is at least reasonably possible that changes in the values of such investments 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.

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



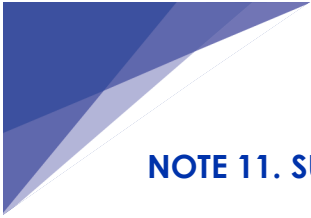
NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLAN

The Plan's office employees, which it shares with another affiliated benefit fund, are covered by this multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If an employer chooses to stop participating in this multiemployer plan, the employer may be required to pay an amount, referred to as a withdrawal liability, based on the under-funded status of the Plan.

The Plan's participation in this plan for the years ended December 31, 2022 and 2021, is outlined in the table below. The "EIN and Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2022 and 2021 is for the multiemployer plan's year ends at December 31, 2022 and 2021, respectively. The zone status is based on information that the Plan received from the multiemployer plan and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2022 and 2021 contributions. Contributions reported below represent the Plan's proportionate share of the contributions made to this multiemployer plan.

Legal Name of Plan:	Local 1205 Pension Fund
EIN:	11-1880353
Pension Plan Number:	001
PPA Zone Status:	
2022	Neither Endangered or Critical Status (Green)
2021	Neither Endangered or Critical Status (Green)
FIP/RP Status:	N/A
Contributions:	
2022	\$17,974
2021	\$19,578
Surcharge Imposed:	No



NOTE 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 25, 2023, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	January 1 through December 31																		
Pension Credit Year	January 1 through December 31																		
Plan Status	Ongoing plan																		
Normal Pension	• <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> 15 years of credited service for accrual of benefits (and fifth anniversary participation) • <i>Amount:</i> The monthly retirement benefit is the total of the accrued benefit as of June 30, 2004, based on the accrued credited service and contribution rate as of that date, plus the credited service earned during each subsequent Plan year multiplied by the monthly accrual rate which corresponds to the contribution rate covering the participant in that Plan year. <table><tr><th colspan="3">For Hourly Contribution Rates Less than \$1.20</th></tr><tr><th>Hourly contribution rate</th><th>Monthly accrual rate for first 25 years of credited service</th><th>Monthly accrual rate for next 10 years of credited service</th></tr><tr><td>\$0.45</td><td>\$23.00</td><td>\$17.50</td></tr><tr><td>0.60</td><td>34.50</td><td>29.25</td></tr><tr><td>0.90</td><td>46.00</td><td>35.00</td></tr><tr><td>1.19</td><td>57.60</td><td>39.83</td></tr></table> Accrual rates for other contribution rates are prorated based on the above. Benefits are based on the 35 consecutive years that produce the highest benefit.	For Hourly Contribution Rates Less than \$1.20			Hourly contribution rate	Monthly accrual rate for first 25 years of credited service	Monthly accrual rate for next 10 years of credited service	\$0.45	\$23.00	\$17.50	0.60	34.50	29.25	0.90	46.00	35.00	1.19	57.60	39.83
For Hourly Contribution Rates Less than \$1.20																			
Hourly contribution rate	Monthly accrual rate for first 25 years of credited service	Monthly accrual rate for next 10 years of credited service																	
\$0.45	\$23.00	\$17.50																	
0.60	34.50	29.25																	
0.90	46.00	35.00																	
1.19	57.60	39.83																	

Section 3: Certificate of Actuarial Valuation

For Hourly Contribution Rates of \$1.20 or Greater

Hourly contribution rate	Monthly accrual rate
\$1.20	\$68.00
1.60	80.00
2.00	96.00
2.40	112.00
2.80	128.00
3.20	144.00
3.60	160.00
4.10	170.00
4.60	180.00
5.10	190.00
5.60	200.00

Accrual rates for other contribution rates are prorated based on the above. Benefits are based on the 30 consecutive years that produce the highest benefit.

Annual contributions (based on a percent of salary) for New School Group participants are converted to an hourly contribution rate based on a 40 hour week and 52 week year to determine the equivalent accrual rate.

Service Pension

- *Age Requirement:* None
- *Service Requirement:* 30 years of credited service for accrual of benefits
- *Contribution Rate Requirement:* \$1.20 per hour or greater
- *Amount:* Normal pension accrued

Section 3: Certificate of Actuarial Valuation

Early Retirement

- *Age Requirement:* 50
- *Service Requirement:* 25 years of credited service for accrual of benefits
- *Amount:* Normal pension accrued, reduced as follows:

Commencement Age	Fraction
59	.914
58	.836
57	.767
56	.704
55	.648
54	.596
53	.550
52	.508
51	.470
50	.435

Disability

- *Age Requirement:* None
- *Service Requirement:* 10 years of credited service for accrual of benefits
- *Amount:* Normal pension accrued

Deferred Pension

- *Age Requirement:* 50
- *Service Requirement:* 20 years of credited service for accrual of benefits
- *Amount:* Normal pension accrued, payable at Normal Retirement Age based on benefit in effect at last date of covered employment.

Vesting

- *Age Requirement:* None
- *Service Requirement:* Five years of credited service for vesting
- *Amount:* Normal pension accrued
- *Normal Retirement Age:* Later of age 60 and fifth anniversary of participation, or age 62 with one year of participation after age 61

Severance Benefit

- *Age Requirement:* None
- *Service Requirement:* Five years of credited service under the Severance Plan or five years of credited service for vesting
- *Amount:* Based on service accrued under the Local 1205 Severance and Retirement Fund.

Section 3: Certificate of Actuarial Valuation

Pre-Retirement Death Benefit

Lump Sum Benefit (payable in addition to either of the following two benefits):

- *Age Requirement:* None
- *Service Requirement:* 5 years of credited service for vesting
- *Amount:*

Credited Service for Accrual of Benefits	Amount
5 – 9 years	\$1,000
10 – 14 years	\$1,500
15 or more years	\$2,000 plus \$400 for each year in excess of 15 years with a maximum benefit of \$10,000

60 Month Payment Certain (if not eligible for or elects to waive spouse's benefit):

- *Eligibility Requirement:* Eligible for an immediate pension benefit

Spouse's benefit:

- *Age Requirement:* None
- *Service Requirement:* 5 years of credited service for vesting
- *Amount:* 50% of the benefit employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date the employee would have first been eligible for an immediate pension.

Section 3: Certificate of Actuarial Valuation

Post-Retirement Death Benefit	Lump Sum Benefit (payable in addition to the following benefit):	
	Credited Service for Accrual of Benefits	Amount
	5 – 9 years	\$1,000
	10 – 14 years	\$1,500
	15 or more years	\$2,000 plus \$400 for each year in excess of 15 years with a maximum benefit of \$10,000
	Joint and Survivor: If married, pension benefits are paid in the form of a joint and 50% survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected or if not married, benefits are payable for the life of the employee with five years of payment guaranteed to all without reduction or in any other available optional form elected by the employee in an actuarially equivalent amount.	
Optional Forms of Benefits	Single life annuity with 60 months guaranteed; Single life annuity with 120 months guaranteed; Joint and 50% survivor benefit; Joint and 75% survivor benefit; Joint and 100% survivor benefit.	
Credited Service for Accrual of Benefits	400 hours = ¼ credit 1,600 hours = 1 credit Pro-rata basis for hours during any calendar year between 400 and 1,600	
Credited Service for Vesting	One year of vesting service for each calendar year in which the employee works 750 hours	
Contribution Rate	Varies by employer from \$0.60 to \$5.60 per hour. The average contribution rate for participants not in the New School Group for the plan year beginning January 1, 2022 is \$4.11 per hour. The contribution rate for the New School Group is either 7% or 10% of salary for each employee based on age and credited service earned.	
Changes in Plan Provisions	The following Plan changes are reflected in this actuarial valuation: Benefit level changes due to contribution rate changes	

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275 7th Avenue
NEW YORK, NEW YORK 10001

Local 1205 Pension Fund, EIN: 11-1880353 Plan No. 001
Schedule H (Form 5500) 2022, Part IV, Line 4i-Schedule of Assets (Held at End of Year)

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
COMMON STOCK							
ISHARES TR EAFE VALUE ETF	45.88	89,000.00	4,484,710.00	4,613,270.15	4,083,320.00	-401,390.00	-529,950.15
TOTAL FOR COMMON STOCK		89,000.00	4,484,710.00	4,613,270.15	4,083,320.00	-401,390.00	-529,950.15
COMMON/COLLECTIVE INVESTMENT FUNDS							
LONGVIEW LARGE CAP 500 INDEX FUND	1,409.44	30,341.48	52,217,798.94	14,926,888.75	42,764,507.01	-9,453,291.93	27,837,618.26
LV LARGE CAP 1000 GROWTH INDEX FD	373.51	73,774.95	38,885,162.48	11,444,561.22	27,555,365.36	-11,329,797.12	16,110,804.14
LV LARGE CAP 1000 VALUE INDEX FUND	271.47	126,260.22	37,079,908.70	22,596,894.25	34,276,339.62	-2,803,569.08	11,679,445.37
TOTAL FOR COMMON/COLLECTIVE IN		230,376.65	128,182,870.12	48,968,344.22	104,596,211.99	-23,586,658.13	55,627,867.77
SHORT TERM INVESTMENT FUNDS							
JPMORGAN 100% US TREASURY MONEY MARKET	1.00	172,108.95	172,108.95	172,108.95	172,108.95	0.00	0.00
TOTAL FOR SHORT TERM INVESTMEN		172,108.95	172,108.95	172,108.95	172,108.95	0.00	0.00
TOTAL ASSETS		491,485.60	132,839,689.07	53,753,723.32	108,851,640.94	-23,988,048.13	55,097,917.62
CASH					0.00		
TOTAL MARKET VALUE					108,851,640.94		



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Local 1205 Pension Fund, EIN: 11-1880353 Plan No. 001
Schedule H (Form 5500) 2022, Part IV, Line 4i-Schedule of Assets (Held at End of Year)

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
COMMON/COLLECTIVE INVESTMENT FUNDS							
LONGVIEW MID CAP 400 INDEX FUND	2,634.02	1,060.63	3,212,915.98	2,999,817.01	2,793,712.55	-419,203.43	-206,104.46
TOTAL FOR COMMON/COLLECTIVE IN		1,060.63	3,212,915.98	2,999,817.01	2,793,712.55	-419,203.43	-206,104.46
SHORT TERM INVESTMENT FUNDS							
DREYFUS GOVERNMENT CASH MGMT	1.00	170.68	170.68	170.68	170.68	0.00	0.00
TOTAL FOR SHORT TERM INVESTMEN		170.68	170.68	170.68	170.68	0.00	0.00
TOTAL ASSETS		1,231.31	3,213,086.66	2,999,987.69	2,793,883.23	-419,203.43	-206,104.46
CASH					0.00		
TOTAL MARKET VALUE					2,793,883.23		



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Local 1205 Pension Fund, EIN: 11-1880353 Plan No. 001
Schedule H (Form 5500) 2022, Part IV, Line 4i-Schedule of Assets (Held at End of Year)

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ACCOUNT NUMBER: 1001186

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
COLLATERALIZED MORT BACKED OBLIGATION FNMA REMIC TRUST 2.00% 11/25/2041	88.44	72,632.11	69,545.25	69,545.25	64,232.39	-5,312.86	-5,312.86
TOTAL FOR COLLATERALIZED MORT		72,632.11	69,545.25	69,545.25	64,232.39	-5,312.86	-5,312.86
CORPORATE ABS							
BHG SECURITIZATION TRT 1.42% 11/17/2033	92.88	162,360.50	156,069.19	156,069.19	150,802.36	-5,266.83	-5,266.83
BUSINESS JET SECS 4.45% 06/15/2037	91.20	182,870.82	177,413.31	177,413.31	166,786.55	-10,626.76	-10,626.76
DRIVE AUTO REC TR 0.58% 12/15/2025	98.74	86,032.87	98,746.09	98,746.09	84,949.59	-13,796.50	-13,796.50
MISSION LANE CDT CRD 1.59% 09/15/2026	96.84	200,000.00	195,000.00	195,000.00	193,688.20	-1,311.80	-1,311.80
MVW OWN TR 2021-1WA 1.14% 01/22/2041	91.31	113,592.39	107,486.79	107,486.79	103,724.35	-3,762.44	-3,762.44
SBA TOWER TRUST 2.836% 01/15/2050	94.25	100,000.00	97,750.00	97,750.00	94,251.70	-3,498.30	-3,498.30
SERVICE EXPERTS ISSUER 2.67% 02/02/2032	90.82	151,016.43	144,409.46	144,409.46	137,152.66	-7,256.80	-7,256.80
TOTAL FOR CORPORATE ABS		995,873.01	976,874.84	976,874.84	931,355.41	-45,519.43	-45,519.43
CORPORATE BONDS							
ALBEMARLE CORP SR NT 4.65% 06/01/2027	97.52	100,000.00	99,908.00	99,908.00	97,518.00	-2,390.00	-2,390.00
AMERICAN EXPRESS CO 2.5% 07/30/2024	96.17	150,000.00	154,974.00	160,692.50	144,256.50	-10,717.50	-16,436.00
AMGEN INC 2.45% 02/21/2030	84.14	35,000.00	35,621.60	37,932.25	29,450.40	-6,171.20	-8,481.85
APPLE INC 2.5% 02/09/2025	95.61	150,000.00	156,093.00	158,355.00	143,407.50	-12,685.50	-14,947.50
AT&T INC 2.3% 06/01/27	88.94	150,000.00	152,602.50	159,222.50	133,408.50	-19,194.00	-25,814.00
BANK OF AMERICA CORP 3.3% 01/11/2023	99.97	50,000.00	51,368.50	50,622.50	49,983.00	-1,385.50	-639.50
BURLINGTON NORTH SAN 6.750% 3/15/29	106.24	65,000.00	84,053.45	80,445.46	69,054.05	-14,999.40	-11,391.41
CATERPILLAR FINL SERV 1.45% 05/15/25	92.83	125,000.00	125,363.75	129,862.50	116,038.75	-9,325.00	-13,823.75
COCA-COLA CO 2.125% 09/06/2029	85.50	150,000.00	152,481.00	161,226.00	128,256.00	-24,225.00	-32,970.00
COMCAST CORP 2.35% 01/15/2027	90.86	150,000.00	155,353.50	162,335.00	136,290.00	-19,063.50	-26,045.00
COSERV SECURITIZATION 5.0580% 08/15/2038	97.69	100,000.00	99,998.67	99,998.67	97,693.27	-2,305.40	-2,305.40
ESTEE LAUDER CO INC 2% 12/01/24	94.89	150,000.00	154,077.00	159,095.00	142,332.00	-11,745.00	-16,763.00
FIFTH THIRD BANK 3.85% 03/15/2026	95.32	75,000.00	80,890.50	76,545.94	71,490.75	-9,399.75	-5,055.19
FREEMPORT-MCMORAN C&G 3.875% 03/15/23	99.73	50,000.00	50,283.00	50,283.00	49,865.50	-417.50	-417.50
GENERAL MTRS CO SR GBL 5.4% 10/15/2029	95.43	30,000.00	29,972.40	29,972.40	28,629.00	-1,343.40	-1,343.40
HONEYWELL INTL 1.35% 06/01/25HONEYWELL I	92.44	125,000.00	125,505.00	129,900.00	115,555.00	-9,950.00	-14,345.00
KELLOGG CO 2.1% 06/01/30	81.30	150,000.00	146,917.50	157,685.00	121,953.00	-24,964.50	-35,732.00
LINCOLN NATIONAL CORP 3.4% 01/15/31	92.72	150,000.00	150,618.00	155,975.00	139,081.50	-11,536.50	-16,893.50
LOWE'S COS INC 2.5% 04/15/2026	93.19	150,000.00	156,138.00	164,344.50	139,788.00	-16,350.00	-24,556.50
MCDONALD'S CORP 2.125% 03/01/2030	83.65	150,000.00	149,308.50	158,967.50	125,478.00	-23,830.50	-33,489.50
NORTHWESTERN MUTUAL 4.35% 09/15/2027	97.36	100,000.00	99,960.00	99,960.00	97,360.00	-2,600.00	-2,600.00



275 7th Avenue
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Local 1205 Pension Fund, EIN: 11-1880353 Plan No. 001
Schedule H (Form 5500) 2022, Part IV, Line 4i-Schedule of Assets (Held at End of Year)

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ACCOUNT NUMBER: 1001186

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
NUCOR CORP 2.7% 06/01/30	84.80	125,000.00	128,846.25	136,562.50	106,001.25	-22,845.00	-30,561.25
PEPSICO INC 2.25% 3/19/2025	95.19	125,000.00	129,162.50	134,643.75	118,982.50	-10,180.00	-15,661.25
PNC FINANCIAL SERVICES 2.2% 11/01/2024	95.55	25,000.00	25,668.50	25,370.25	23,886.75	-1,781.75	-1,483.50
RAYTHEON TECH CORP 3.125% 05/04/27	93.12	100,000.00	98,698.00	98,698.00	93,122.00	-5,576.00	-5,576.00
STARBUCKS CORP 2.25% 03/12/2030	83.07	125,000.00	124,121.25	130,256.25	103,842.50	-20,278.75	-26,413.75
SYNOVUS FINL CORP SR NT 5.2% 08/11/2025	98.65	100,000.00	99,890.00	99,890.00	98,651.00	-1,239.00	-1,239.00
WALT DISNEY COMPANY 2.2% 01/13/28	88.98	150,000.00	152,785.50	160,152.50	133,470.00	-19,315.50	-26,682.50
TOTAL FOR CORPORATE BONDS		3,105,000.00	3,170,659.87	3,268,901.97	2,854,844.72	-315,815.15	-414,057.25
CORPORATE VARIABLE RATE CMO							
FREMF MTG TR VAR 06/25/2046	99.19	75,000.00	74,463.87	74,463.87	74,393.17	-70.70	-70.70
TOORAK MORTGAGE CORP VAR 06/25/2057	95.97	94,923.52	94,116.34	94,116.34	91,095.33	-3,021.01	-3,021.01
TOTAL FOR CORPORATE VARIABLE R		169,923.52	168,580.21	168,580.21	165,488.50	-3,091.71	-3,091.71
FEDERAL HOME LOAN MORT CORP REMIC							
FHLMC REMIC SERIES 2.00% 01/15/2042	91.01	37,325.35	35,972.29	35,972.29	33,970.72	-2,001.57	-2,001.57
FHLMC REMIC SERIES 2.00% 08/15/2041	89.46	76,033.78	72,802.34	72,802.34	68,023.17	-4,779.17	-4,779.17
TOTAL FOR FEDERAL HOME LOAN MO		113,359.12	108,774.63	108,774.63	101,993.89	-6,780.74	-6,780.74
FLOATING RATE CORPORATE BONDS							
GOLDMAN SACHS GROUP INC VAR 09/10/2024	96.20	50,000.00	47,682.50	47,682.50	48,102.00	419.50	419.50
HOMESTREET INC SUB VAR 01/30/2032	84.62	100,000.00	94,250.00	94,250.00	84,621.00	-9,629.00	-9,629.00
MORGAN STANLEY SR -I NT6 VAR 10/16/2026	102.13	50,000.00	50,000.00	50,000.00	51,067.00	1,067.00	1,067.00
SIGNATURE BK NEW YORK VAR 10/15/2030	91.29	100,000.00	96,900.00	96,900.00	91,291.00	-5,609.00	-5,609.00
SVB FINANCIAL GROUP VAR 04/29/2028	94.56	100,000.00	100,000.00	100,000.00	94,563.00	-5,437.00	-5,437.00
TOTAL FOR FLOATING RATE CORPOR		400,000.00	388,832.50	388,832.50	369,644.00	-19,188.50	-19,188.50
FOREIGN CORPORATE BONDS							
NXP B V / NXP FDG LLC 5.00% 01/15/2033	94.44	100,000.00	99,701.00	99,701.00	94,439.00	-5,262.00	-5,262.00



275 7th Avenue
NEW YORK, NEW YORK 10001

Local 1205 Pension Fund, EIN: 11-1880353 Plan No. 001
Schedule H (Form 5500) 2022, Part IV, Line 4i-Schedule of Assets (Held at End of Year)

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ACCOUNT NUMBER: 1001186

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
FOREIGN CORPORATE BONDS (CONT.)							
TORONTO DOMINION BANK 4.285% 09/13/2024	98.83	80,000.00	80,000.00	80,000.00	79,062.40	-937.60	-937.60
TOTAL FOR FOREIGN CORPORATE BO		180,000.00	179,701.00	179,701.00	173,501.40	-6,199.60	-6,199.60
GOVERNMENT AGENCIES							
FFCB 0.5% 12/23/2025	89.01	6,000.00	5,345.40	5,345.40	5,340.42	-4.98	-4.98
FFCB 4.09% 05/03/2032	93.63	100,000.00	99,750.00	99,750.00	93,630.00	-6,120.00	-6,120.00
TOTAL FOR GOVERNMENT AGENCIES		106,000.00	105,095.40	105,095.40	98,970.42	-6,124.98	-6,124.98
GOVT NATIONAL MORTG ASSO II PL (VARIABLE							
GNMA2 PL #008660 VAR RATE 07/20/2025	98.59	12.55	13.50	14.33	12.37	-1.13	-1.96
GNMA2 PL #008685 VAR RATE 08/20/2025	97.89	14.94	15.41	16.63	14.62	-0.79	-2.01
GNMA2 PL #008703 VAR RATE 09/20/2025	97.78	15.73	16.27	17.27	15.38	-0.89	-1.89
TOTAL FOR GOVT NATIONAL MORTG		43.21	45.18	48.23	42.37	-2.81	-5.86
GOVT NATIONAL MORTGAGE ASSOC I POOLS							
GNMA PL #467022 6.5% 05/15/28	104.52	167.91	184.22	167.55	175.49	-8.73	7.94
GNMA PL #486802 6.00% 01/15/29	103.20	1,662.63	1,842.14	1,656.02	1,715.89	-126.25	59.87
GNMA PL #510585 4.500% 2/15/35	98.56	707.73	784.15	699.89	697.56	-86.59	-2.33
GNMA PL #569239 6.000% 3/15/32	102.55	4,098.99	4,508.90	4,099.59	4,203.39	-305.51	103.80
GNMA PL #574671 5.000% 4/15/34	100.70	205.52	231.37	215.64	206.96	-24.41	-8.68
GNMA PL #579631 6.000% 2/15/32	102.55	926.76	1,019.28	920.64	950.36	-68.92	29.72
GNMA PL #579667 6.000% 3/15/32	102.89	1,328.90	1,470.51	1,353.22	1,367.31	-103.20	14.09
GNMA PL #580985 6.000% 2/15/32	102.55	482.47	530.28	478.76	494.76	-35.52	16.00
GNMA PL #581146 6.000% 3/15/32	102.55	1,884.58	2,073.06	1,878.88	1,932.58	-140.48	53.70
GNMA PL #581933 6.000% 5/15/32	102.55	143.21	157.51	142.34	146.85	-10.66	4.51
GNMA PL #582097 6.000% 4/15/32	102.66	471.23	519.15	486.39	483.75	-35.40	-2.64
GNMA PL #584244 6.000% 4/15/32	102.55	1,694.13	1,862.49	1,679.03	1,737.28	-125.21	58.25
GNMA PL #586535 6.000% 3/15/32	103.77	1,493.77	1,676.28	1,566.33	1,550.02	-126.26	-16.31
GNMA PL #587074 6.000% 5/15/32	103.48	566.13	654.33	567.75	585.86	-68.47	18.11
GNMA PL #587111 6.000% 6/15/32	103.45	2,310.36	2,624.79	2,299.78	2,390.14	-234.65	90.36
GNMA PL #604654 6.00% 01/15/36	103.31	680.79	762.81	712.01	703.34	-59.47	-8.67
GNMA PL #610295 5.00% 07/15/33	102.33	1,507.90	1,739.97	1,501.67	1,543.01	-196.96	41.34
GNMA PL #627354 5.000% 6/15/34	101.89	6,257.20	7,219.23	6,450.69	6,375.50	-843.73	-75.19
GNMA PL #640892 5.00% 04/15/35 DTD 04/01/05	100.78	6,173.45	7,027.12	6,195.76	6,221.68	-805.44	25.92
GNMA PL #640915 5.0% 05/15/2035	100.48	3,662.74	4,122.31	3,897.28	3,680.49	-441.82	-216.79
GNMA PL #641779 5.00% 09/15/2035	101.78	2,842.97	3,245.86	2,849.01	2,893.61	-352.25	44.60
GNMA PL #641944 5.000% 5/15/35	100.81	198.81	223.79	199.00	200.42	-23.37	1.42
GNMA PL #643362 5.00% 10/15/2035	102.13	930.78	1,069.38	929.12	950.56	-118.82	21.44



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YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ACCOUNT NUMBER: 1001186

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
GOV'T NATIONAL MORTGAGE ASSOC I POOLS (CONT.)							
GNMA PL #648526 5.00% 12/15/2035	100.50	1,266.33	1,433.53	1,246.91	1,272.67	-160.86	25.76
GNMA PL #650712 5.00% 01/15/2036	101.16	4,743.62	5,406.98	4,726.73	4,798.46	-608.52	71.73
GNMA PL #651683 4.500% 01/15/36	98.63	3,934.86	4,378.76	3,779.45	3,880.76	-498.00	101.31
GNMA PL #668613 5.0% 05/15/38	101.05	1,466.19	1,650.84	1,545.50	1,481.54	-169.30	-63.96
GNMA PL #670370 5.00% 11/15/37	102.36	26,718.32	31,055.88	26,946.51	27,348.71	-3,707.17	402.20
GNMA PL #675072 5.00% 01/15/2038	100.81	173.97	196.65	188.20	175.38	-21.27	-12.82
GNMA PL #676357 5.00% 10/15/2037	101.19	2,839.40	3,196.10	2,833.68	2,873.12	-322.98	39.44
GNMA PL #679494 5.00% 01/15/38	100.81	999.34	1,125.04	1,066.40	1,007.45	-117.59	-58.95
GNMA PL #683097 5.00% 02/15/2038	101.55	920.86	1,050.48	960.89	935.10	-115.38	-25.79
GNMA PL #683353 5% 04/15/38	101.08	323.87	364.55	351.07	327.36	-37.19	-23.71
GNMA PL #688091 5.00% 11/15/38	102.36	2,169.64	2,504.91	2,226.16	2,220.82	-284.09	-5.34
GNMA PL #690950 5.00% 06/15/2038	100.95	2,268.16	2,597.04	2,341.83	2,289.77	-307.27	-52.06
GNMA PL #696009 5.00% 07/15/38	101.02	844.06	950.11	880.71	852.64	-97.47	-28.07
GNMA PL #697853 5% 02/15/39	101.13	368.26	419.82	402.36	372.41	-47.41	-29.95
GNMA PL #700830 5.00% 10/15/38	100.78	814.38	924.19	881.97	820.75	-103.44	-61.22
GNMA PL #706517 5% 02/15/39	102.36	6,217.72	7,183.39	6,631.43	6,364.42	-818.97	-267.01
GNMA PL #706707 5% 02/15/2039	101.14	3,877.22	4,364.90	4,179.88	3,921.44	-443.46	-258.44
GNMA PL #710182 5% 03/15/39	100.61	1,496.56	1,684.56	1,614.60	1,505.68	-178.88	-108.92
GNMA PL #712415 5% 05/15/39	100.63	1,522.03	1,713.47	1,673.34	1,531.54	-181.93	-141.80
GNMA PL #721203 5% 09/15/2039	101.50	1,344.37	1,553.59	1,491.78	1,364.54	-189.05	-127.24
GNMA PL #723355 5% 09/15/39	102.02	1,532.45	1,755.36	1,694.81	1,563.34	-192.02	-131.47
GNMA PL #732249 4.5% 05/15/2040	99.36	936.26	1,050.52	988.73	930.26	-120.26	-58.47
GNMA PL #736888 4% 07/15/2040	97.09	3,508.93	3,825.28	3,799.97	3,406.95	-418.33	-393.02
GNMA PL #758027 4.5% 02/15/2041	98.89	1,563.81	1,733.63	1,711.83	1,546.46	-187.17	-165.37
GNMA PL #781485 6.000% 8/15/32	104.83	619.81	699.99	635.77	649.74	-50.25	13.97
TOTAL FOR GOV'T NATIONAL MORTGA		112,869.39	128,368.50	115,746.86	114,648.12	-13,720.38	-1,098.74
LONG TERM CERTIFICATE OF DEPOSIT							
HARBORSTONE CR UN 5.05% 07/01/2024	100.63	250,000.00	250,000.00	250,000.00	251,568.25	1,568.25	1,568.25
TOTAL FOR LONG TERM CERTIFICAT		250,000.00	250,000.00	250,000.00	251,568.25	1,568.25	1,568.25
MUNICIPAL BONDS							
NEW YORK NY TAXABLE 0.58% 08/01/2024	93.76	100,000.00	94,999.00	94,999.00	93,760.00	-1,239.00	-1,239.00
PENNSYLVANIA ST UNIV 1.645% 09/01/2025	92.76	75,000.00	71,199.75	71,199.75	69,567.00	-1,632.75	-1,632.75
TEXAS ST PUB FAC AUTH 3.295% 10/01/2025	97.15	75,000.00	75,613.50	75,613.50	72,861.00	-2,752.50	-2,752.50
TEXAS ST TRANSN 5.028% 04/01/2026	100.66	100,000.00	99,560.00	99,560.00	100,655.00	1,095.00	1,095.00
TOTAL FOR MUNICIPAL BONDS		350,000.00	341,372.25	341,372.25	336,843.00	-4,529.25	-4,529.25



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YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES
LOCAL 1205 PENSION PLAN
TRADE DATE
AS OF 12/31/22

ACCOUNT NUMBER: 1001186

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
SHORT TERM INVESTMENT FUNDS							
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	131,704.38	131,704.38	131,704.38	131,704.38	0.00	0.00
TOTAL FOR SHORT TERM INVESTMEN		131,704.38	131,704.38	131,704.38	131,704.38	0.00	0.00
U.S. TREASURY NOTES							
U.S. TREASURY NOTES 0.25% 06/30/25	90.59	100,000.00	97,152.00	99,987.50	90,590.00	-6,562.00	-9,397.50
U.S. TREASURY NOTES 2.875% 07/31/2025	96.61	35,000.00	37,194.50	34,875.00	33,812.10	-3,382.40	-1,062.90
U.S. TREASURY BONDS 5.375% 2/15/31	109.75	25,000.00	33,456.00	31,854.47	27,438.50	-6,017.50	-4,415.97
U.S. TREASURY NOTE 0.75% 08/31/2026	88.54	50,000.00	48,881.00	50,003.13	44,271.50	-4,609.50	-5,731.63
U.S. TREASURY NOTE 2% 02/15/2023	99.73	50,000.00	50,863.50	48,660.24	49,864.50	-999.00	1,204.26
U.S. TREASURY NOTE 2.75% 08/15/2032	91.06	100,000.00	95,449.22	95,449.22	91,063.00	-4,386.22	-4,386.22
U.S. TREASURY NOTE 3.125% 08/15/2025	97.09	100,000.00	98,726.56	98,726.56	97,086.00	-1,640.56	-1,640.56
U.S. TREASURY NOTE 3.125% 08/31/2029	94.93	100,000.00	98,273.44	98,273.44	94,934.00	-3,339.44	-3,339.44
U.S. TREASURY NOTE 4.125% 11/15/2032	102.05	130,000.00	132,574.61	132,574.61	132,661.10	86.49	86.49
U.S. TREASURY NOTES .125% 7/15/2023	97.57	250,000.00	248,192.50	249,810.94	243,925.00	-4,267.50	-5,885.94
U.S. TREASURY NOTES 0.125% 05/15/23	98.35	500,000.00	497,130.00	500,154.69	491,760.00	-5,370.00	-8,394.69
U.S. TREASURY NOTES 0.25% 05/31/25	90.78	150,000.00	145,909.50	150,050.00	136,171.50	-9,738.00	-13,878.50
U.S. TREASURY NOTES 0.25% 08/31/25	89.92	250,000.00	242,177.50	249,921.88	224,805.00	-17,372.50	-25,116.88
U.S. TREASURY NOTES 0.5% 05/31/27	85.73	150,000.00	143,631.00	150,800.00	128,601.00	-15,030.00	-22,199.00
U.S. TREASURY NOTES 0.5% 06/30/27	85.54	100,000.00	95,688.00	100,471.88	85,539.00	-10,149.00	-14,932.88
U.S. TREASURY NOTES 0.625% 05/15/30	79.15	100,000.00	93,500.00	100,503.12	79,145.00	-14,355.00	-21,358.12
U.S. TREASURY NOTES 1.25% 07/31/2023	98.03	25,000.00	25,250.00	24,659.37	24,507.75	-742.25	-151.62
U.S. TREASURY NOTES 1.25% 08/31/2024	94.67	300,000.00	302,754.00	312,651.56	284,004.00	-18,750.00	-28,647.56
U.S. TREASURY NOTES 1.5% 08/15/2026	91.15	50,000.00	50,566.50	48,885.94	45,574.00	-4,992.50	-3,311.94
U.S. TREASURY NOTES 1.625% 02/15/2026	92.48	50,000.00	50,859.50	50,545.27	46,242.00	-4,617.50	-4,303.27
U.S. TREASURY NOTES 1.625% 08/15/2029	86.78	100,000.00	101,449.00	109,737.50	86,777.00	-14,672.00	-22,960.50
U.S. TREASURY NOTES 1.625% 11/30/2026	91.19	100,000.00	101,703.00	107,862.50	91,191.00	-10,512.00	-16,671.50
U.S. TREASURY NOTES 1.875% 08/31/2024	95.65	50,000.00	51,271.50	50,057.81	47,824.00	-3,447.50	-2,233.81
U.S. TREASURY NOTES 2% 02/15/2025	95.15	20,000.00	20,600.00	19,896.41	19,029.60	-1,570.40	-866.81
U.S. TREASURY NOTES 2.0% 11/15/2026	92.46	20,000.00	20,688.20	19,665.63	18,491.40	-2,196.80	-1,174.23
U.S. TREASURY NOTES 2.25% 11/15/2024	96.04	25,000.00	25,918.00	25,148.43	24,010.75	-1,907.25	-1,137.68
U.S. TREASURY NOTES 2.25% 11/15/2027	92.15	30,000.00	31,496.40	29,282.35	27,644.40	-3,852.00	-1,637.95
U.S. TREASURY NOTES 2.375% 05/15/2027	93.23	25,000.00	26,384.75	24,753.13	23,307.75	-3,077.00	-1,445.38
U.S. TREASURY NOTES 2.75% 02/15/2028	94.03	55,000.00	59,442.90	54,552.05	51,714.85	-7,728.05	-2,837.20
U.S. TREASURY NOTES 2.875% 05/15/2028	94.36	15,000.00	16,342.35	14,993.75	14,153.40	-2,188.95	-840.35
U.S. TREASURY NT 0.25% 04/15/23	98.84	150,000.00	149,496.00	150,542.19	148,254.00	-1,242.00	-2,288.19
U.S. TREASURY NTS 0.125% 9/15/23	96.86	150,000.00	148,629.00	149,932.81	145,294.50	-3,334.50	-4,638.31
U.S. TREASURY NTS 0.5% 04/30/27	86.11	100,000.00	95,922.00	100,612.50	86,106.00	-9,816.00	-14,506.50
U.S. TREASURY NOTES 0.375% 07/31/27	84.84	150,000.00	142,471.50	149,300.00	127,254.00	-15,217.50	-22,046.00



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U.S. TREASURY NOTES (CONT.)							
U.S. TREASURY NTS 3.125% 08/31/2027	96.18	100,000.00	98,578.13	98,578.13	96,180.00	-2,398.13	-2,398.13
US TREASURY NOTE 2.875% 05/15/2032	92.16	165,000.00	163,794.73	163,794.73	152,057.40	-11,737.33	-11,737.33
US TREASURY NOTES 0.875% 11/15/2030	79.93	100,000.00	95,074.00	96,378.13	79,930.00	-15,144.00	-16,448.13
US TREASURY NOTES 1.125% 02/15/2031	81.50	200,000.00	194,102.00	198,552.35	163,008.00	-31,094.00	-35,544.35
TOTAL FOR U.S. TREASURY NOTES		4,170,000.00	4,131,592.79	4,192,499.22	3,854,223.00	-277,369.79	-338,276.22
US TREASURY INFLATION PROTECTED SECURITI							
U.S. TREASURY BND TIPS 0.625% 2/15/43	80.62	45,361.40	52,302.43	48,116.79	36,569.91	-15,732.52	-11,546.88
TOTAL FOR US TREASURY INFLATIO		45,361.40	52,302.43	48,116.79	36,569.91	-15,732.52	-11,546.88
TOTAL ASSETS		10,202,766.15	10,203,449.23	10,345,793.53	9,485,629.76	-717,819.47	-860,163.77

PENDING TRANSACTIONS

U.S. TREASURY NOTE 4.125% 11/15/2032	-725.86
U.S. TREASURY NOTE 4.125% 11/15/2032	-132,574.61
TOTAL PENDING TRANSACTIONS	-133,300.47
CASH	0.00
TOTAL MARKET VALUE	9,352,329.29

LOCAL 1205 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2022

ATTACHMENT TO 2022 FORM 5500 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Name: Local 1205 Pension Fund
Plan Sponsor's Name: Board of Trustees of Local 1205 Pension Fund

EIN: 11-1880353
PN: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	NEUBERGER BERMAN	STRATEGIC INCOME FD CL R6	\$ 40,725,580	\$ 34,966,993
	THE PRINCIPAL FINANCIAL GROUP	U.S. PROPERTY SEPARATE ACCT	1,658,131	12,136,613
	BOYD WATTERSON ASSET MANAGEMENT	BOYD WATTERSON GSA FUND, LP	14,782,348	19,770,812
	CLEARBRIDGE	CLEARBRIDGE INVESTMENT TRUST INTERNATIONAL GROWTH FUND	3,444,633	3,667,900
	CRESCENT CAPITAL	CRESCENT CAPITAL COLLECTIVE INVESTMENT TRUST	7,677,936	7,612,772
	INVESCO TRUST COMPANY	INVESCO INTERNATIONAL SELECT EQUITY TRUST	3,367,000	2,752,336
	ULLICO INVESTMENT COMPANY INC	ULLICO INFRASTRUCTURE FUND, LP	10,791,255	11,577,716
	PRINCIPAL	STABLE VALUE FUND	1,009,433	1,009,433
		SUBTOTAL	83,456,316	93,494,575
		HELD BY AMALGAMATED BANK	53,753,723	108,851,641
		HELD BY AMALGAMATED BANK	2,999,988	2,793,883
		HELD BY AMALGAMATED BANK	10,212,493	9,352,329
		TOTAL INVESTMENTS	\$ 150,422,520	\$ 214,492,428

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2021.

Age	Total	Years of Credited Service							
		1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 & over
Under 25	13	12	1	—	—	—	—	—	—
25 - 29	47	35	12	—	—	—	—	—	—
30 - 34	59	45	13	1	—	—	—	—	—
35 - 39	42	14	20	3	5	—	—	—	—
40 - 44	57	17	17	9	10	4	—	—	—
45 - 49	74	20	11	10	20	11	2	—	—
50 - 54	94	13	15	11	29	14	8	4	—
55 - 59	92	10	10	4	35	14	9	6	4
60 - 64	62	2	5	7	23	12	4	8	1
65 - 69	19	—	4	—	5	6	1	3	—
70 & over	1	—	—	—	1	—	—	—	—
Total	560	168	108	45	128	61	24	21	5

Note: Excludes 62 participants with less than one year of credited service.

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2003	\$10,225,931	11	\$1,274,485
Change in assumptions	01/01/2004	863,418	12	101,594
Plan amendment	01/01/2004	1,212,161	12	142,629
Plan amendment	01/01/2005	2,268,406	13	253,660
Plan amendment	01/01/2006	770,298	14	82,317
Plan amendment	01/01/2007	494,295	15	50,720
Actuarial loss	01/01/2008	18,285	1	18,285
Plan amendment	01/01/2008	132,003	1	132,003
Plan amendment	01/01/2009	149,813	2	77,440
Investment loss subject to relief	01/01/2009	4,453,879	16	440,633
Plan amendment	01/01/2010	74,127	3	26,398
Investment loss subject to relief	01/01/2010	582,504	16	57,629
Plan amendment	01/01/2011	125,486	4	34,623
Change in assumptions	01/01/2011	823,030	4	227,086
Investment loss subject to relief	01/01/2011	2,421,669	16	239,581
Plan amendment	01/01/2012	116,478	5	26,549
Investment loss subject to relief	01/01/2012	3,108,279	16	307,509
Plan amendment	01/01/2013	87,037	6	17,065
Investment loss subject to relief	01/01/2013	3,252,438	16	321,771
Plan amendment	01/01/2014	103,257	7	17,906
Change in assumptions	01/01/2014	1,043,326	7	180,928
Investment loss subject to relief	01/01/2014	3,366,082	16	333,015
Plan amendment	01/01/2015	201,099	8	31,474
Plan amendment	01/01/2016	133,985	9	19,220

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2017	131,994	10	17,564
Actuarial loss	01/01/2017	288,219	10	38,351
Plan amendment	01/01/2019	154,289	12	18,154
Plan amendment	01/01/2020	142,739	13	15,962
Plan amendment	01/01/2021	277,933	14	29,701
Plan amendment	01/01/2022	161,358	15	16,557
Total		\$37,183,818		\$4,550,809

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2005	\$4,218,779	13	\$471,757
Actuarial gain	01/01/2009	190,679	2	98,564
Actuarial gain	01/01/2010	1,583,261	3	563,836
Change in assumptions	01/01/2010	1,641,283	3	584,499
Actuarial gain	01/01/2011	507,957	4	140,153
Actuarial gain	01/01/2012	264,446	5	60,277
Change in assumptions	01/01/2013	373,103	6	73,155
Actuarial gain	01/01/2013	1,720,922	6	337,423
Actuarial gain	01/01/2014	3,160,676	7	548,106
Actuarial gain	01/01/2015	919,480	8	143,910
Actuarial gain	01/01/2016	118,125	9	16,944
Actuarial gain	01/01/2018	730,862	11	91,089
Change in assumptions	01/01/2018	2,891,118	11	360,328
Actuarial gain	01/01/2019	131,682	12	15,494
Actuarial gain	01/01/2020	2,268,341	13	253,653
Actuarial gain	01/01/2021	7,309,635	14	781,140
Actuarial gain	01/01/2022	13,282,821	15	1,362,974
Change in assumptions	01/01/2022	174,300	15	17,885
Total		\$41,487,470		\$5,921,187

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.22%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2020 (previously, the MP-2019 scale was used)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 12.8%, for the Plan Year ending December 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 15.9%, for the Plan Year ending December 31, 2021
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.
Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2022: – Annual administrative expenses, previously \$460,000 – Mortality for healthy lives, previously based on the RP-2014 Blue Collar Employee and Annuitant Mortality Tables projected generationally from 2014 using Scale MP-2018 – Mortality for disabled lives, previously based on the RP-2014 Disabled Annuitant Mortality Table projected generationally from 2014 using Scale MP-2018

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates

Healthy: Pri-2012 Blue Collar Employee and Annuitant Amount-Weighted Mortality Tables projected generationally from 2012 using Scale MP-2021

Disabled: Pri-2012 Disabled Annuitant Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table projected generationally from 2012 using Scale MP-2021

The underlying tables with generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and these years.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths by age and liability change and the projected number and liability change based on the prior years' assumption over the past several years.

Annuitant Mortality Rates

Age	Rate (%) ¹					
	Healthy		Disabled		Contingent Survivor	
	Male	Female	Male	Female	Male	Female
55	0.64	0.49	2.17	1.47	1.69	0.82
60	0.93	0.71	2.35	1.71	2.05	1.09
65	1.27	1.08	2.87	2.13	2.59	1.53
70	2.05	1.64	3.94	2.84	3.42	2.18
75	3.33	2.62	5.81	4.04	4.71	3.20
80	5.72	4.35	8.92	6.15	6.78	4.82
85	9.78	7.49	13.71	9.87	10.20	7.68
90	16.54	13.05	20.52	16.11	16.32	13.05

¹ Mortality rates shown for base table.

Section 3: Certificate of Actuarial Valuation

Termination Rates

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.07	0.02	0.06	8.73
25	0.07	0.03	0.09	9.26
30	0.07	0.03	0.11	6.10
35	0.07	0.04	0.15	4.39
40	0.09	0.06	0.22	3.50
45	0.12	0.09	0.36	3.11
50	0.18	0.13	0.61	2.82
55	0.28	0.20	1.01	1.46
60	0.44	0.30	1.63	1.10

¹ Mortality rates shown for base table.

² Withdrawal rates shown are tripled during the first five years of employment. Withdrawal rates do not apply at or beyond early retirement age.

The termination rates and disability rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to terminations by age and disability retirements and the projected number and liability change based on the prior years' assumption over the past several years.

Section 3: Certificate of Actuarial Valuation

Retirement Rates for Active Participants

Age	Retirement Rates ¹
Less than 50	0%
50 – 54	2%
55 – 59	10%
60 – 64	15%
65 – 71	20%
72 and older	100%

¹ If years of credited service are greater than or equal to 30, age is less than 60, and the hourly contribution rate is greater than or equal to \$1.20, the retirement rates are equal to 15%.

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to retirements by age and the projected number and liability change based on the prior years' assumption over the past several years.

Description of Weighted Average Retirement Age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2022 actuarial valuation.

Retirement Rates for Inactive Vested Participants

Age	Retirement Rates ¹
60	60%
61 – 69	15%
70 and older	100%

¹ If years of credited service are greater than or equal to 30, age is less than 60, and the hourly contribution rate is greater than or equal to \$1.20, the retirement rates are equal to 15%.

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to retirements by age and the projected number and liability change based on the prior years' assumption over the past several years.

Future Benefit Accruals

One service credit per year

The future benefit accruals were based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Section 3: Certificate of Actuarial Valuation

Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as participants with at least 400 hours in the most recent plan year and who have accumulated at least one year of credited service, excluding those who have retired as of the valuation date.
Percent Married	75%
Age of Spouse	Spouses of male participants are three years younger and spouses of female participants are three years older.
Benefit Election	All participants are assumed to elect the single life annuity with 60 months guaranteed form of payment.
Severance Benefit Load	A 25% load is applied to the severance benefit liability to account for required interest rate adjustments. The assumption for severance benefit load is based on historical and current demographic data, estimated future experience and professional judgement. As part of the analysis, a comparison was made between actual and expected severance benefit payouts over the past several years.
Eligibility for Delayed Retirement Factors	Inactive vested participants who are assumed to commence receipt of benefits after attaining the later of normal retirement age or age at termination qualify for delayed retirement increases.
Net Investment Return	7.00% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$515,000, payable monthly, for the year beginning January 1, 2022 (equivalent to \$496,562 payable at the beginning of the year) or 16.7% of Normal Cost. The annual administrative expenses were based on historical and current data, estimated future experience and professional judgment.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five year period (ten-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus the greater of years of credited service for accrual of benefits or vesting. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit L</i> .

Section 3: Certificate of Actuarial Valuation

Current Liability Assumptions	<i>Interest:</i> 2.22%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected generationally from 2006 using scale MP-2020 (previously, the MP-2019 scale was used)
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g):</i> 12.8%, for the Plan Year ending December 31, 2021 <i>On current (market) value of assets (Schedule MB, line 6h):</i> 15.9%, for the Plan Year ending December 31, 2021
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Actuarial Models	Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.
Justification for Change in Actuarial Assumptions (Schedule MB, line 11)	For purposes of determining current liability, the current liability interest rate was changed from 2.43% to 2.22% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 413(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2022: – Annual administrative expenses, previously \$460,000 – Mortality for healthy lives, previously based on the RP-2014 Blue Collar Employee and Annuitant Mortality Tables projected generationally from 2014 using Scale MP-2018 – Mortality for disabled lives, previously based on the RP-2014 Disabled Annuitant Mortality Table projected generationally from 2014 using Scale MP-2018

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2022	\$689,796	\$574,396	\$7,260,537	\$8,524,729
2023	1,368,835	561,287	7,098,939	9,029,061
2024	2,061,055	854,654	6,926,890	9,842,599
2025	2,735,853	1,124,139	6,737,361	10,597,353
2026	3,339,021	1,308,331	6,577,248	11,224,600
2027	3,910,760	1,539,543	6,395,257	11,845,560
2028	4,429,331	1,813,808	6,161,346	12,404,485
2029	4,983,646	2,047,871	5,978,989	13,010,506
2030	5,440,687	2,236,943	5,781,277	13,458,907
2031	5,877,237	2,474,632	5,564,300	13,916,169
2032	6,246,146	2,663,915	5,354,882	14,264,943
2033	6,549,398	2,910,382	5,151,394	14,611,174
2034	6,787,317	3,060,936	4,943,297	14,791,550
2035	7,035,588	3,216,162	4,730,842	14,982,592
2036	7,204,441	3,338,664	4,514,285	15,057,390
2037	7,333,039	3,455,622	4,293,948	15,082,609
2038	7,395,770	3,638,815	4,070,248	15,104,833
2039	7,453,947	3,713,300	3,843,707	15,010,954

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2040	\$7,468,811	\$3,772,698	\$3,614,988	\$14,856,497
2041	7,450,004	3,832,073	3,384,943	14,667,020
2042	7,382,820	3,896,577	3,154,556	14,433,953
2043	7,290,287	3,900,310	2,924,914	14,115,511
2044	7,162,547	3,877,459	2,697,212	13,737,218
2045	7,015,034	3,841,854	2,472,750	13,329,638
2046	6,831,247	3,777,490	2,252,931	12,861,668
2047	6,651,948	3,701,733	2,039,228	12,392,909
2048	6,449,328	3,630,890	1,833,119	11,913,337
2049	6,237,154	3,535,732	1,636,034	11,408,920
2050	6,001,467	3,435,473	1,449,328	10,886,268
2051	5,747,341	3,313,459	1,274,226	10,335,026
2052	5,501,165	3,205,533	1,111,710	9,818,408
2053	5,219,974	3,052,017	962,492	9,234,483
2054	4,938,163	2,919,283	826,947	8,684,393
2055	4,645,874	2,775,689	705,089	8,126,652
2056	4,360,257	2,616,253	596,601	7,573,111
2057	4,082,726	2,456,273	500,857	7,039,856

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2058	\$3,807,702	\$2,301,033	\$417,050	\$6,525,785
2059	3,533,234	2,147,483	344,266	6,024,983
2060	3,266,903	1,995,089	281,563	5,543,555
2061	3,007,576	1,841,682	228,014	5,077,272
2062	2,766,462	1,697,952	182,729	4,647,143
2063	2,529,079	1,552,887	144,848	4,226,814
2064	2,309,008	1,420,803	113,529	3,843,340
2065	2,099,591	1,291,974	87,957	3,479,522
2066	1,908,106	1,166,058	67,333	3,141,497
2067	1,730,351	1,047,515	50,916	2,828,782
2068	1,564,903	938,990	38,014	2,541,907
2069	1,411,098	835,995	28,013	2,275,106
2070	1,270,764	741,221	20,374	2,032,359
2071	1,141,470	654,683	14,630	1,810,783

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$5,121,308	-	\$5,121,308
2023	\$5,127,201	-	\$5,127,201
2024	\$5,146,239	-	\$5,146,239
2025	\$5,186,158	-	\$5,186,158
2026	\$5,191,427	-	\$5,191,427
2027	\$5,196,801	-	\$5,196,801
2028	\$5,202,282	-	\$5,202,282
2029	\$5,207,873	-	\$5,207,873
2030	\$5,213,576	-	\$5,213,576
2031	\$5,219,393	-	\$5,219,393

Attachment to 2022 Form 5500
Schedule R, Line 13d and 13e - Contributing Employer Information

Plan Name: Local 1205 Pension Fund

EIN: 11-1880353

Plan Sponsor's Name: Board of Trustees of Local 1205 Pension Fund

PN: 001

Name of Employer	Rate	CBA Exp. Date
Dykes Lumber	\$1.30/hour	6/30/2028
Dykes Lumber	\$3.90/hour	6/30/2027
New School	7% or 10% of salary	6/30/2022

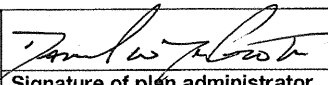
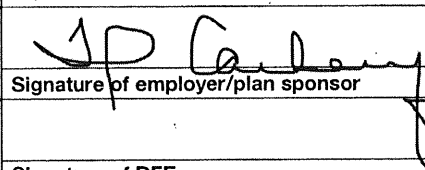
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information - enter all requested information	
1a Name of plan LOCAL 1205 PENSION FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 01/01/1954
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND 246 CONKLIN STREET FARMINGDALE NY 11735	2b Employer Identification Number (EIN) 11-1880353 2c Plan Sponsor's telephone number (516) 501-1205 2d Business code (see instructions) 444190

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

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

SIGN HERE		10/12/2023	DAN DECROTIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/2023	TOM CARBERRY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

A Name of plan LOCAL 1205 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353

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

1a Enter the valuation date: Month 01 Day 01 Year 2022

b Assets	
(1) Current value of assets	1b(1) 248,857,677
(2) Actuarial value of assets for funding standard account.....	1b(2) 220,287,264
c (1) Accrued liability for plan using immediate gain methods	1c(1) 182,741,732
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 168,795,541
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 345,567,861
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 11,467,421
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 8,528,024
(3) Expected plan disbursements for the plan year	1d(3) 9,043,024

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

SIGN HERE	Jonathan Scarpa 	10/04/2023
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Signature of actuary	Date
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JONATHAN SCARPA, FSA, MAAA	2308268
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Type or print name of actuary	Most recent enrollment number
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SEGAL	212-251-5000
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Firm name	Telephone number (including area code)
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333 WEST 34TH STREET	
----------------------	--

NEW YORK NY 10001-2402	
------------------------	--

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

- k** Has a change been made in funding method for this plan year? ☐ Yes ☒ No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No
- m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability 6a 2.22 %
- | | Pre-retirement | Post-retirement |
|--|--|--|
| b Rates specified in insurance or annuity contracts | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 7.00 % | 7.00 % |
| e Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | 7.00 % |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 12.8 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 15.9 % |
| i Expense load included in normal cost reported in line 9b | 6i | ☐ N/A |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) | % |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) | 496,562 |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	161,358	16,557
1	-13,282,821	-1,362,974
4	-174,300	-17,885

8 Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval 8a
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

3,477,915

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

37,183,818

4,550,809

(2) Funding waivers

9c(2)

0

0

(3) Certain bases for which the amortization period has been extended

9c(3)

0

0

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

9d

562,011

e Total charges. Add lines 9a through 9d

9e

8,590,735

Credits to funding standard account:

f Prior year credit balance, if any

9f

33,241,880

g Employer contributions. Total from column (b) of line 3

9g

4,871,104

Outstanding balance

h Amortization credits as of valuation date

9h

41,487,470

5,921,187

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

9i

2,897,696

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

0

(2) "RPA '94" override (90% current liability FFL)

9j(2)

94,373,130

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

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

9l

46,931,867

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

9m

38,341,132

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

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

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

10

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

☒ Yes ☐ No