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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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 11735-2607

246 CONKLIN STREET
FARMINGDALE, NY 11735-2607

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	Filed with authorized/valid electronic signature.	10/07/2024	DAN DECROTIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2024	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1548
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)**	687
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	702
b	Retired or separated participants receiving benefits	**6b**	510
c	Other retired or separated participants entitled to future benefits	**6c**	376
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1588
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	93
f	Total. Add lines **6d** and **6e**.	**6f**	1681
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.

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		01/01/2023	12/31/2023

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
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	10637026

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 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY 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
06-1050034	93629	017514		01/01/2023	12/31/2023

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

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

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	1009433
c	Additions: (1) Contributions deposited during the year	7c(1)	3020636		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	40499		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	3061135
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4070568
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) ▶ CASH	7e(4)	3250000		
	(5) Total deductions			7e(5)	3250000
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	820568

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2023		
b	Assets		
(1)	Current value of assets	**1b(1)**	215734797
(2)	Actuarial value of assets for funding standard account	**1b(2)**	232180953
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	190872503
(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)**	177215197
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)**	339706067
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	10360887
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	9404153
(3)	Expected plan disbursements for the plan year	**1d(3)**	9934153

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

	10/10/2024
Signature of actuary	Date
JONATHAN SCARPA, FSA, MAAA	23-08268
Type or print name of actuary	Most recent enrollment number
SEGAL	212-251-5000
Firm name	Telephone number (including area code)
333 WEST 34TH STREET, NEW YORK, NY 10001-2402	
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	215734797
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		489	119582078
(2) For terminated vested participants		385	76948556
(3) For active participants:			
(a) Non-vested benefits			8232097
(b) Vested benefits			134943336
(c) Total active		536	143175433
(4) Total		1410	339706067
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.51 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/15/2023	5043456				

	Totals ►	**3(b)**	5043456	**3(c)**	
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	131.0 %
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, does line 1(c) reflect any benefit reductions for the first time (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**	

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

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**	2.55 %	
		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**	7.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-12.0 %	
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)**	511025	
(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
1	7981	819
3	163304	16757

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**	3395879

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)**		35088604	4418101
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c		**9d**		546979
e Total charges. Add lines 9a through 9d		**9e**		8360959
Credits to funding standard account:				
f Prior year credit balance, if any		**9f**		38341132
g Employer contributions. Total from column (b) of line 3		**9g**		5043456
			Outstanding balance	
h Amortization credits as of valuation date	**9h**		38055922	5921185
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**		3260173
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		18055947	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		76387556	
(3) FFL credit		**9j(3)**		
k (1) Waived funding deficiency		**9k(1)**		
(2) Other credits		**9k(2)**		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**		52565946
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**		44204987
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**		
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**		
(3) Total as of valuation date		**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 ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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)

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).. . . . . [X] 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

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(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	207455	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRESCENT CAPITAL COLLECTIVE INVEST.

32-6471303

(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?
21 51	NONE	84795	Yes [ ] No [X]	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?
11 16 50	NONE	75485	Yes [ ] No [X]	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)

VENUS TEMPLE

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	43526	Yes [ ] No [X]	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	43096	Yes [ ] No [X]	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?
29 50	NONE	42300	Yes [ ] No [X]	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	41019	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BRIDGEWAY BENEFIT TECHNOLOGIES

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	36858	Yes [ ] No [X]	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	33377	Yes [ ] No [X]	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)

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	29940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELISSA 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?
30 50	EMPLOYEE	27269	Yes [ ] No [X]	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	23989	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CITRIN COOPERMAN ADVISORS LLC

87-2525370

(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	9386	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	5850	Yes [ ] No [X]	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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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	42-0127290-001	**d** Entity code	P
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10637026		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LONGVIEW LARGE CAP 500 INDEX		
b Name of sponsor of entity listed in (a):	AMALGAMATED BANK		
c EIN-PN	12-4920330-009	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33758125		
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)	38501466		
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)	37224524		
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)	6738831		
a Name of MTIA, CCT, PSA, or 103-12 IE:	LONGVIEW MIDCAP 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)	3253049		
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)	12876352		

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:

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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:

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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, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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 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	730482	761485
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	480016	452579
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	91289	214815
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	422252	16450137
(2) U.S. Government securities	1c(2)	4543291	4411021
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4559066	5017543
(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)	19770812	21065072
(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)	117755032	119475995
(10) Value of interest in pooled separate accounts	1c(10)	12136613	10637026
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	11577716	12876352
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39050313	44731449
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	4677333	6548763

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	27756	26912
f Total assets (add all amounts in lines 1a through 1e)	1f	215821971	242669149
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	87174	57451
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	87174	57451
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	215734797	242611698

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)	5043456	
(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)		5043456
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	260781	
(B) U.S. Government securities	2b(1)(B)	76054	
(C) Corporate debt instruments	2b(1)(C)	144062	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	751284	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1232181
(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)	2042872	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2042872
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	28597069	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20385891	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		8211178
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-7400308	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-7400308

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		26555045
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		-1204658
(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)**		2139545
c Other income	**2c**		
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		36619311
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	8699822	
(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)**		8699822
f Corrective distributions (see instructions)	**2f**		
g Certain deemed distributions of participant loans (see instructions)	**2g**		
h Interest expense	**2h**		
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	189016	
(2) Contract administrator fees	**2i(2)**		
(3) Recordkeeping fees	**2i(3)**	5568	
(4) IQPA audit fees	**2i(4)**	29940	
(5) Investment advisory and investment management fees	**2i(5)**	515728	
(6) Bank or trust company trustee/custodial fees	**2i(6)**		
(7) Actuarial fees	**2i(7)**	73541	
(8) Legal fees	**2i(8)**	42404	
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	186391	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		1042588
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		9742410
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		26876901
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CALIBRE CPA GROUP, PLLC **(2)** EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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 [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 523022.

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).

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OMB No. 1210-0110

2023

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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

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**

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 2021713

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 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 453502

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 316270

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 2024

e Contribution rate information *(If more than one rate applies, check this box* ☒ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): % OF SALARIES

a Name of contributing employer SUFFOLK CEMENT PRODUCTS INC

b EIN 11-2105488 **c** Dollar amount contributed by employer 315938

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 08 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 INC

b EIN 22-2001740 **c** Dollar amount contributed by employer 438910

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) 5.25
(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 398487

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 05 Day 31 Year 2028

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):

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 KINGS MATERIAL HANDLING CORP

b EIN 11-2571937 **c** Dollar amount contributed by employer 101591

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) 0.60
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ICE AIR LLC

b EIN 20-1174227 **c** Dollar amount contributed by employer 91180

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) 2.30
(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 83346

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) 2.35
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer RUSSIN LUMBER CORP

b EIN 11-1823794 **c** Dollar amount contributed by employer 83287

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 21 Year 2028

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) 1.90
(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: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	376
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**	363
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**	356

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**	1.15
b The corresponding number for the second preceding plan year	**15b**	1.03

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**	2
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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 55.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.0 %
High-Yield Debt: 3.0 % Real Assets: 15.0 % Cash or Cash Equivalents: 0.0 % Other: 6.0 %

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

LOCAL 1205 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2023

LOCAL 1205 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2023 AND 2022

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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, 2023 and 2022, 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, 2023 and 2022, 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 Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2023, and supplemental schedule of reportable transactions for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements, but are 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 2023 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Calibre CPA Group, PLLC

New York, NY
August 20, 2024

LOCAL 1205 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2023 AND 2022

	2023	2022
Assets		
Investments, at fair value		
Cash equivalents	$ 16,450,137	$ 422,252
U.S. Government securities	4,411,021	4,543,291
Corporate bonds	5,017,543	4,559,066
Registered investment companies	44,731,449	39,050,313
Collective trust funds	119,475,995	117,755,032
Commingled investment trust	5,728,194	3,667,900
Limited partnerships	33,941,424	31,348,528
Pooled separate account	10,637,026	12,136,613
Stable value fund	820,569	1,009,433
Total investments	241,213,358	214,492,428
Receivables		
Employer contributions	452,579	480,016
Interest and dividends	155,794	56,009
Due from related parties	59,021	35,280
Total receivables	667,394	571,305
Cash	761,485	730,482
Prepaid expenses and other assets	26,912	27,756
Total assets	242,669,149	215,821,971
Liabilities		
Accounts payable and accrued expenses	57,451	87,174
Net assets available for benefits	$ 242,611,698	$ 215,734,797

See accompanying notes to financial statements.

LOCAL 1205 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	$ 27,829,193	$ (32,345,406)
Interest and dividends	3,746,662	3,360,822
	31,575,855	(28,984,584)
Less: investment expenses	515,728	541,258
Net investment income (loss)	31,060,127	(29,525,842)
Employer contributions	5,043,456	4,871,104
Total additions	36,103,583	(24,654,738)
Deductions		
Benefits paid to participants	8,699,822	7,938,620
Administrative expenses	526,860	529,522
Total deductions	9,226,682	8,468,142
Net change	26,876,901	(33,122,880)
Net assets available for benefits		
Beginning of year	215,734,797	248,857,677
End of year	$ 242,611,698	$ 215,734,797

See accompanying notes to financial statements.

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, 2023 and 2022.

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 recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized 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. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

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.

Operating Leases - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for leases obligations that are not material to the financial statements and therefore related disclosures under accounting standards for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncement Adopted - During the year ended December 31, 2023, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires employee benefit plans to immediately recognize the estimated expected credit losses over the life of a financial instrument, including contribution receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective January 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

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, 2023 and 2022, 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.

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

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.

The significant actuarial assumptions used in the valuation as of December 31, 2022 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:

Age	Retirement Rates*
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:

Age	Retirement Rates*
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%.

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Termination Rates Before Retirement:

	Rate (%)			
	Mortality*			
Age	Male	Female	Disability	Withdrawal**
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.

Administrative Expenses: $530,000 annually

Actuarial Assumption Changes: Based on experience and future expectations, actuarial assumptions for 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, 2023. Had the valuation been performed as of December 31, 2022, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2022 is shown below:

Actuarial present value of accumulated plan benefits	
Participants and beneficiaries currently receiving benefits	$ 76,969,462
Other vested benefits	96,814,995
Total vested benefits	173,784,457
Actuarial present value of non-vested accumulated plan benefits	3,430,740
Total actuarial present value of accumulated plan benefits	$ 177,215,197

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, 2022	$ 168,795,541
Changes during year due to:	
Benefits accumulated, net experience gains or losses and changes in data	4,843,594
Benefits paid	(7,938,620)
Interest	11,514,682
Net change	8,419,656
Actuarial present value of accumulated plan benefits - December 31, 2022	$ 177,215,197

Since information on the accumulated plan benefits at December 31, 2023, 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, 2023, 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, 2022.

Pension Protection Act Filings

For each of the years ended December 31, 2023 and 2022, 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, 2023 and 2022.

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, 2023.

	Assets at Fair Value as of December 31, 2023			
Description	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 16,450,137	$ -	$ 16,450,137	$ -
U.S. Government securities	4,411,021	4,411,021	-	-
Corporate bonds	5,017,543	-	5,017,543	-
Registered investment companies	44,731,449	44,731,449	-	-
Stable value fund	820,569	-	-	820,569
Total assets in fair value hierarchy	71,430,719	$ 49,142,470	$ 21,467,680	$ 820,569
Investments measured at NAV*	169,782,639			
Total assets at fair value	$ 241,213,358			

* 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, 2022.

	Assets at Fair Value as of December 31, 2022			
Description	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	$ 214,492,428			

* 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 $3,061,136 and $1,009,433 for the years ended December 31, 2023 and 2022, respectively. Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), was $3,250,000 and $0 for the years ended December 31, 2023 and 2022 respectively. There were no transfers of investments into or out of Level 3 assets.

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, 2023 and 2022. 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, 2023 and 2022.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Description	Fair Value 12/31/23	Fair Value 12/31/22	Redemption Frequency	Redemption Notice Period
Collective Trust Funds				
Longview Largecap 500 Index Fund	$ 33,758,125	$ 42,764,507	Daily	1 day
Longview Largecap 1000 Growth Index Fund	38,501,466	27,555,364	Daily	1 day
Longview Largecap 1000 Value Index Fund	37,224,524	34,276,340	Daily	1 day
Longview Midcap 400 Index Fund	3,253,049	2,793,713	Daily	1 day
Crescent Capital Trust II (a)	6,738,831	7,612,772	See (a)	See (a)
Invesco International Select Equity Trust	-	2,752,336	Daily	1 day
Commingled Investment Trust				
ClearBridge Intl. Growth Portfolio (b)	5,728,194	3,667,900	Daily	5 days
Pooled Separate Account				
Principal U.S. Property	10,637,026	12,136,613	Daily	1 day
Limited partnerships				
Ullico Infrastructure Fund, LP (c)	12,876,352	11,577,716	See (c)	See (c)
Boyd Watterson GSA Fund, LP (d)	18,872,884	19,770,812	Quarterly	60 Days
Boyd Watterson State Government Fund (e)	2,192,188	-	Quarterly	60 Days
	$ 169,782,639	$ 164,908,073		

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, 2023 and 2022, the Plan had an unfunded commitment of $955,595 towards the Trust.

b) This Trust 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 Fund 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.

e) This Fund invests in a diversified portfolio of real estate investments in commercial properties primarily leased to state government agencies.

NOTE 6. OPERATING LEASE AS 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. The lease was extended an additional three years through August 18, 2026. Total payments made under the lease agreement for the years ended December 31, 2023 and 2022, including real estate taxes, totaled $24,871 and $25,668, respectively.

At December 31, 2023, the remaining future lease payments, exclusive of real estate tax and reimbursements from the Welfare Fund under the cost sharing agreement, were as follows:

Years Ended December 31,	Amount
2024	$ 53,844
2025	54,921
2026	34,752
Total future lease payments	$ 143,517

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, 2023 and 2022, totaled $392,694 and $348,894, 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, 2023 and 2022 totaled $2,383 and $1,593, respectively.

Total amounts due from the Welfare Fund and Union totaled $59,021 and $35,280 at December 31, 2023 and 2022, 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, 2023 and 2022, 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 2023 and 2022 is for the multiemployer plan's year ends at December 31, 2023 and 2022, 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 2023 and 2022 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:	
2023	Neither Endangered or Critical Status (Green)
2022	Neither Endangered or Critical Status (Green)
FIP/RP Status:	N/A
Contributions:	
2023	$18,120
2022	$17,974
Surcharge Imposed:	No

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2023 and 2022:

	2023	2022
Total additions per the financial statements	$ 36,103,583	$ (24,654,738)
Add: investment expenses	515,728	541,258
Total income per the Form 5500	$ 36,619,311	$ (24,113,480)

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2023 and 2022:

	2023	2022
Total deductions per the financial statements	$ 9,226,682	$ 8,468,142
Add: investment expenses	515,728	541,258
Total expenses per the Form 5500	$ 9,742,410	$ 9,009,400

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 20, 2024, 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

Exhibit K: 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	• *Age Requirement:* 60 • *Service Requirement:* 15 years of credited service for accrual of benefits (and fifth anniversary participation) • *Amount:* 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.

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

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 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

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

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

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.

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.

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.

<table>
<tr><td>Post-Retirement Death Benefit</td><td>Lump Sum Benefit (payable in addition to the following benefit):

<table><tr><th>Credited Service for Accrual of Benefits</th><th>Amount</th></tr><tr><td>5 – 9 years</td><td>$1,000</td></tr><tr><td>10 – 14 years</td><td>$1,500</td></tr><tr><td>15 or more years</td><td>$2,000 plus $400 for each year in excess of 15 years with a maximum benefit of $10,000</td></tr></table>
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.</td></tr>
<tr><td>Optional Forms of Benefits</td><td>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.</td></tr>
<tr><td>Credited Service for Accrual of Benefits</td><td>400 hours = ¼ credit
1,600 hours = 1 credit
Pro-rata basis for hours during any calendar year between 400 and 1,600</td></tr>
<tr><td>Credited Service for Vesting</td><td>One year of vesting service for each calendar year in which the employee works 750 hours</td></tr>
<tr><td>Contribution Rate</td><td>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, 2023 is $4.15 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.</td></tr>
<tr><td>Changes in Plan Provisions</td><td>The following Plan changes are reflected in this actuarial valuation:
• Benefit level changes due to contribution rate changes</td></tr>
</table>

YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/23

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
CURRENCY									
Cash Portfolio [redacted]	USD	0.00	0.00	167.26	167.26	0.00	0.00	0.00	0.00
Total CURRENCY	USD			167.26	167.26	0.00	0.00	0.00	0.00
SHORT TERM INVESTMENT FUNDS									
DREYFUS GOVERNMENT CASH MGMT Cusip: AB2006208 Portfolio [redacted]	USD	0.20	1.00	0.20	0.20	0.00	0.00	5.00	5.00
Portfolio [redacted]	USD	0.10	1.00	0.10	0.10	0.00	0.00	10.00	10.00
Portfolio [redacted]	USD	15,714,151.37	1.00	15,714,151.37	15,714,151.37	0.00	69,853.55	5.26	5.26
DREYFUS TREASURY & AGENCY CASH MGMT Cusip: AB0678321 Portfolio [redacted]	USD	49,568.01	1.00	49,568.01	49,568.01	0.00	275.03	5.25	5.25
JPMORGAN 100% US TREASURY MONEY MARKET Cusip: 4812A2835 Portfolio [redacted]	USD	436,219.81	1.00	436,219.81	436,219.81	0.00	1,480.62	5.20	5.20
Total SHORT TERM INVESTMENT FUNDS	USD			16,199,939.49	16,199,939.49	0.00	71,609.20	5.26	5.26
Total CASH EQUIVALENTS	USD			16,200,106.75	16,200,106.75	0.00	71,609.20	5.26	5.26
GOVERNMENT & AGENCIES									
U.S. TREASURY NOTES									
U.S TREASURY NOTES 0.25% 06/30/25 Cusip: 912828ZW3 Portfolio [redacted]	USD	100,000.00	93.93	93,926.00	99,987.50	-6,061.50	125.69	0.27	0.25
U.S TREASURY NOTES 2.875% 07/31/2025 Cusip: 912828Y79 Portfolio [redacted]	USD	35,000.00	97.61	34,164.55	34,875.00	-710.45	421.09	2.95	2.89

YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/23

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY BONDS 5.375% 2/15/31 Cusip: 912810FP8 Portfolio [redacted]	USD	25,000.00	109.58	27,395.50	31,854.47	-4,458.97	507.56	4.91	4.22
U.S. TREASURY NOTE 0.75% 08/31/2026 Cusip: 91282CCW9 Portfolio [redacted]	USD	50,000.00	91.68	45,840.00	50,003.13	-4,163.13	126.72	0.82	0.75
U.S. TREASURY NOTE 2.75% 08/15/2032 Cusip: 91282CFF3 Portfolio [redacted]	USD	100,000.00	91.58	91,578.00	95,449.22	-3,871.22	1,038.72	3.00	2.88
U.S. TREASURY NOTE 3.125% 08/15/2025 Cusip: 91282CFE6 Portfolio [redacted]	USD	100,000.00	98.01	98,008.00	98,726.56	-718.56	1,180.37	3.19	3.17
U.S. TREASURY NOTE 3.125% 08/31/2029 Cusip: 91282CFJ5 Portfolio [redacted]	USD	100,000.00	96.04	96,043.00	98,273.44	-2,230.44	1,055.98	3.25	3.18
U.S. TREASURY NOTE 4.125% 11/15/2032 Cusip: 91282CFV8 Portfolio [redacted]	USD	130,000.00	101.65	132,142.40	132,574.61	-432.21	692.41	4.06	4.04
U.S. TREASURY NOTES 0.25% 05/31/25 Cusip: 912828ZT0 Portfolio [redacted]	USD	150,000.00	94.18	141,264.00	150,050.00	-8,786.00	32.79	0.27	0.25
U.S. TREASURY NOTES 0.25% 08/31/25 Cusip: 91282CAJ0 Portfolio [redacted]	USD	250,000.00	93.36	233,390.00	249,921.88	-16,531.88	211.20	0.27	0.25
U.S. TREASURY NOTES 0.5% 05/31/27 Cusip: 912828ZS2 Portfolio [redacted]	USD	150,000.00	89.04	133,558.50	150,800.00	-17,241.50	65.57	0.56	0.50
U.S. TREASURY NOTES 0.5% 06/30/27 Cusip: 912828ZV5									

YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/23

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
Portfolio [redacted]	USD	100,000.00	88.83	88,828.00	100,471.88	-11,643.88	251.37	0.56	0.50
U.S. TREASURY NOTES 0.625% 05/15/30									
Cusip: 912828ZQ6									
Portfolio [redacted]	USD	100,000.00	81.72	81,719.00	100,503.12	-18,784.12	80.70	0.76	0.62
U.S. TREASURY NOTES 1.25% 08/31/2024									
Cusip: 912828YE4									
Portfolio [redacted]	USD	300,000.00	97.55	292,653.00	312,651.56	-19,998.56	1,267.17	1.28	1.20
U.S. TREASURY NOTES 1.5% 08/15/2026									
Cusip: 9128282A7									
Portfolio [redacted]	USD	50,000.00	93.59	46,797.00	48,885.94	-2,088.94	283.29	1.60	1.53
U.S. TREASURY NOTES 1.625% 02/15/2026									
Cusip: 912828P46									
Portfolio [redacted]	USD	50,000.00	94.76	47,381.00	50,545.27	-3,164.27	306.90	1.71	1.61
U.S. TREASURY NOTES 1.625% 08/15/2029									
Cusip: 912828YB0									
Portfolio [redacted]	USD	100,000.00	88.97	88,973.00	109,737.50	-20,764.50	613.79	1.83	1.48
U.S. TREASURY NOTES 1.625% 11/30/2026									
Cusip: 912828YU8									
Portfolio [redacted]	USD	100,000.00	93.46	93,461.00	107,862.50	-14,401.50	142.08	1.74	1.51
U.S. TREASURY NOTES 1.875% 08/31/2024									
Cusip: 9128282U3									
Portfolio [redacted]	USD	50,000.00	97.95	48,976.50	50,057.81	-1,081.31	316.79	1.91	1.87
U.S. TREASURY NOTES 2% 02/15/2025									
Cusip: 912828J27									
Portfolio [redacted]	USD	20,000.00	97.06	19,411.80	19,896.41	-484.61	151.09	2.06	2.01
U.S. TREASURY NOTES 2.0% 11/15/2026									
Cusip: 912828U24									
Portfolio [redacted]	USD	20,000.00	94.54	18,907.80	19,665.63	-757.83	51.65	2.12	2.03

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY NOTES 2.25% 11/15/2024 Cusip: 912828G38 Portfolio [redacted]	USD	25,000.00	97.76	24,440.50	25,148.43	-707.93	72.63	2.30	2.24
U.S. TREASURY NOTES 2.25% 11/15/2027 Cusip: 9128283F5 Portfolio [redacted]	USD	30,000.00	94.02	28,206.90	29,282.35	-1,075.45	87.16	2.39	2.31
U.S. TREASURY NOTES 2.375% 05/15/2027 Cusip: 912828X88 Portfolio [redacted]	USD	25,000.00	94.98	23,745.25	24,753.13	-1,007.88	76.67	2.50	2.40
U.S. TREASURY NOTES 2.75% 02/15/2028 Cusip: 9128283W8 Portfolio [redacted]	USD	55,000.00	95.59	52,574.50	54,552.05	-1,977.55	571.30	2.88	2.77
U.S. TREASURY NOTES 2.875% 05/15/2028 Cusip: 9128284N7 Portfolio [redacted]	USD	15,000.00	95.89	14,383.65	14,993.75	-610.10	55.68	3.00	2.88
U.S. TREASURY NTS 0.5% 04/30/27 Cusip: 912828ZN3 Portfolio [redacted]	USD	100,000.00	89.26	89,262.00	100,612.50	-11,350.50	85.16	0.56	0.50
U.S.TREASURY NOTES 0.375% 07/31/27 Cusip: 91282CAD3 Portfolio [redacted]	USD	150,000.00	88.20	132,304.50	149,300.00	-16,995.50	235.39	0.43	0.38
U.S.TREASURY NTS 3.125% 08/31/2027 Cusip: 91282CFH9 Portfolio [redacted]	USD	100,000.00	97.19	97,188.00	98,578.13	-1,390.13	1,055.98	3.22	3.17
US TREASURY NOTE 2.875% 05/15/2032 Cusip: 91282CEP2 Portfolio [redacted]	USD	165,000.00	92.66	152,895.60	163,794.73	-10,899.13	612.52	3.10	2.90
US TREASURY NOTE 3.875% 08/15/2033 Cusip: 91282CHT1									

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GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
Portfolio [redacted]	USD	125,000.00	99.88	124,843.75	121,583.98	3,259.77	1,829.57	3.88	3.98
US TREASURY NOTES 0.875% 11/15/2030									
Cusip: 91282CAV3									
Portfolio [redacted]	USD	100,000.00	82.15	82,152.00	96,378.13	-14,226.13	112.98	1.07	0.91
US TREASURY NOTES 1.125% 02/15/2031									
Cusip: 91282CBL4									
Portfolio [redacted]	USD	200,000.00	83.47	166,946.00	198,552.35	-31,606.35	849.86	1.35	1.13
Total U.S. TREASURY NOTES	USD			2,943,360.70	3,190,322.96	-246,962.26	14,567.83	1.74	1.60
GOVT NATIONAL MORTGAGE ASSOC I POOLS									
GNMA PL #467022 6.5% 05/15/28									
Cusip: 36209BYT9									
Portfolio [redacted] Original	USD	67.898	103.55	70.31	67.74	2.57	0.37	6.27	6.51
Face: 50,000.0000									
GNMA PL #486802 6.00% 01/15/29									
Cusip: 36210AX77									
Portfolio [redacted] Original	USD	1,300.431	102.84	1,337.41	1,295.26	42.15	6.50	5.83	6.02
Face: 100,000.0000									
GNMA PL #510585 4.500% 2/15/35									
Cusip: 36211EF29									
Portfolio [redacted] Original	USD	664.3103	99.42	660.47	656.93	3.54	2.49	4.53	4.55
Face: 25,000.0000									
GNMA PL #569239 6.000% 3/15/32									
Cusip: 36200QLU6									
Portfolio [redacted] Original	USD	3,489.904	102.88	3,590.24	3,490.41	99.83	17.45	5.83	6.00
Face: 400,000.0000									
GNMA PL #574671 5.000% 4/15/34									
Cusip: 36200WMU2									
Portfolio [redacted] Original	USD	191.7512	100.64	192.98	201.20	-8.22	0.80	4.97	4.77
Face: 26,446.0000									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
GNMA PL #579631 6.000% 2/15/32 Cusip: 36201C4Q4 Portfolio [redacted] Original Face: 200,000.0000	USD	715.302	102.59	733.86	710.59	23.27	3.58	5.85	6.04
GNMA PL #579667 6.000% 3/15/32 Cusip: 36201C6C3 Portfolio [redacted] Original Face: 150,000.0000	USD	1,200.588	103.00	1,236.61	1,222.56	14.05	6.00	5.83	5.89
GNMA PL #580985 6.000% 2/15/32 Cusip: 36201ENA4 Portfolio [redacted] Original Face: 150,000.0000	USD	341.6445	101.23	345.86	339.02	6.84	1.71	5.93	6.05
GNMA PL #581146 6.000% 3/15/32 Cusip: 36201ETB6 Portfolio [redacted] Original Face: 305,000.0000	USD	1,726.4281	101.42	1,750.98	1,721.21	29.77	8.63	5.92	6.02
GNMA PL #581933 6.000% 5/15/32 Cusip: 36201FPS0 Portfolio [redacted] Original Face: 100,000.0000	USD	118.781	102.58	121.84	118.06	3.78	0.59	5.85	6.04
GNMA PL #582097 6.000% 4/15/32 Cusip: 36201FUW5 Portfolio [redacted] Original Face: 100,114.0000	USD	251.135	101.77	255.57	259.21	-3.64	1.26	5.90	5.81
GNMA PL #584244 6.000% 4/15/32 Cusip: 36201JBM0 Portfolio [redacted] Original Face: 150,204.0000	USD	1,513.3789	101.64	1,538.21	1,499.90	38.31	7.57	5.90	6.05
GNMA PL #586535 6.000% 3/15/32 Cusip: 36201LSY1 Portfolio [redacted] Original Face: 151,406.0000	USD	1,283.1825	103.00	1,321.68	1,345.51	-23.83	6.42	5.83	5.72

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
GNMA PL #587074 6.000% 5/15/32 Cusip: 36201MFP2 Portfolio [redacted] Original Face: 100,000.0000	USD	466.976	103.22	482.01	468.32	13.69	2.33	5.81	5.98
GNMA PL #587111 6.000% 6/15/32 Cusip: 36201MGU0 Portfolio [redacted] Original Face: 250,000.0000	USD	2,117.265	103.33	2,187.73	2,107.57	80.16	10.59	5.81	6.03
GNMA PL #604654 6.00% 01/15/36 Cusip: 36200MWP4 Portfolio [redacted] Original Face: 80,000.0000	USD	638.8064	102.92	657.47	668.11	-10.64	3.19	5.83	5.74
GNMA PL #610295 5.00% 07/15/33 Cusip: 36202U7G2 Portfolio [redacted] Original Face: 41,627.0000	USD	1,258.8421	100.64	1,266.91	1,253.63	13.28	5.25	4.97	5.02
GNMA PL #627354 5.000% 6/15/34 Cusip: 36291F5P9 Portfolio [redacted] Original Face: 300,387.0000	USD	5,716.9504	100.64	5,753.57	5,893.72	-140.15	23.82	4.97	4.85
GNMA PL #640892 5.00% 04/15/35 DTD 04/01/05 Cusip: 36291W7D7 Portfolio [redacted] Original Face: 75,194.0000	USD	4,835.4306	99.25	4,799.16	4,852.90	-53.74	10.75	5.04	4.98
GNMA PL #640915 5.0% 05/15/2035 Cusip: 36291XAQ2 Portfolio [redacted] Original Face: 100,000.0000	USD	2,950.851	99.25	2,928.72	3,139.81	-211.09	12.30	5.04	4.70
GNMA PL #641779 5.00% 09/15/2035 Cusip: 36291X6Q7									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [redacted] Original Face: 100,000.0000	USD	2,627.026	100.06	2,628.67	2,632.61	-3.94	10.95	5.00	4.99
GNMA PL #641944 5.000% 5/15/35 Cusip: 36291YER4 Portfolio [redacted] Original Face: 25,000.0000	USD	179.7525	99.36	178.60	179.94	-1.34	0.75	5.03	5.00
GNMA PL #643362 5.00% 10/15/2035 Cusip: 36292AWX2 Portfolio [redacted] Original Face: 50,000.0000	USD	524.2405	99.83	523.34	523.30	0.04	2.18	5.01	5.01
GNMA PL #648526 5.00% 12/15/2035 Cusip: 36292GPK5 Portfolio [redacted] Original Face: 70,000.0000	USD	1,021.405	99.36	1,014.86	1,005.74	9.12	4.26	5.03	5.08
GNMA PL #650712 5.00% 01/15/2036 Cusip: 36292J3V9 Portfolio [redacted] Original Face: 100,000.0000	USD	3,410.169	100.06	3,412.30	3,398.01	14.29	14.21	5.00	5.02
GNMA PL #651683 4.500% 01/15/36 Cusip: 36292K6U5 Portfolio [redacted] Original Face: 50,137.0000	USD	3,677.9942	99.50	3,659.60	3,532.72	126.88	13.79	4.52	4.69
GNMA PL #668613 5.0% 05/15/38 Cusip: 36295EYJ0 Portfolio [redacted] Original Face: 75,000.0000	USD	1,367.7278	100.86	1,379.48	1,441.71	-62.23	5.70	4.96	4.74
GNMA PL #670370 5.00% 11/15/37 Cusip: 36295GW73 Portfolio [redacted] Original Face: 150,000.0000	USD	19,488.9915	102.73	20,021.89	19,655.45	366.44	81.20	4.87	4.96
GNMA PL #675072 5.00% 01/15/2038 Cusip: 36295M6H7									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [redacted] Original Face: 150,000.0000	USD	166.3245	101.02	168.01	179.93	-11.92	0.69	4.95	4.62
GNMA PL #676357 5.00% 10/15/2037 Cusip: 36295PME9 Portfolio [redacted] Original Face: 152,063.0000	USD	2,671.1082	101.02	2,698.24	2,665.72	32.52	11.13	4.95	5.01
GNMA PL #679494 5.00% 01/15/38 Cusip: 36295S3B0 Portfolio [redacted] Original Face: 100,000.0000	USD	952.867	100.34	956.14	1,016.81	-60.67	3.97	4.98	4.69
GNMA PL #683097 5.00% 02/15/2038 Cusip: 36295W3E5 Portfolio [redacted] Original Face: 100,000.0000	USD	739.327	101.02	746.84	771.46	-24.62	3.08	4.95	4.79
GNMA PL #683353 5% 04/15/38 Cusip: 36295XE27 Portfolio [redacted] Original Face: 25,000.0000	USD	309.9705	101.02	313.12	336.00	-22.88	1.29	4.95	4.61
GNMA PL #688091 5.00% 11/15/38 Cusip: 36296DNG9 Portfolio [redacted] Original Face: 100,000.0000	USD	2,048.862	101.02	2,069.67	2,102.25	-32.58	8.54	4.95	4.87
GNMA PL #690950 5.00% 06/15/2038 Cusip: 36296GTF8 Portfolio [redacted] Original Face: 75,000.0000	USD	2,160.354	99.53	2,150.23	2,230.54	-80.31	9.00	5.02	4.84
GNMA PL #696009 5.00% 07/15/38 Cusip: 36296NGS9 Portfolio [redacted] Original Face: 115,000.0000	USD	789.3761	101.02	797.39	823.64	-26.25	3.29	4.95	4.79
GNMA PL #700830 5.00% 10/15/38 Cusip: 36296TST1									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [redacted] Original Face: 50,000.0000	USD	765.1325	99.53	761.55	828.63	-67.08	3.19	5.02	4.62
GNMA PL #706517 5% 02/15/39 Cusip: 36297A4A8 Portfolio [redacted] Original Face: 275,000.0000	USD	5,737.0308	100.34	5,756.75	6,118.76	-362.01	23.90	4.98	4.69
GNMA PL #706707 5% 02/15/2039 Cusip: 36297BDL2 Portfolio [redacted] Original Face: 300,000.0000	USD	3,505.08	100.66	3,528.08	3,778.72	-250.64	14.60	4.97	4.64
GNMA PL #710182 5% 03/15/39 Cusip: 36297E6T7 Portfolio [redacted] Original Face: 100,000.0000	USD	1,358.86	100.34	1,363.53	1,466.03	-102.50	5.66	4.98	4.63
GNMA PL #712415 5% 05/15/39 Cusip: 36297HN87 Portfolio [redacted] Original Face: 100,000.0000	USD	1,462.02	99.92	1,460.88	1,607.35	-146.47	6.09	5.00	4.55
GNMA PL #721203 5% 09/15/2039 Cusip: 3620A7GL3 Portfolio [redacted] Original Face: 33,912.0000	USD	1,274.9661	100.06	1,275.76	1,414.77	-139.01	5.31	5.00	4.51
GNMA PL #723355 5% 09/15/39 Cusip: 3620A9TL5 Portfolio [redacted] Original Face: 100,000.0000	USD	1,246.498	100.88	1,257.40	1,378.55	-121.15	5.19	4.96	4.52
GNMA PL #732249 4.5% 05/15/2040 Cusip: 3620AKQA7 Portfolio [redacted] Original Face: 27,584.0000	USD	839.198	99.41	834.22	886.21	-51.99	3.15	4.53	4.26
GNMA PL #736888 4% 07/15/2040 Cusip: 3620AQUM3									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [redacted] Original Face: 28,260.0000	USD	3,314.4083	97.55	3,233.10	3,589.31	-356.21	11.05	4.10	3.69
GNMA PL #758027 4.5% 02/15/2041 Cusip: 36230S4L5 Portfolio [redacted] Original Face: 27,130.0000	USD	1,506.6933	99.28	1,495.86	1,649.30	-153.44	5.65	4.53	4.11
GNMA PL #781485 6.000% 8/15/32 Cusip: 36225BUJ5 Portfolio [redacted] Original Face: 100,000.0000	USD	483.642	102.50	495.73	496.09	-0.36	2.42	5.85	5.85
Total GOVT NATIONAL MORTGAGE ASSOC I POOLS	USD			95,412.83	97,021.21	-1,608.38	391.84	5.05	4.96
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS									
FNMA PL #255894 5.00% 10/01/2025 Cusip: 31371MGB7 Portfolio [redacted] Original Face: 1,250,000.0000	USD	5,137.4125	98.94	5,082.83	4,983.28	99.55	21.41	5.05	5.15
FNMA PL #256064 5.5% 01/01/2026 Cusip: 31371MMM6 Portfolio [redacted] Original Face: 1,000,000.0000	USD	3,398.42	100.38	3,411.16	3,347.44	63.72	15.58	5.48	5.58
FNMA PL #256103 5.500% 02/01/26 Cusip: 31371MNU7 Portfolio [redacted] Original Face: 3,000,000.0000	USD	11,443.20	100.38	11,486.11	11,271.55	214.56	52.45	5.48	5.58
FNMA PL #256116 65 02/01/26 Cusip: 31371MN94 Portfolio [redacted] Original Face: 1,000,000.0000	USD	5,099.71	101.53	5,177.80	5,048.71	129.09	25.50	5.91	6.06
FNMA POOL #BS7227 5.7299999% 11/01/2032 Cusip: 3140LJA55									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS (Cont.)									
Portfolio [redacted] Original Face: 50,000.0000	USD	50,000.00	103.11	51,554.69	50,597.66	957.03	238.75	5.56	5.66
Total FEDL NATIONAL MORTGAGE ASSOCIATION POOLS	USD			76,712.59	75,248.64	1,463.95	353.69	5.53	5.64
FED HOME LOAN MORTGAGE ASSOC POOLS									
FHLMC POOL #WN-2387 5.13% 02/01/2033 Cusip: 3132XGUM6 Portfolio [redacted] Original Face: 100,000.0000	USD	100,000.00	100.48	100,484.38	97,433.59	3,050.79	427.50	5.11	5.27
FHLMC POOL #WN-2485 5.29% 09/01/2028 Cusip: 3132XGXP6 Portfolio [redacted] Original Face: 65,000.0000	USD	65,000.00	100.77	65,497.66	64,426.17	1,071.49	286.54	5.25	5.34
Total FED HOME LOAN MORTGAGE ASSOC POOLS	USD			165,982.04	161,859.76	4,122.28	714.04	5.16	5.29
FED HOME LOAN MORTGAGE ASSOC GOLD POOLS									
FHLMC GLD PL #C91116 6% 11/01/2027 Cusip: 3128P7GZ0 Portfolio [redacted] Original Face: 1,000,000.0000	USD	6,210.44	101.64	6,312.33	6,148.33	164.00	31.05	5.90	6.06
FHLMC GOLD POOL#C9-0951 6.00% 02/01/2026 Cusip: 3128P7BU6 Portfolio [redacted] Original Face: 1,000,000.0000	USD	4,794.41	101.64	4,873.07	4,746.46	126.61	23.97	5.90	6.06
Total FED HOME LOAN MORTGAGE ASSOC GOLD POOLS	USD			11,185.40	10,894.79	290.61	55.02	5.90	6.06
GOVERNMENT AGENCIES									
FFCB 0.5% 12/23/2025 Cusip: 3133EMLR1 Portfolio [redacted]	USD	6,000.00	92.39	5,543.34	5,345.40	197.94	0.67	0.54	0.56

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVERNMENT AGENCIES (Cont.)									
FFCB 4.09% 05/03/2032 Cusip: 3133ENVY3 Portfolio [redacted]	USD	100,000.00	96.50	96,498.00	99,750.00	-3,252.00	658.94	4.24	4.10
FFCB 6.09% 06/28/2033 Cusip: 3133EPNT8 Portfolio [redacted]	USD	100,000.00	99.60	99,602.00	100,000.00	-398.00	50.75	6.11	6.09
Total GOVERNMENT AGENCIES	USD			201,643.34	205,095.40	-3,452.06	710.36	5.06	4.98
FEDL NATIONAL MORTGAGE ASSOC REMIC									
FNMA REMIC TRUST 2.00% 10/25/2043 Cusip: 3136BATE4 Portfolio [redacted] Original Face: 250,000.0000	USD	49,171.84	94.70	46,568.07	45,299.56	1,268.51	81.95	2.11	2.17
FNMA REMIC TRUST 2.00% 11/25/2041 Cusip: 3136A6QN7 Portfolio [redacted] Original Face: 500,000.0000	USD	61,152.445	91.21	55,778.16	58,553.47	-2,775.31	101.92	2.19	2.09
Total FEDL NATIONAL MORTGAGE ASSOC REMIC	USD			102,346.23	103,853.03	-1,506.80	183.87	2.16	2.12
FEDERAL HOME LOAN MORT CORP REMIC									
FHLMC REMIC SERIES 2.00% 01/15/2042 Cusip: 3137APJG6 Portfolio [redacted] Original Face: 500,000.0000	USD	30,523.18	91.63	27,967.28	29,416.70	-1,449.42	50.87	2.18	2.08
FHLMC REMIC SERIES 2.00% 08/15/2041 Cusip: 3137ALZ36 Portfolio [redacted] Original Face: 525,000.0000	USD	62,671.2293	90.23	56,546.63	60,007.70	-3,461.07	104.45	2.22	2.09
Total FEDERAL HOME LOAN MORT CORP REMIC	USD			84,513.91	89,424.40	-4,910.49	155.32	2.21	2.08

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
US TREASURY INFLATION PROTECTED SECURITI									
U.S. TREASURY BND TIPS 0.625% 2/15/43 Cusip: 912810RA8 Portfolio [redacted] Original Face: 35,000.0000	USD	46,838.05	78.06	36,562.72	48,116.79	-11,554.07	110.57	0.80	0.61
Total US TREASURY INFLATION PROTECTED SECURITI	USD			36,562.72	48,116.79	-11,554.07	110.57	0.80	0.61
FHLMC REMIC (VARIABLE RATE)									
FHLMC REMIC SERIES VAR 07/25/2033 Cusip: 3137HAGS9 Portfolio [redacted] Original Face: 100,000.0000	USD	100,000.00	96.91	96,914.65	94,901.00	2,013.65	337.50	4.18	4.27
FHLMC REMIC SERIES VAR 12/25/2032 Cusip: 3137HAMA1 Portfolio [redacted] Original Face: 95,000.0000	USD	94,588.3764	100.51	95,069.22	91,933.39	3,135.83	362.59	4.58	4.73
Total FHLMC REMIC (VARIABLE RATE)	USD			191,983.87	186,834.39	5,149.48	700.09	4.38	4.50
GOVT NATIONAL MORTG ASSO II PL (VARIABLE									
GNMA2 PL #008660 VAR RATE 07/20/2025 Cusip: 36202KTR6 Portfolio [redacted] Original Face: 25,000.0000	USD	6.5085	99.23	6.46	7.42	-0.96	0.02	1.24	1.08
GNMA2 PL #008685 VAR RATE 08/20/2025 Cusip: 36202KUJ2 Portfolio [redacted] Original Face: 25,000.0000	USD	7.3915	98.70	7.30	8.25	-0.95	0.02	1.23	1.09
GNMA2 PL #008703 VAR RATE 09/20/2025 Cusip: 36202KU45 Portfolio [redacted] Original Face: 40,000.0000	USD	9.5208	98.67	9.39	10.45	-1.06	0.03	1.17	1.05

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ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTG ASSO II PL (VARIABLE (Cont.)									
Total GOVT NATIONAL MORTG ASSO II PL (VARIABLE	USD			23.15	26.12	-2.97	0.07	1.21	1.07
UMBS SECURITIES									
FNMA UMBS #AW0938 3.00% 04/01/2029 Cusip: 3138XQBG5 Portfolio [redacted] Original Face: 410,000.0000	USD	40,886.9015	96.41	39,417.53	39,296.85	120.68	102.22	3.11	3.12
FNMA UMBS POOL #256153 5.5% 03/01/2026 Cusip: 31371MQE0 Portfolio [redacted] Original Face: 1,000,000.0000	USD	4,060.26	100.38	4,075.49	3,999.35	76.14	18.61	5.48	5.58
FNMA UMBS POOL #257132 5.00% 03/01/2028 Cusip: 31371NSV8 Portfolio [redacted] Original Face: 1,000,000.0000	USD	6,370.13	99.83	6,359.18	6,179.03	180.15	26.54	5.01	5.15
FNMA UMBS POOL #MA5093 5.00% 07/01/2038 Cusip: 31418EUT5 Portfolio [redacted] Original Face: 142,000.0000	USD	128,490.4438	100.56	129,213.20	128,490.44	722.76	535.38	4.97	5.00
Total UMBS SECURITIES	USD			179,065.40	177,965.67	1,099.73	682.75	4.58	4.60
Total GOVERNMENT & AGENCIES	USD			4,088,792.18	4,346,663.16	-257,870.98	18,625.45	2.46	2.32
MUNICIPAL OBLIGATIONS									
MUNICIPAL BONDS									
NEW YORK NY TAXABLE 0.58% 08/01/2024 Cusip: 64966QWU0 Portfolio [redacted]	USD	100,000.00	97.37	97,365.00	94,999.00	2,366.00	241.67	0.60	0.61
PENNSYLVANIA ST UNIV 1.645% 09/01/2025 Cusip: 709235S48 Portfolio [redacted]	USD	75,000.00	95.07	71,302.50	71,199.75	102.75	411.25	1.73	1.73

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LOCAL 1205 PENSION PLAN
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
MUNICIPAL OBLIGATIONS (Cont.)									
MUNICIPAL BONDS (Cont.)									
TEXAS ST PUB FAC AUTH 3.295% 10/01/2025									
Cusip: 882724GW1									
Portfolio [redacted]	USD	75,000.00	97.87	73,403.25	75,613.50	-2,210.25	617.81	3.37	3.27
TEXAS ST TRANSN 5.028% 04/01/2026									
Cusip: 88283LHT6									
Portfolio [redacted]	USD	80,000.00	100.20	80,158.40	79,648.00	510.40	1,005.60	5.02	5.05
Total MUNICIPAL BONDS	USD			322,229.15	321,460.25	768.90	2,276.33	2.58	2.58
Total MUNICIPAL OBLIGATIONS	USD			322,229.15	321,460.25	768.90	2,276.33	2.58	2.58
CORPORATE OBLIGATIONS									
CORPORATE BONDS									
ALBEMARLE CORP SR NT 4.65% 06/01/2027									
Cusip: 012653AD3									
Portfolio [redacted]	USD	100,000.00	98.18	98,180.00	99,908.00	-1,728.00	387.50	4.74	4.65
AMERICAN ELEC PWR 5.699% 08/15/2025									
Cusip: 02557TAD1									
Portfolio [redacted]	USD	45,000.00	100.66	45,295.65	44,798.40	497.25	968.83	5.66	5.72
AMERICAN EXPRESS CO 2.5% 07/30/2024									
Cusip: 025816CG2									
Portfolio [redacted]	USD	150,000.00	98.24	147,355.50	160,692.50	-13,337.00	1,572.92	2.54	2.33
AMGEN INC 2.45% 02/21/2030									
Cusip: 031162CU2									
Portfolio [redacted]	USD	35,000.00	88.68	31,037.65	37,932.25	-6,894.60	309.65	2.76	2.26
APPLE INC 2.5% 02/09/2025									
Cusip: 037833AZ3									
Portfolio [redacted]	USD	150,000.00	97.52	146,284.50	158,355.00	-12,070.50	1,479.17	2.56	2.37
AT&T INC 2.3% 06/01/27									
Cusip: 00206RJX1									
Portfolio [redacted]	USD	150,000.00	92.82	139,228.50	159,222.50	-19,994.00	287.50	2.48	2.17

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ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
BURLINGTON NORTH SAN 6.750% 3/15/29 Cusip: 12189TAN4 Portfolio [redacted]	USD	65,000.00	108.16	70,306.60	80,445.46	-10,138.86	1,291.88	6.24	5.45
CATERPILLAR FINL SERV 1.45% 05/15/25 Cusip: 14913R2C0 Portfolio [redacted]	USD	125,000.00	95.54	119,422.50	129,862.50	-10,440.00	231.60	1.52	1.40
COCA-COLA CO 2.125% 09/06/2029 Cusip: 191216CM0 Portfolio [redacted]	USD	150,000.00	90.36	135,535.50	161,226.00	-25,690.50	1,018.23	2.35	1.98
COMCAST CORP 2.35% 01/15/2027 Cusip: 20030NBW0 Portfolio [redacted]	USD	150,000.00	93.87	140,811.00	162,335.00	-21,524.00	1,625.42	2.50	2.17
ESTEE LAUDER CO INC 2% 12/01/24 Cusip: 29736RAN0 Portfolio [redacted]	USD	150,000.00	97.15	145,723.50	159,095.00	-13,371.50	250.00	2.06	1.89
FIFTH THIRD BANK 3.85% 03/15/2026 Cusip: 31677AAB0 Portfolio [redacted]	USD	75,000.00	96.15	72,114.75	76,545.94	-4,431.19	850.21	4.00	3.77
FIRST HORIZON NATIONAL 4% 05/26/25 Cusip: 320517AD7 Portfolio [redacted]	USD	15,000.00	96.71	14,506.95	14,460.00	46.95	58.33	4.14	4.15
GENERAL MTRS CO SR GLBL 5.4% 10/15/2029 Cusip: 37045VAY6 Portfolio [redacted]	USD	30,000.00	101.78	30,534.00	29,972.40	561.60	342.00	5.31	5.40
GOLDMAN SACHS GROUP 5.798% 08/10/2026 Cusip: 38145GAM2 Portfolio [redacted]	USD	90,000.00	100.97	90,869.40	90,000.00	869.40	2,043.80	5.74	5.80
HONEYWELL INTL 1.35% 06/01/25HONEYWELL I Cusip: 438516CB0									

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LOCAL 1205 PENSION PLAN
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
Portfolio [redacted]	USD	125,000.00	95.47	119,331.25	129,900.00	-10,568.75	140.63	1.41	1.30
JONES LANG LASALLE 6.875% 12/01/2028									
Cusip: 48020QAB3									
Portfolio [redacted]	USD	24,000.00	105.83	25,399.44	23,816.64	1,582.80	220.00	6.50	6.93
KELLOGG CO 2.1% 06/01/30									
Cusip: 487836BX5									
Portfolio [redacted]	USD	150,000.00	85.87	128,809.50	157,685.00	-28,875.50	262.50	2.45	2.00
LEIDOS INC SR GLBL NT 5.75% 03/15/2033									
Cusip: 52532XAJ4									
Portfolio [redacted]	USD	100,000.00	104.28	104,278.00	99,297.00	4,981.00	1,693.06	5.51	5.79
LINCOLN NATIONAL CORP 3.4% 01/15/31									
Cusip: 91159HHZ6									
Portfolio [redacted]	USD	150,000.00	95.17	142,756.50	155,975.00	-13,218.50	296.04	1.52	1.39
LOWE'S COS INC 2.5% 04/15/2026									
Cusip: 548661DM6									
Portfolio [redacted]	USD	150,000.00	95.22	142,836.00	164,344.50	-21,508.50	791.67	2.63	2.28
MCDONALD'S CORP 2.125% 03/01/2030									
Cusip: 58013MFM1									
Portfolio [redacted]	USD	150,000.00	87.39	131,082.00	158,967.50	-27,885.50	1,062.50	2.43	2.01
MUTUAL OF OMAHA COS 5.45% 12/12/2028									
Cusip: 62829D2B5									
Portfolio [redacted]	USD	40,000.00	102.05	40,819.60	39,967.20	852.40	115.06	5.34	5.45
NORTHWESTERN MUTUAL 4.35% 09/15/2027									
Cusip: 66815L2K4									
Portfolio [redacted]	USD	100,000.00	98.59	98,589.00	99,960.00	-1,371.00	1,280.83	4.41	4.35
NUCOR CORP 2.7% 06/01/30									
Cusip: 670346AS4									
Portfolio [redacted]	USD	125,000.00	90.53	113,160.00	136,562.50	-23,402.50	281.25	2.98	2.47

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ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
PEPSICO INC 2.25% 3/19/2025									
Cusip: 713448EQ7									
Portfolio [redacted]	USD	125,000.00	97.13	121,413.75	134,643.75	-13,230.00	796.88	2.32	2.09
PNC FINANCIAL SERVICES 2.2% 11/01/2024									
Cusip: 693475AY1									
Portfolio [redacted]	USD	25,000.00	97.22	24,305.75	25,370.25	-1,064.50	91.67	2.26	2.17
RAYTHEON TECH CORP 3.125% 05/04/27									
Cusip: 913017CR8									
Portfolio [redacted]	USD	100,000.00	95.07	95,067.00	98,698.00	-3,631.00	494.79	3.29	3.17
STARBUCKS CORP 2.25% 03/12/2030									
Cusip: 855244AW9									
Portfolio [redacted]	USD	125,000.00	87.71	109,637.50	130,256.25	-20,618.75	851.56	2.57	2.16
SUTTER HEALTH 2023A 5.164% 08/15/2033									
Cusip: 86944BAK9									
Portfolio [redacted]	USD	90,000.00	101.32	91,190.70	90,000.00	1,190.70	1,755.76	5.10	5.16
SYNOVUS FINL CORP SR NT 5.2% 08/11/2025									
Cusip: 87161CAN5									
Portfolio [redacted]	USD	100,000.00	98.35	98,350.00	99,890.00	-1,540.00	2,022.22	5.29	5.21
WALT DISNEY COMPANY 2.2% 01/13/28									
Cusip: 254687FW1									
Portfolio [redacted]	USD	150,000.00	92.48	138,717.00	160,152.50	-21,435.50	1,540.00	2.38	2.06
Total CORPORATE BONDS	USD			3,152,948.99	3,470,337.04	-317,388.05	26,413.46	3.14	2.85
FOREIGN CORPORATE BONDS									
ATHENE HOLDING LTD 5.875% 01/15/2034									
Cusip: 04686JAG6									
Portfolio [redacted]	USD	5,000.00	100.91	5,045.70	4,908.70	137.00	15.50	5.82	5.98
NXP B V / NXP FDG LLC 5.00% 01/15/2033									
Cusip: 62954HBB3									

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ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FOREIGN CORPORATE BONDS (Cont.)									
Portfolio [redacted]	USD	100,000.00	100.16	100,155.00	99,701.00	454.00	2,305.56	4.99	5.01
Total FOREIGN CORPORATE BONDS	USD			105,200.70	104,609.70	591.00	2,321.06	5.03	5.06
FLOATING RATE CORPORATE BONDS									
ALLY FINL INC SR NT VAR 06/13/2029									
Cusip: 02005NBT6									
Portfolio [redacted]	USD	24,000.00	103.28	24,786.24	24,000.00	786.24	83.90	6.77	6.99
DISCOVER FINL SVCS SR VAR 11/02/2034									
Cusip: 254709AT5									
Portfolio [redacted]	USD	28,000.00	111.25	31,149.44	28,000.00	3,149.44	0.00	7.16	7.96
HOMESTREET INC SUB VAR 01/30/2032									
Cusip: 43785VAE2									
Portfolio [redacted]	USD	100,000.00	33.08	33,079.00	94,250.00	-61,171.00	1,468.06	10.58	3.71
MORGAN STANLEY SR -I NT6 VAR 10/16/2026									
Cusip: 61747YEX9									
Portfolio [redacted]	USD	50,000.00	101.80	50,899.50	50,000.00	899.50	639.38	6.03	6.14
Total FLOATING RATE CORPORATE BONDS	USD			139,914.18	196,250.00	-56,335.82	2,191.34	7.49	5.34
COLLATERALIZED MORT BACKED OBLIGATION									
CCG RECEIVABLES TRUST 1.50% 03/14/2029									
Cusip: 12511EAG1									
Portfolio [redacted] Original Face: 100,000.0000	USD	100,000.00	93.28	93,283.67	90,757.81	2,525.86	70.83	1.61	1.65
VANTAGE DATA CTR 3.188% 07/15/2044									
Cusip: 92212KAA4									
Portfolio [redacted] Original Face: 50,000.0000	USD	47,833.3313	98.15	46,948.35	46,273.13	675.22	67.77	3.25	3.30
Total COLLATERALIZED MORT BACKED OBLIGATION	USD			140,232.02	137,030.94	3,201.08	138.60	2.16	2.21

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE VARIABLE RATE CMO									
TOORAK MORTGAGE CORP VAR 06/25/2057 Cusip: 87265XAA2 Portfolio [redacted] Original	USD	87,551.5125	95.43	83,548.55	86,807.05	-3,258.50	317.37	4.56	4.39
Face: 100,000.0000									
Total CORPORATE VARIABLE RATE CMO	USD			83,548.55	86,807.05	-3,258.50	317.37	4.56	4.39
CORPORATE ABS									
AMERICREDIT AUTO REC 0.68% 10/19/2026 Cusip: 03063FAD6 Portfolio [redacted] Original	USD	70,131.7825	98.58	69,133.04	67,447.05	1,685.99	17.22	0.69	0.71
Face: 90,000.0000									
BA CR CARD TR 0.04790% 05/15/2028 Cusip: 05522RDG0 Portfolio [redacted] Original	USD	71,000.00	100.35	71,247.34	70,983.93	263.41	22.11	0.05	0.05
Face: 71,000.0000									
BHG SECURITIZATION TRT 1.42% 11/17/2033 Cusip: 08861YAA4 Portfolio [redacted] Original	USD	110,160.7667	94.26	103,835.38	105,892.32	-2,056.94	60.83	1.51	1.48
Face: 300,000.0000									
BUSINESS JET SECS 4.45% 06/15/2037 Cusip: 12327AAA6 Portfolio [redacted] Original	USD	156,696.0638	94.84	148,604.66	152,019.69	-3,415.03	310.26	4.69	4.59
Face: 200,000.0000									
CARMAX AUTO OWN 0.00% 12/15/2026 Cusip: 14314QAE4 Portfolio [redacted] Original	USD	50,000.00	93.81	46,902.94	45,832.03	1,070.91	20.03	0.00	0.00
Face: 50,000.0000									
CARMAX AUTO OWN TR 1.00% 03/15/2027 Cusip: 14317DAE0 Portfolio [redacted] Original	USD	75,000.00	92.74	69,556.83	67,576.17	1,980.66	31.25	1.08	1.11
Face: 75,000.0000									

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE ABS (Cont.)									
COSERV SECURITIZATION 5.058% 08/15/2038 Cusip: 18977CAA2 Portfolio [redacted] Original Face: 100,000.0000	USD	99,974.2082	101.45	101,428.28	99,972.88	1,455.40	2,557.69	4.99	5.06
CYRUSONE DATA CENTERS 5.56% 11/20/2048 Cusip: 23284BAE4 Portfolio [redacted] Original Face: 57,000.0000	USD	57,000.00	95.19	54,257.46	52,854.70	1,402.76	61.33	5.84	6.00
HERTZ VEHICLE 2021-1 1.21% 12/25/2025 Cusip: 42806MAA7 Portfolio [redacted] Original Face: 100,000.0000	USD	100,000.00	96.53	96,530.53	93,476.56	3,053.97	16.81	1.25	1.29
MMAF EQUIP FIN 5.54% 10/13/2029 Cusip: 55317WAC5 Portfolio [redacted] Original Face: 71,000.0000	USD	71,000.00	101.41	71,998.07	70,985.59	1,012.48	196.67	5.46	5.54
MVW OWN TR 2021-1WA 1.14% 01/22/2041 Cusip: 55389TAA9 Portfolio [redacted] Original Face: 200,000.0000	USD	75,074.4313	91.86	68,961.38	71,039.17	-2,077.79	26.15	1.24	1.20
NBLY 2023-1A A2 7.308% 01/30/2053 Cusip: 64016NAE7 Portfolio [redacted] Original Face: 50,000.0000	USD	49,625.00	99.81	49,531.66	48,632.50	899.16	10.07	7.32	7.46
SANTANDER DRIVE AUTO 5.81% 01/15/2026 Cusip: 80287FAB8 Portfolio [redacted] Original Face: 90,000.0000	USD	20,908.4326	100.00	20,907.86	20,885.56	22.30	53.99	5.81	5.82
SBA TOWER TRUST 2.836% 01/15/2050 Cusip: 78403DAN0 Portfolio [redacted] Original Face: 100,000.0000	USD	100,000.00	96.57	96,566.89	97,750.00	-1,183.11	126.04	2.94	2.90

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE ABS (Cont.)									
SERVICE EXPERTS ISSUER 2.67% 02/02/2032									
Cusip: 81758VAA3									
Portfolio [redacted] Original	USD	112,170.6183	92.92	104,227.93	107,345.67	-3,117.74	91.59	0.00	0.00
Face: 200,000.0000									
SIDC 2023-3A A2 5.9% 10/25/2048									
Cusip: 85236KAK8									
Portfolio [redacted] Original	USD	50,000.00	95.95	47,975.00	47,974.99	0.01	45.89	6.15	6.15
Face: 50,000.0000									
UNITED AUTO CR SEC 2.61% 06/10/2027									
Cusip: 90944DAE1									
Portfolio [redacted] Original	USD	40,186.6287	99.65	40,047.12	39,568.13	478.99	61.18	2.62	2.65
Face: 100,000.0000									
WORLD OMNI AUTO RECV 0.87% 10/15/2026									
Cusip: 98163CAG5									
Portfolio [redacted] Original	USD	35,000.00	96.06	33,620.88	32,615.63	1,005.25	13.53	0.91	0.93
Face: 35,000.0000									
XCAP 2023-1A A2 6.18% 12/15/2028									
Cusip: 05335JAB9									
Portfolio [redacted] Original	USD	100,000.00	100.37	100,365.15	99,990.24	374.91	64.09	6.16	6.18
Face: 100,000.0000									
Total CORPORATE ABS	USD			1,395,698.40	1,392,842.81	2,855.59	3,786.73	3.02	3.03
Total CORPORATE OBLIGATIONS	USD			5,017,542.84	5,387,877.54	-370,334.70	35,168.56	3.26	3.04
EQUITIES									
COMMON STOCK									
ISHARES TR EAFE VALUE ETF									
Cusip: 464288877									
Portfolio [redacted]	USD	119,394.00	52.10	6,220,427.40	6,111,989.75	108,437.65	0.00	4.36	4.44
Total COMMON STOCK	USD			6,220,427.40	6,111,989.75	108,437.65	0.00	4.36	4.44
Total EQUITIES	USD			6,220,427.40	6,111,989.75	108,437.65	0.00	4.36	4.44

YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/23

Account Number: [redacted]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
COMMON/COLLECTIVE FUNDS									
COMMON/COLLECTIVE INVESTMENT FUNDS									
LONGVIEW LARGECAP 500 INDEX FUND Cusip: 022662100 Portfolio [redacted]	USD	18,966.0236	1,779.93	33,758,125.16	9,330,584.50	24,427,540.66	0.00	0.00	0.00
LONGVIEW MID CAP 400 INDEX FUND Cusip: 022662209 Portfolio [redacted]	USD	1,060.6835	3,066.94	3,253,048.84	2,999,988.93	253,059.91	0.00	0.00	0.00
LV LARGECAP 1000 GROWTH INDEX FD Cusip: 103091412 Portfolio [redacted]	USD	72,255.2762	532.85	38,501,465.98	11,208,817.73	27,292,648.25	0.00	0.00	0.00
LV LARGECAP 1000 VALUE INDEX FUND Cusip: 103091413 Portfolio [redacted]	USD	123,030.1466	302.56	37,224,524.03	22,018,805.11	15,205,718.92	0.00	0.00	0.00
Total COMMON/COLLECTIVE INVESTMENT FUNDS	USD			112,737,164.01	45,558,196.27	67,178,967.74	0.00	0.00	0.00
Total COMMON/COLLECTIVE FUNDS	USD			112,737,164.01	45,558,196.27	67,178,967.74	0.00	0.00	0.00
FIXED INCOME									
LONG TERM CERTIFICATE OF DEPOSIT									
HARBORSTONE CR UN 5.05% 07/01/2024 Cusip: 41166MAA3 Portfolio [redacted]	USD	250,000.00	100.01	250,030.58	250,000.00	30.58	103.77	5.05	5.05
Total LONG TERM CERTIFICATE OF DEPOSIT	USD			250,030.58	250,000.00	30.58	103.77	5.05	5.05
Total FIXED INCOME	USD			250,030.58	250,000.00	30.58	103.77	5.05	5.05
Total Asset Holdings	USD			144,836,292.91	78,176,293.72	66,659,999.19	127,783.31	0.97	1.80

LOCAL 1205 PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2023

ATTACHMENT TO 2023 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	$ 42,768,451	$ 38,511,022
	THE PRINCIPAL FINANCIAL GROUP	U.S. PROPERTY SEPARATE ACCT	$ 1,363,202	$ 10,637,026
	BOYD WATTERSON ASSET MANAGEMENT	BOYD WATTERSON GSA FUND, LP	$ 14,782,348	$ 18,872,884
	BOYD WATTERSON ASSET MANAGEMENT	BOYD WATTERSON STATE GOVERNMENT FUND, LP	$ 2,236,989	$ 2,192,188
	CLEARBRIDGE	CLEARBRIDGE INVESTMENT TRUST INTL. GROWTH FUND	$ 4,944,633	$ 5,728,194
	CRESCENT CAPITAL	CRESCENT CAPITAL COLLECTIVE INVESTMENT TRUST	$ 6,667,972	$ 6,738,831
	ULLICO INVESTMENT COMPANY INC	ULLICO INFRASTRUCTURE FUND, LP	$ 11,022,233	$ 12,876,351
	PRINCIPAL	STABLE VALUE FUND	$ 820,569	$ 820,569
		SUBTOTAL	**$ 84,606,397**	**$ 96,377,065**
		HELD BY AMALGAMATED BANK	$ 78,176,294	$ 144,836,293
		TOTAL INVESTMENTS	**$ 162,782,691**	**$ 241,213,358**

Exhibit E: Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2022.

		Years of Credited Service								
Age	**Total**	**1 - 4**	**5 - 9**	**10 - 14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**	**40 & over**
Under 25	19	19	–	–	–	–	–	–	–	–
25 - 29	34	24	10	–	–	–	–	–	–	–
30 - 34	51	30	19	2	–	–	–	–	–	–
35 - 39	43	19	20	2	2	–	–	–	–	–
40 - 44	58	17	16	8	14	2	1	–	–	–
45 - 49	66	16	14	8	16	8	3	1	–	–
50 - 54	90	15	13	13	24	9	11	5	–	–
55 - 59	89	13	11	5	34	11	7	7	1	–
60 - 64	62	4	4	7	17	13	7	6	3	1
65 - 69	21	–	2	3	8	5	1	1	1	–
70 & over	3	–	–	–	1	1	–	1	–	–
Total	**536**	**157**	**109**	**48**	**116**	**49**	**30**	**21**	**5**	**1**

Note: Excludes 102 participants with less than one year of credited service.

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	$9,578,047	10	$1,274,484
Change in assumptions	01/01/2004	815,152	11	101,595
Plan amendment	01/01/2004	1,144,399	11	142,629
Plan amendment	01/01/2005	2,155,778	12	253,661
Plan amendment	01/01/2006	736,140	13	82,318
Plan amendment	01/01/2007	474,625	14	50,721
Plan amendment	01/01/2009	77,439	1	77,439
Investment loss subject to relief	01/01/2009	4,294,173	15	440,633
Plan amendment	01/01/2010	51,070	2	26,399
Investment loss subject to relief	01/01/2010	561,616	15	57,628
Plan amendment	01/01/2011	97,223	3	34,623
Change in assumptions	01/01/2011	637,660	3	227,085
Investment loss subject to relief	01/01/2011	2,334,834	15	239,582
Plan amendment	01/01/2012	96,224	4	26,550
Investment loss subject to relief	01/01/2012	2,996,824	15	307,510
Plan amendment	01/01/2013	74,870	5	17,066
Investment loss subject to relief	01/01/2013	3,135,814	15	321,772
Plan amendment	01/01/2014	91,326	6	17,906
Change in assumptions	01/01/2014	922,766	6	180,928
Investment loss subject to relief	01/01/2014	3,245,382	15	333,014

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2015	181,499	7	31,475
Plan amendment	01/01/2016	122,799	8	19,220
Plan amendment	01/01/2017	122,440	9	17,563
Actuarial loss	01/01/2017	267,359	9	38,351
Plan amendment	01/01/2019	145,664	11	18,154
Plan amendment	01/01/2020	135,651	12	15,961
Plan amendment	01/01/2021	265,608	13	29,701
Plan amendment	01/01/2022	154,937	14	16,557
Actuarial loss	01/01/2023	7,981	15	819
Plan amendment	01/01/2023	163,304	15	16,757
Total		**$35,088,604**		**$4,418,101**

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	$4,009,314	12	$471,758
Actuarial gain	01/01/2009	98,563	1	98,563
Actuarial gain	01/01/2010	1,090,785	2	563,836
Change in assumptions	01/01/2010	1,130,759	2	584,499
Actuarial gain	01/01/2011	393,550	3	140,152
Actuarial gain	01/01/2012	218,461	4	60,276
Change in assumptions	01/01/2013	320,944	5	73,154
Actuarial gain	01/01/2013	1,480,344	5	337,423
Actuarial gain	01/01/2014	2,795,450	6	548,106
Actuarial gain	01/01/2015	829,860	7	143,910
Actuarial gain	01/01/2016	108,264	8	16,945
Actuarial gain	01/01/2018	684,557	10	91,089
Change in assumptions	01/01/2018	2,707,945	10	360,328
Actuarial gain	01/01/2019	124,321	11	15,494
Actuarial gain	01/01/2020	2,155,716	12	253,653
Actuarial gain	01/01/2021	6,985,490	13	781,140
Change in assumptions	01/01/2022	167,364	14	17,885
Actuarial gain	01/01/2022	12,754,235	14	1,362,974
Total		**$38,055,922**		**$5,921,185**

Section 3: Certificate of Actuarial Valuation

Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 7.1%, for the Plan Year ended December 31, 2022 *On current (market) value of assets (Schedule MB, line 6h):* -12.0%, for the Plan Year ended December 31, 2022
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 2.22% to 2.55% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(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 assumption was changed as of January 1, 2023: • Annual administrative expenses, previously $515,000

Exhibit J: 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 year's assumption over the past several years.

Annuitant Mortality Rates

	Rate (%)[1]					
	Healthy		Disabled		Contingent Survivor	
Age	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.

Termination Rates

	Rate (%)			
	Mortality[1]			
Age	Male	Female	Disability	Withdrawal[2]
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 year's 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 year's 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, 2023 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 year's 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.

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	Active participants work enough hours each month to not qualify for delayed retirement adjustment. 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	$530,000 for the year beginning January 1, 2023 (equivalent to $511,025 payable at the beginning of the year). The annual administrative expense assumption is based on historical and current data, adjusted to reflect 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. 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 Exhibit K.
Current Liability Assumptions	*Interest:* 2.55%, within the permissible range prescribed under IRC Section 431(c)(6)(E) *Mortality:* 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-2021 (previously, the MP-2020 scale was used)

Section 3: Certificate of Actuarial Valuation

Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 7.1%, for the Plan Year ended December 31, 2022 *On current (market) value of assets (Schedule MB, line 6h):* -12.0%, for the Plan Year ended December 31, 2022
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Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023	$4,487,099	-	$4,487,099
2024	$4,503,643	-	$4,503,643
2025	$4,510,153	-	$4,510,153
2026	$4,516,808	-	$4,516,808
2027	$4,523,613	-	$4,523,613
2028	$4,530,572	-	$4,530,572
2029	$4,537,686	-	$4,537,686
2030	$4,544,961	-	$4,544,961
2031	$4,552,400	-	$4,552,400
2032	$4,560,006	-	$4,560,006

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	$710,570	$686,644	$8,001,913	$9,399,127
2024	1,367,339	681,781	7,834,768	9,883,888
2025	2,091,908	920,214	7,645,928	10,658,050
2026	2,719,179	1,105,588	7,488,406	11,313,173
2027	3,340,852	1,382,215	7,295,494	12,018,561
2028	3,912,182	1,642,484	7,032,921	12,587,587
2029	4,499,879	1,904,772	6,838,748	13,243,399
2030	5,002,760	2,131,396	6,628,838	13,762,994
2031	5,469,370	2,409,526	6,400,123	14,279,019
2032	5,871,630	2,633,410	6,172,399	14,677,439
2033	6,197,899	2,890,464	5,954,150	15,042,513
2034	6,454,250	3,059,998	5,731,130	15,245,378
2035	6,728,808	3,225,572	5,502,801	15,457,181
2036	6,922,591	3,359,445	5,269,107	15,551,143
2037	7,077,409	3,509,841	5,030,263	15,617,513
2038	7,163,241	3,709,167	4,786,588	15,658,996
2039	7,240,741	3,815,366	4,538,500	15,594,607
2040	7,277,306	3,898,545	4,286,581	15,462,432

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
2041	$7,277,313	$4,006,634	$4,028,247	$15,312,194
2042	7,232,316	4,081,088	3,770,803	15,084,207
2043	7,165,485	4,097,325	3,512,333	14,775,143
2044	7,066,687	4,080,860	3,254,085	14,401,632
2045	6,945,928	4,053,397	2,992,200	13,991,525
2046	6,786,996	3,998,055	2,738,388	13,523,439
2047	6,632,785	3,942,824	2,489,623	13,065,232
2048	6,450,869	3,885,550	2,247,756	12,584,175
2049	6,258,005	3,805,943	2,014,645	12,078,593
2050	6,039,560	3,717,883	1,792,117	11,549,560
2051	5,803,669	3,607,363	1,581,852	10,992,884
2052	5,579,670	3,501,390	1,385,279	10,466,339
2053	5,316,752	3,345,972	1,203,532	9,866,256
2054	5,049,186	3,209,443	1,037,365	9,295,994
2055	4,765,780	3,064,636	887,091	8,717,507
2056	4,491,066	2,899,919	752,597	8,143,582
2057	4,218,601	2,734,487	633,356	7,586,444
2058	3,950,614	2,572,017	528,581	7,051,212

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
2059	$3,680,004	$2,409,947	$437,305	$6,527,256
2060	3,413,649	2,247,577	358,467	6,019,693
2061	3,154,646	2,081,248	290,990	5,526,884
2062	2,914,316	1,925,094	233,806	5,073,216
2063	2,676,436	1,766,216	185,863	4,628,515
2064	2,453,996	1,620,287	146,124	4,220,407
2065	2,240,318	1,478,982	113,578	3,832,878
2066	2,045,641	1,339,542	87,242	3,472,425
2067	1,863,028	1,207,737	66,197	3,136,962
2068	1,694,055	1,086,412	49,590	2,830,057
2069	1,535,536	971,049	36,661	2,543,246
2070	1,389,773	864,277	26,739	2,280,789
2071	1,255,285	766,331	19,240	2,040,856
2072	1,132,260	676,719	13,664	1,822,643

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.

Attachment to 2023 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	$4.05/hour	6/30/2028
Dykes Lumber	$4.90/hour	6/30/2027
New School	7% or 10% of salary	6/30/2024

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

B This return/report is: [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
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 11735-2607

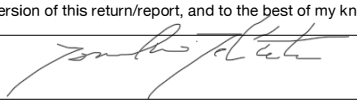
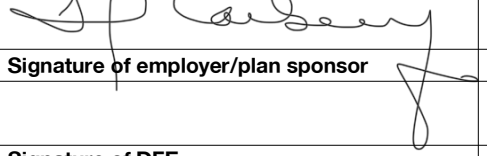
2b Employer Identification Number (EIN) 11-1880353

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		10/07/2024	DAN DECROTIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/07/2024	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 (2023) v. 230728**

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/23 TO 12/31/23

PAGE 667
ACCOUNT NUMBER: [redacted]

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 120,997,707.86

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									
BUY	09/18/23	09/18/23	15,367,153.00	1.00	15,367,153		15,367,153	15,367,153		12.70%
COMMON/COLLECTIVE FUNDS										
022662100	LONGVIEW LARGECAP 500 INDEX FUND									
SELL	09/18/23	09/18/23	9,294.89	1653.25	15,366,799		15,366,799	4,572,742	10,794,057	12.70%
				CATEGORY TOTAL			30,733,952	19,939,895	10,794,057	

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/23 TO 12/31/23

PAGE 668
ACCOUNT NUMBER: [redacted]

BEGINNING MARKET VALUE: 120,997,707.86
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
				CATEGORY TOTAL		0	0	0		

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/23 TO 12/31/23

ACCOUNT NUMBER: [redacted]

BEGINNING MARKET VALUE: 120,997,707.86

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208 DREYFUS GOVERNMENT CASH MANAGEMENT										12.99%
BUY	01/03/23	01/03/23	0.62	1.00	1		1	1		
BUY	02/01/23	02/01/23	0.62	1.00	1		1	1		
BUY	03/01/23	03/01/23	0.10	1.00	0		0	0		
BUY	09/14/23	09/14/23	354.42	1.00	354		354	354		
BUY	09/18/23	09/18/23	15,367,153.00	1.00	15,367,153		15,367,153	15,367,153		
BUY	10/02/23	10/02/23	0.20	1.00	0		0	0		
BUY	10/02/23	10/02/23	28,578.15	1.00	28,578		28,578	28,578		
BUY	10/06/23	10/06/23	179,978.90	1.00	179,979		179,979	179,979		
BUY	10/16/23	10/16/23	547.30	1.00	547		547	547		
BUY	11/01/23	11/01/23	68,955.58	1.00	68,956		68,956	68,956		
BUY	11/16/23	11/16/23	1,320.24	1.00	1,320		1,320	1,320		
BUY	12/01/23	12/01/23	67,256.14	1.00	67,256		67,256	67,256		
BUY	12/19/23	12/19/23	1,285.80	1.00	1,286		1,286	1,286		
		SUB-TOTAL BUYS	TXN CNT:	13			15,715,431	15,715,431		
SELL	02/06/23	02/06/23	171.92	1.00	172		172	172		
SELL	09/18/23	09/18/23	354.42	1.00	354		354	354		
SELL	10/20/23	10/20/23	923.74	1.00	924		924	924		
		SUB-TOTAL SELLS	TXN CNT:	3			1,450	1,450		
		SECURITY TOTAL	TXN CNT:	16			15,716,881	15,716,881		
		SECURITY CLASS TOTAL				0	15,716,881	15,716,881		
COMMON/COLLECTIVE FUNDS										
022662100 LONGVIEW LARGECAP 500 INDEX FUND										15.44%
SELL	05/25/23	05/25/23	131.50	1520.96	200,000		200,000	64,691	135,309	
SELL	06/26/23	06/26/23	155.33	1609.50	250,000		250,000	76,415	173,585	
SELL	08/28/23	08/28/23	61.17	1634.83	100,000		100,000	30,093	69,907	
SELL	09/18/23	09/18/23	9,294.89	1653.25	15,366,799		15,366,799	4,572,742	10,794,057	
SELL	09/29/23	09/29/23	1,417.51	1597.87	2,265,000		2,265,000	697,364	1,567,636	
SELL	09/29/23	09/29/23	125.17	1597.87	200,000		200,000	61,577	138,423	
SELL	10/25/23	10/25/23	189.89	1579.83	300,000		300,000	93,421	206,579	
		SUB-TOTAL SELLS	TXN CNT:	7			18,681,799	5,596,303	13,085,496	
		SECURITY TOTAL	TXN CNT:	7			18,681,799	5,596,303	13,085,496	
		SECURITY CLASS TOTAL				0	18,681,799	5,596,303	13,085,496	

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/23 TO 12/31/23

PAGE 670
ACCOUNT NUMBER: [redacted]

BEGINNING MARKET VALUE: 120,997,707.86

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CATEGORY TOTAL						0	34,398,680	21,313,184	13,085,496	

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/23 TO 12/31/23

PAGE 671
ACCOUNT NUMBER: [redacted]

BEGINNING MARKET VALUE: 120,997,707.86

CATEGORY 4 - 5% TRANSACTIONS BY BROKER - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE

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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2023

b	Assets		
	(1) Current value of assets	1b(1)	215,734,797
	(2) Actuarial value of assets for funding standard account	1b(2)	232,180,953
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	190,872,503
	(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)	177,215,197
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)	339,706,067
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	10,360,887
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	9,404,153
	(3) Expected plan disbursements for the plan year	1d(3)	9,934,153

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 JPS
Signature of actuary

10/10/2024
Date

JONATHAN SCARPA, FSA, MAAA
Type or print name of actuary

2308268
Most recent enrollment number

SEGAL
Firm name

212-251-5000
Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK NY 10001-2402
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 [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	215,734,797
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		489	119,582,078
(2) For terminated vested participants		385	76,948,556
(3) For active participants:			
(a) Non-vested benefits			8,232,097
(b) Vested benefits			134,943,336
(c) Total active		536	143,175,433
(4) Total		1,410	339,706,067
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.50 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)		**(b)** Amount paid by employer(s)		**c)** Amount paid by employees	
07/15/2023	5,043,456							
			Totals ►	**3(b)**	5,043,456	**3(c)**		0
(d) Total withdrawal liability amounts included in line 3(b) total						**3(d)**		0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	131.0 %
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, does line 1(c) reflect any benefit reductions for the first time (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**	

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

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** 2.55 %

		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**	7.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-12.0 %
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)**	511,025
(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
1	7,981	819
3	163,304	16,757

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**	3,395,879
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)**	35,088,604	4,418,101
(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**	546,979
e Total charges. Add lines 9a through 9d		**9e**	8,360,959
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	38,341,132
g Employer contributions. Total from column (b) of line 3		**9g**	5,043,456
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	38,055,922	5,921,185
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	3,260,173
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	18,055,947	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	76,387,556	
(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**	52,565,946
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	44,204,987
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	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			[X] Yes [ ] No