

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: SSOBA DEFINED CONTRIBUTION RETIREMENT FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): SSOBA DEFINED CONTRIBUTION RETIREMENT FUND
2b Employer Identification Number (EIN): 26-0584149
2c Plan Sponsor's telephone number
2d Business code (see instructions): 561600

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Ronald A. Fedrizzi (plan administrator), Sharika Gordon (employer/plan sponsor), and a blank row for DFE.

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RONALD A. FEDRIZZI 800 SUNRISE HIGHWAY WEST BABYLON, NY 11704-0181		3b Administrator's EIN 26-0584149
		3c Administrator's telephone number 631-587-9170
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	1030
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)	681
a(2) Total number of active participants at the end of the plan year	6a(2)	614
b Retired or separated participants receiving benefits	6b	506
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1120
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	6
f Total. Add lines 6d and 6e	6f	1126
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)	1126
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	26

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2G

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 **09/01/2023** and ending **08/31/2024**

A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	D Employer Identification Number (EIN) 26-0584149

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
TRANSAMERICA FINANCIAL 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
36-6071399	70688	935007-000		09/01/2023	08/31/2024

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

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

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

(b) 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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	111934
c Additions: (1) Contributions deposited during the year	7c(1)	44404
	7c(2)	
	7c(3)	1788
	7c(4)	59339
	7c(5)	8820
▶ FORFEITURE CREDIT & LOAN PRINCIPAL		
(6) Total additions	7c(6)	114351
d Total of balance and additions (add lines 7b and 7c(6))	7d	226285
e Deductions:		
	7e(1)	12000
	7e(2)	
	7e(3)	44823
(3) Transferred to separate account.....	7e(4)	29872
▶ TOTAL OTHER DEDUCITONS		
(5) Total deductions	7e(5)	86695
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	139590

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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	D Employer Identification Number (EIN) 26-0584149	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS,

13-3689044

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS, 440 MAMARONECK AVENUE
HARRISON, NY 10528

13-3689044

(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 37 52 62 64 67	RECORDKEEPER	61376	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JAMES R. GRISI, LLC 800 SUNRISE HIGHWAY
WEST BABYLON, NY 11704

83-2921602

(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	LEGAL SERVICES	42943	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CITRIN COOPERMAN ADVISORS LLC 50 ROCKEFELLER PLAZA
NEW YORK, NY 11753

22-2428965

(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	ACCOUNTANT	21005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AURORA PRIVATE WEALTH INC

30 BROAD STREET
NEW YORK, NY 10004

47-4814591

(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	INVESTMENT ADVISORY-PLAN	20271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PEAK RETIREMENT GROUP, LLC

2870 HEMPSTEAD TURNPIKE, SUITE 102
LEVITTOWN, NY 11756

13-3859124

(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 62 64 67	THIRD PARTY ADMINISTRATOR	9544	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL H COOK ASSOCIATES

1040 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

11-2424843

(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?
14 15 50	CONTRIBUTIONS PROCESSING	6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	D Employer Identification Number (EIN) 26-0584149

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	315357	295692
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	89046	111627
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(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)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	755407	1076962
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12210967	15655033
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13370777	17139314
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	33262	20270
i Acquisition indebtedness	1i		
j Other liabilities	1j	190698	127303
k Total liabilities (add all amounts in lines 1g through 1j)	1k	223960	147573
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13146817	16991741

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)	2636691	
(B) Participants	2a(1)(B)	454260	
(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)		3090951
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	52998	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52998
(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)	277615	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		277615
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2110410
c Other income	2c		206134
d Total income. Add all income amounts in column (b) and enter total	2d		5738108

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1494632	
(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)		1494632
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)	27391	
(2) Contract administrator fees.....	2i(2)	71268	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	21005	
(5) Investment advisory and investment management fees	2i(5)	207872	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	42943	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	28073	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		398552
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1893184

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3844924
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY LLP

(2) EIN: 22-2428965

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83578
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	D Employer Identification Number (EIN) 26-0584149	

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	
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	81

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 _____

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): _____

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): _____

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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	
b The corresponding number for the second preceding plan year	15b	

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	
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	

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**SPECIAL AND SUPERIOR OFFICERS
BENEVOLENT ASSOCIATION
DEFINED CONTRIBUTION RETIREMENT FUND**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED AUGUST 31, 2024 AND 2023

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund**

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August 31, 2024 and 2023

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Independent Auditor's Report

To the Board of Trustees of the
Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
West Babylon, New York

Opinion

We have audited the accompanying financial statements of Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of August 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund as of August 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter

As described in Note 8, the Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund was required to resubmit its application to the Voluntary Fiduciary Correction Program for 2017 and 2018. Our opinion is not modified with respect to this matter.

Management's Responsibilities 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 Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund's ability to continue as a going concern for a reasonable period of time.

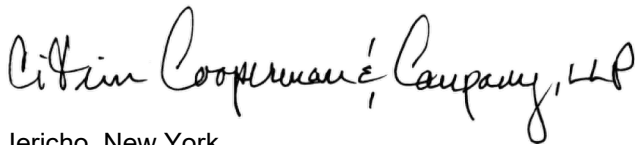
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule 2: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) for the year ended August 31, 2024, Schedule 3: Schedule H, Line 4a – 2023 Form 5500 Schedule of Delinquent Participant Contributions, Schedule 4: Schedule H, Line 4a – 2017 Form 5500 Schedule of Delinquent Participant Contributions, and Schedule 5: Schedule H, Line 4a – 2018 Form 5500 Schedule of Delinquent Participant Contributions, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplemental information required by ERISA. The information contained in Schedule 1: Schedules of Administration Expenses is presented for the purpose of additional analysis and is not a required part of the financial statements. 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 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying 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.



Jericho, New York
June 9, 2025

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Statements of Net Assets Available for Benefits
As of August 31, 2024 and 2023**

	2024	2023
Assets		
Investments		
Investments at fair value:		
Mutual funds	\$ 15,655,033	\$ 12,210,967
Money market funds	3,238	14,807
	15,658,271	12,225,774
Total investments		
Receivables		
Notes receivable from participants - net	1,076,962	755,407
Employer contributions	295,692	315,357
	1,372,654	1,070,764
Total receivables		
Cash	108,389	74,239
	17,139,314	13,370,777
Total assets		
Liabilities		
Accounts payable and accrued expenses	20,270	33,262
Due to SSOBA Union	73,004	164,844
Due to SSOBA Welfare Fund	54,299	25,854
	147,573	223,960
Total liabilities		
Net assets available for benefits	\$ 16,991,741	\$ 13,146,817

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Statements of Changes in Net Assets Available for Benefits
For The Years Ended August 31, 2024 and 2023**

	2024	2023
Additions to net assets attributed to:		
Interest and dividend income	\$ 277,615	\$ 534,491
Net appreciation in the fair value of investments	2,110,410	467,547
Total investment income	2,388,025	1,002,038
Less: investment expenses	207,872	163,959
Net investment income	2,180,153	838,079
Contributions:		
Employers	2,636,691	2,207,446
Participants	454,260	153,895
	3,090,951	2,361,341
Fee reimbursements	206,134	117,615
Interest income on notes receivable from participants	52,998	29,435
Total additions	5,530,236	3,346,470
Deductions from net assets attributed to:		
Benefits paid to participants	1,494,632	1,125,710
Administrative expenses	190,680	175,395
Total deductions	1,685,312	1,301,105
Net increase	3,844,924	2,045,365
Net assets available for benefits - beginning of year	13,146,817	11,101,452
Net assets available for benefits - end of year	\$ 16,991,741	\$ 13,146,817

See accompanying notes to financial statements.

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023**

Note 1 – Description of Plan

The following description of the Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan’s provisions, copies of which may be obtained from the Plan sponsor.

General

The Plan became effective November 1, 2006, and is a defined contribution profit sharing plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements (“CBA”) between the Special and Superior Officers Benevolent Association (the “Union”) and various employers and employer associations in the security field in the New York City and Long Island Area. The purpose of the Plan is to enable and encourage retirement savings for eligible participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the “Trustees”) and is governed by a joint board consisting of equal representation from the participating employers and the Union. The CBAs expire at various times through December 2027.

Eligibility

An individual becomes a participant in the Plan the first day his/her employer, subject to CBA or a participation agreement, is required to make contributions to the Plan. Full-time employees of the Union and its related fringe benefit funds are also participants in the Plan.

Contributions

Employers contribute on behalf of a participant to the Plan pursuant to rates established under the CBAs. In addition to employer contributions, participants may contribute up to the annual limits set by the Internal Revenue Service (“IRS”). Participants direct the investment of contributions into various investment options offered by the Plan.

Participant Accounts

Each participant’s account is credited with the contributions made on his/her behalf and net earnings on those contributions less any withdrawals and administrative expenses. A participant’s account may include, but is not limited to, the following sub-accounts: 401(k) contribution account, matching contribution account, profit sharing account and rollover contribution account. A participant is eligible to make salary deferrals if the CBA signed by his/her employer allows for salary deferrals. The annual dollar limit a participant could defer for the calendar years ended December 31, 2024 and 2023 was \$23,000 and \$22,500, respectively.

Vesting

Participants are immediately 100% vested in their contributions, employer’s matching contributions and related earnings credited to their individual accounts.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Notes Receivable from Participants

Loans are available to participants on a reasonably equivalent basis. Loans will be made to participants who are creditworthy. The administrator may request that a participant provide additional information, such as financial statements, tax returns and credit reports to make this determination. All loans must be adequately secured. A participant must sign a promissory note along with a loan pledge. Generally, a participant must use their vested interest in the Plan as security for the loan. In certain cases, the administrator may require additional collateral to provide a loan. A participant is limited to three (3) outstanding loans at any time.

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum equal to the lesser of \$50,000 reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over the current outstanding balance of loans as of the date of the new loan or 50% of their vested account balance.

Generally, the term of a loan may not exceed five (5) years, except if the loan is for the purchase of a principal residence. The rate of interest for any loan is the Prime Interest Rate at the time the loan was taken plus 1%.

Principal and interest on the loan are paid through a series of installment payments as defined by the Plan. Failure to make a scheduled payment within the terms of the Plan will cause the loan to be deemed defaulted, resulting in a deemed distribution equal to the entire outstanding loan balance at the end of the calendar year.

Payment of Benefits

The plan provides for various methods of distributing benefits, whether prior to retirement, at retirement (normal or early), upon death or disability of the participant or termination of services. Distributions are permitted under the following circumstances:

- (1) Early retirement is the later of the date a participant reaches the age 55 and is credited with at least five years of service.
- (2) Normal retirement is the later of the date a participant reaches the age 65 and is credited with at least five years of service.
- (3) Death of the participant.
- (4) The participant becomes totally and permanently disabled.
- (5) The participant's employment terminates for any reason other than death or disability and the participant has not reached the age of 55. The participant's vested interest will not be paid until the participant has not worked for a contributing employer for at least 60 consecutive days.
- (6) Actively employed participants who have reached the age of 59 ½ are eligible to receive in-service distributions once every 12 months.
- (7) A participant requests benefits pursuant to a Qualified Domestic Relations Order.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 1 – Description of Plan (continued)

Payment of Benefits (continued)

IRS rules and regulations require that certain minimum distributions to be made from the Plan of individual accounts commence once a participant attains the age of 72 or in the year of retirement, whichever occurs later.

A participant may elect to receive his or her interest in the Plan in one of the following ways:

- (1) A single life annuity or a qualified joint survivor annuity.
- (2) One lump sum.
- (3) A participant may also elect to have a portion of an eligible rollover distribution paid directly to an eligible retirement account in a direct rollover.

In accordance with IRS Regulations, minimal account balances may be distributed in one lump sum payment without the consent of the participant.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

The Plan considers all highly liquid instruments with original maturities of three months or less when purchased to be cash equivalents. At August 31, 2024 and 2023, the Plan had no cash equivalents.

Benefits

Benefits are recorded when paid.

Administrative Expenses

The administrative office is occupied by the Plan, the Union, and the Special and Superior Officers Benevolent Association Welfare Fund (the "Welfare Fund"), which are related organizations due to joint oversight and control. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for these shared expenses.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's realized gains and losses on investments sold during the year and on unrealized gains and losses on investments held at the end of the year. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer and Participant Contributions Receivable

Contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. As of August 31, 2024 and 2023, there was no allowance for doubtful accounts.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued interest but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of August 31, 2024 and 2023. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default pursuant to the terms of the Plan Document, the participant loan balance is reduced, and a benefit payment is recorded.

Tax Status

The Plan received a determination letter from the IRS dated February 12, 2016, stating that the Plan qualified pursuant to Section 401(a) of the Internal Revenue Code ("IRC"), and, accordingly, the Trust's net investment income is exempt from income taxes. The Plan sponsor believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

Uncertain Tax Positions

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2024 and 2023, there are 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 process. Additionally, Plan management believes that the Plan's returns for the years prior to the year ended August 31, 2021 are no longer open to examination, based on the statutory period for years subject to audit.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Operating Leases

On September 1, 2022, the Plan transitioned from legacy lease accounting to Accounting Standards Codification Topic 842 (or "ASC 842") for the accounting and disclosure of operating leases. Under ASC 842, the Plan determines whether an arrangement is or contains a lease at contract inception. For leases with a lease term greater than one year, the Plan recognizes a lease asset for its right to use the underlying leased asset ("ROU") and a lease liability for the corresponding lease obligation, calculated at present value. In determining the present value of lease payments, the Plan uses a risk-free rate for a period comparable with that of the lease terms. Operating lease ROU assets and liabilities are adjusted to result in a single straight-line lease expense over the life of the lease. The Plan considers the lease term to be the noncancelable period that it has the right to use the underlying asset, including all periods covered by an option to (1) extend the lease if the Plan is reasonably certain to exercise the option, (2) terminate the lease if the Plan is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor. Variable lease expenses are recorded when incurred. Under ASC 842, deferred rent obligations are no longer presented, and such balances were incorporated into the underlying calculations at adoption.

The Plan adopted ASC 842 on September 1, 2022, using the optional transition method under which the new standard is applied only to the most current period presented and the cumulative effect adjustment, if any, of applying the new standard to existing lease agreements, is recognized at the date of initial application. Under this adoption method, reporting periods beginning after January 1, 2022, are presented under the new standard, while prior period amounts are not adjusted. For the years ending August 31, 2024 and 2023, the Plan was allocated rent from the Union on a month-to-month basis (Note 7). The allocated rent was not material and is not reported under ASC 842.

Recently Adopted Accounting Standards

In June 2016, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326) ("ASC 326"), along with subsequently issued related ASUs, which requires Plans to measure all current expected financial losses ("CECL") for financial assets (or groups of financial assets) measured at amortized cost basis to be presented at the net amount expected to be collected, among other provisions. ASC 326 eliminates the probable initial threshold for recognition of credit losses for financial assets recorded at amortized cost, which could result in earlier recognition of credit losses. It utilizes a lifetime expected credit loss measurement model for the recognition of credit losses at the time the financial asset is originated or acquired. The Plan reviewed its statements of net assets available for benefits to determine which assets fall under the scope of CECL and concluded that notes receivable from participants, and employer contributions receivable are in-scope. There are no expected credit losses to be adjusted for each period. The Plan adopted ASC 326 using the modified retrospective method on September 1, 2023, and it did not have a material impact on the financial statements.

Reclassifications of a General Nature

Certain amounts in the prior year presented have been reclassified to conform to the current period financial statement presentation. These reclassifications have no effect on the previously reported change in net assets.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 2 - Summary of Significant Accounting Policies (continued)

Subsequent Events

The Plan has evaluated events and transactions that occurred through June 9, 2025, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

Note 3 – Fair Value Measurements

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

Investments that are measured at fair value using net asset value (“NAV”) as a practical expedient, have not been classified in the fair value hierarchy. When the Plan believes that the reported NAV of an investment is not representative of fair value, the Plan categorizes the investment in accordance with the fair value framework.

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:

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

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

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

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

Below is a description of the valuation methodologies used for assets measured at fair value.

- *Mutual Funds*: Valued at the closing price reported in the active market in which the securities are traded.

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023**

Note 3 – Fair Value Measurements (continued)

- *Money Market Funds:* Valued at the daily closing price as reported by the fund. The money market fund is an open-end mutual fund that is registered with the Securities and Exchange Commission. The fund is required to publish its daily NAV and to transact at that price. The money market fund is deemed to be actively traded.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of August 31, 2024				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,655,033	\$ -	\$ -	\$ 15,655,033
Money market funds	3,238	-	-	3,238
	\$ 15,658,271	\$ -	\$ -	\$ 15,658,271

Assets at Fair Value as of August 31, 2023				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 12,210,967	\$ -	\$ -	\$ 12,210,967
Money market funds	14,807	-	-	14,807
	\$ 12,225,774	\$ -	\$ -	\$ 12,225,774

Note 4 – Plan Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, the right to discontinue the Plan is reserved by the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and beneficiaries. If the Plan is terminated, the rights of all affected participants and beneficiaries, to the value of the amounts credited to participants' accounts, shall be nonforfeitable and the Plan assets will be allocated to pay all obligations of the Plan and to provide benefits to those eligible under the terms of the Plan and as otherwise required by law. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

Note 5 – 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 risks associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 5 – Risks and Uncertainties (continued)

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation (“FDIC”), subject to certain limits. At times, such cash balances may be in excess of the insured limits.

As of August 31, 2024 and 2023, there were no amount in excess of the FDIC limit. The Plan has not experienced any losses in such accounts.

For the years ending August 31, 2024 and 2023, approximately 59% and 62% of employer contributions were received from three and four employers, respectively. A change in the financial condition of these employers could have an impact on the future funding of the Plan.

Note 6 – Account Fees

The Plan has an agreement with Transamerica Retirement Solutions (“Transamerica”), which stipulates that Transamerica shall remit to the Plan fee reimbursements received from the investment options offered. The fee reimbursements received are included in fee reimbursements on the statement of changes in net assets available for benefits. For the years ended August 31, 2024 and 2023, fees collected and remitted to the Plan was \$206,134 and \$117,615, respectively.

Note 7 – Related Party Transactions

The administrative office is occupied by the Plan, the Union and the Welfare Fund, related organizations due to common sponsorship, management and oversight. Shared administrative and personnel expenses are initially paid by the Union and then billed to the Plans pursuant to a joint cost sharing agreement between this Fund, the Welfare Fund, and the Union. The percentages are determined by a utilization study that is approved by the Trustees. Personnel, and administrative costs allocated to the Plan by the Union was \$11,313 and \$12,606 for the years ended August 31, 2024 and 2023, respectively.

In May 2022, the Plan moved to an office space in Freeport, New York, which is leased by the Union. The monthly rent allocated to the Plan by the Union is based on a space allocation study. The Plan reimburses the Union \$392 per month for its share for the rent. Rent expense reimbursed to the Union for the year ended August 31, 2024 and 2023, was \$3,535 in each year, respectively. The amount due to the Union for rent and shared administrative and allocated expenses as of August 31, 2024 and 2023, was \$73,004 and \$164,844, respectively.

The Welfare Fund also pays shared personnel expenses and then bills the Union and DCR Fund pursuant to a joint cost sharing agreement between the Plan, the Welfare Fund, and the Union. Personnel costs allocated to the DCR Fund for the years ended August 31, 2024 and 2023 was \$30,983 and \$23,646, respectively. The amount due by the Plan to the Welfare Fund for shared administrative expenses as of August 31, 2024 and 2023, was \$54,299 and \$25,854, respectively.

Note 8 – Voluntary Correction Program

The Plan received a letter, dated June 14, 2019, from the Employee Benefits Security Administration, United States Department of Labor (“EBSA”), advising that the Form 5500 Annual Report for 2017 was reviewed and that the Plan may have engaged in a prohibited transaction by failing to remit participant contributions and/or loan repayments within the timeframes prescribed by ERISA. The purpose of the letter is to give the Plan an opportunity to self-correct the prohibited transaction, then apply to the Voluntary Fiduciary Correction (“VFC”) Program.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Notes to Financial Statements
August 31, 2024 and 2023

Note 8 – Voluntary Correction Program (continued)

The Plan received a second letter, dated November 25, 2019, from EBSA, advising that the Form 5500 Annual Report for 2018 was reviewed and that the Plan may have engaged in a prohibited transaction by failing to remit participant contributions and/or loan repayments within the timeframes prescribed by ERISA. The purpose of the letter is to give the Plan an opportunity to self-correct the prohibited transaction, then apply to the VFC Program.

The Plan and its service providers self-corrected the potential prohibited transactions and prepared the applications to the VFC Program for both 2017 and 2018. The Plan was advised on various dates in January 2025 by EBSA, that the corrective actions were consistent with the requirements of the VFC program and were acceptable, and no further civil enforcement action will be taken. Accordingly, these matters are now considered to be resolved.

Note 9 – Party-In-Interest Transactions

The Plan has a number of service providers. Such providers are parties in interest under ERISA. However, all transactions with such providers are exempt party-in-interest transactions under ERISA. In addition, certain Plan investments are held by the manager of the investment, therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 10 – Delinquent Participant Contributions

During the Plan year ended August 31, 2024, certain participating employers failed to remit certain participant contributions and loan repayments aggregating \$85,848 to the Plan on a timely basis as prescribed in the applicable Department of Labor ("DOL") regulations. Defined contribution plans, participating employers, must remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. The Plan Sponsor computed the lost earnings on these deferrals and loan repayments and contributed for the lost earnings to the Plan in 2025.

Supplemental Information

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
Schedules of Administrative Expenses
For the Years Ended August 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Administrative expenses:		
Office expenses	\$ 3,633	\$ 7,499
Legal fees	42,943	43,200
Accounting fees	21,005	21,005
Insurance	-	2,043
Consulting	9,679	13,494
Payroll	27,391	20,570
Payroll taxes	2,181	2,254
Employee benefits	1,411	822
Benefits administrator fees	61,589	49,788
Third-party administrator fees	6,000	8,000
Rent	3,535	3,211
Allocated shared administrative expenses	<u>11,313</u>	<u>3,509</u>
 Total administrative expenses	 <u><u>\$ 190,680</u></u>	 <u><u>\$ 175,395</u></u>

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001
Schedule H Line 4i – Schedule of Assets (Held at End of Year)
For the Year Ended August 31, 2024

(a)	(b) (c)	(c)	(e)	
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Current Value	
		Cost*		
Mutual Fund	AB Small Cap Growth Z	417.40	\$ 27,940	
Mutual Fund	American Funds 2010 Trgt Date Retire R6	14,522.59	178,628	
Mutual Fund	American Funds 2015 Trgt Date Retire R6	38,738.79	502,442	
Mutual Fund	American Funds 2020 Trgt Date Retire R6	75,376.08	1,073,080	
Mutual Fund	American Funds 2025 Trgt Date Retire R6	124,655.76	2,001,855	
Mutual Fund	American Funds 2030 Trgt Date Retire R6	161,246.97	2,894,067	
Mutual Fund	American Funds 2035 Trgt Date Retire R6	101,986.44	2,018,131	
Mutual Fund	American Funds 2040 Trgt Date Retire R6	71,499.79	1,508,627	
Mutual Fund	American Funds 2045 Trgt Date Retire R6	52,898.00	1,149,424	
Mutual Fund	American Funds 2050 Trgt Date Retire R6	56,694.70	1,212,696	
Mutual Fund	American Funds 2055 Trgt Date Retire R6	42,956.50	1,159,165	
Mutual Fund	American Funds 2060 Trgt Date Retire R6	38,355.82	701,144	
Mutual Fund	American Funds 2065 Trgt Date Retire R6	15,736.29	279,162	
Mutual Fund	American Funds New Perspective R6	159.98	10,367	
Mutual Fund	Calvert Equity R6	1,009.22	102,113	
Mutual Fund	DFA Inflation-Protected Securities I	628.54	6,964	
Mutual Fund	Fidelity 500 Index	2,237.85	438,997	
Mutual Fund	Fidelity Advisor Focus Emerging Markets Z	225.27	7,047	
Mutual Fund	JHancock Disciplined Value Mid Cap R6	285.12	8,668	
Mutual Fund	MFS Mid Cap Growth R6	74.28	2,402	
**	Mutual Fund	Transamerica Stable Value Core Account	12,064.49	139,449
Mutual Fund	Vanguard Equity-Income Adm	449.51	42,699	
Mutual Fund	Vanguard High-Yield Corporate Adm	2,395.04	12,190	
Mutual Fund	Vanguard Interm-Term Bond Index Adm	1,097.02	11,486	
Mutual Fund	Vanguard International Growth Adm	114.64	5,494	

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001
Schedule H Line 4i – Schedule of Assets (Held at End of Year)
For the Year Ended August 31, 2024

(a)	(b) (c)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Current Value
Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Cost*	Current Value
Mutual Fund	Vanguard International Value Inv	834.98	\$ 36,388
Mutual Fund	Vanguard Mid Cap Index Adm	246.85	78,181
Mutual Fund	Vanguard Small Cap Value Index Admiral	314.26	26,810
Mutual Fund	iShares Russell 2000 Small Cap Index K	640.19	16,177
Mutual Fund	Principal Real Estate Securities R6	106.54	3,240
Total Mutual Funds			15,655,033
**	Money Market	TFLIC Stable	3,238
Total Money Market Funds			3,238
Total Investments			15,658,271
**	Participant Loans	Notes receivable with interest rates of 4.25% to 9.50%	1,076,962
Total Plan Assets			\$ 16,735,233

* Cost information is not presented as all investments are participant directed.

** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

**Special and Superior Officers Benevolent Association
 Defined Contribution Retirement Fund
 EIN: 26-0584149
 Plan Number: 001**

**Schedule H Line 4a – 2023 Form 5500 Schedule of Delinquent Participant Contributions
 For the Year Ended August 31, 2024**

2023 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Participant Transactions			Total Fully Corrected Under VFCP and PTP 2002-21
Check here if Late Loan Repayments are included	Contributions not corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$75,249	\$8,330	\$83,579		\$83,579

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001

Schedule H Line 4a – 2017 Form 5500 Schedule of Delinquent Participant Contributions

2017 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Participant Transactions			Total Fully Corrected Under VFCP and PTP 2002-21
Check here if Late Loan Repayments are included	Contributions not corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$77,143	\$0	\$0	\$0	\$77,143

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001

Schedule H Line 4a – 2018 Form 5500 Schedule of Delinquent Participant Contributions

2018 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Participant Transactions			Total Fully Corrected Under VFCP and PTP 2002-21
Check here if Late Loan Repayments are included	Contributions not corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$25,352	\$0	\$0	\$0	\$25,352

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001
Schedule H Line 4i – Schedule of Assets (Held at End of Year)
For the Year Ended August 31, 2024

(a)	(b) (c)	(c)	(e)	
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Current Value	
Mutual Fund	AB Small Cap Growth Z	417.40	\$ 27,940	
Mutual Fund	American Funds 2010 Trgt Date Retire R6	14,522.59	178,628	
Mutual Fund	American Funds 2015 Trgt Date Retire R6	38,738.79	502,442	
Mutual Fund	American Funds 2020 Trgt Date Retire R6	75,376.08	1,073,080	
Mutual Fund	American Funds 2025 Trgt Date Retire R6	124,655.76	2,001,855	
Mutual Fund	American Funds 2030 Trgt Date Retire R6	161,246.97	2,894,067	
Mutual Fund	American Funds 2035 Trgt Date Retire R6	101,986.44	2,018,131	
Mutual Fund	American Funds 2040 Trgt Date Retire R6	71,499.79	1,508,627	
Mutual Fund	American Funds 2045 Trgt Date Retire R6	52,898.00	1,149,424	
Mutual Fund	American Funds 2050 Trgt Date Retire R6	56,694.70	1,212,696	
Mutual Fund	American Funds 2055 Trgt Date Retire R6	42,956.50	1,159,165	
Mutual Fund	American Funds 2060 Trgt Date Retire R6	38,355.82	701,144	
Mutual Fund	American Funds 2065 Trgt Date Retire R6	15,736.29	279,162	
Mutual Fund	American Funds New Perspective R6	159.98	10,367	
Mutual Fund	Calvert Equity R6	1,009.22	102,113	
Mutual Fund	DFA Inflation-Protected Securities I	628.54	6,964	
Mutual Fund	Fidelity 500 Index	2,237.85	438,997	
Mutual Fund	Fidelity Advisor Focus Emerging Markets Z	225.27	7,047	
Mutual Fund	JHancock Disciplined Value Mid Cap R6	285.12	8,668	
Mutual Fund	MFS Mid Cap Growth R6	74.28	2,402	
**	Mutual Fund	Transamerica Stable Value Core Account	12,064.49	139,449
Mutual Fund	Vanguard Equity-Income Adm	449.51	42,699	
Mutual Fund	Vanguard High-Yield Corporate Adm	2,395.04	12,190	
Mutual Fund	Vanguard Interm-Term Bond Index Adm	1,097.02	11,486	
Mutual Fund	Vanguard International Growth Adm	114.64	5,494	

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001
Schedule H Line 4i – Schedule of Assets (Held at End of Year)
For the Year Ended August 31, 2024

(a)	(b) (c)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Units	Current Value
		Cost*	
Mutual Fund	Vanguard International Value Inv	834.98	\$ 36,388
Mutual Fund	Vanguard Mid Cap Index Adm	246.85	78,181
Mutual Fund	Vanguard Small Cap Value Index Admiral	314.26	26,810
Mutual Fund	iShares Russell 2000 Small Cap Index K	640.19	16,177
Mutual Fund	Principal Real Estate Securities R6	106.54	3,240
Total Mutual Funds			<u>15,655,033</u>
**	Money Market	TFLIC Stable	3,238.00
Total Money Market Funds			<u>3,238</u>
Total Investments			<u>15,658,271</u>
**	Participant Loans	Notes receivable with interest rates of 4.25% to 9.50%	1,076,962
Total Plan Assets			<u><u>\$ 16,735,233</u></u>

* Cost information is not presented as all investments are participant directed.

** A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001

Schedule H Line 4a – 2017 Form 5500 Schedule of Delinquent Participant Contributions

2017 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Participant Transactions			Total Fully Corrected Under VFCP and PTP 2002-21
Check here if Late Loan Repayments are included	Contributions not corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$77,143	\$0	\$0	\$0	\$77,143

**Special and Superior Officers Benevolent Association
Defined Contribution Retirement Fund
EIN: 26-0584149
Plan Number: 001**

Schedule H Line 4a – 2018 Form 5500 Schedule of Delinquent Participant Contributions

2018 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Participant Transactions			Total Fully Corrected Under VFCP and PTP 2002-21
Check here if Late Loan Repayments are included	Contributions not corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$25,352	\$0	\$0	\$0	\$25,352

Special and Superior Officers Benevolent Association DCR Fund

2023 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions				
Participant Contributions Transferred Late to the Plan	Total That Constitute Nonexempt Participant Transactions			Total Fully Corrected Under VFCP and PTP 2002-21
Check here if Late Loan Repayments are included	Contributions not corrected	Contributions corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$75,249	\$8,330	\$83,579	\$0	\$83,579