

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 670 PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/01/1967
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 670 PENSION FUND 299 BROADWAY NEW YORK, NY 10007
2b	Employer Identification Number (EIN) 13-6567359
2c	Plan Sponsor's telephone number 212-374-1654
2d	Business code (see instructions) 531390

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	THELMA WINSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3449
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 1313 6a(2) 1275 6b 944 6c 1086 6d 3305 6e 126 6f 3431 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 369

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan LOCAL 670 PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCAL 670 PENSION FUND	D Employer Identification Number (EIN) 13-6567359

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 77238010
(2) Actuarial value of assets for funding standard account	1b(2) 85793616
c (1) Accrued liability for plan using immediate gain methods	1c(1) 91652056
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 91652056
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 141396340
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 5070724
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 5827419
(3) Expected plan disbursements for the plan year	1d(3) 6378199

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

SIGN HERE	09/03/2025
Signature of actuary BRIAN J. THOMAS	Date 23-08107
Type or print name of actuary BASIL CASTROVINCI ASSOCIATES, INC	Most recent enrollment number 973-601-3828
Firm name 36 HOPATCHUNG ROAD HOPATCHUNG, NJ 07843	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	77238010
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1026	60556328
(2) For terminated vested participants	1108	33199805
(3) For active participants:		
(a) Non-vested benefits		1712369
(b) Vested benefits		45927838
(c) Total active	1249	47640207
(4) Total	3383	141396340
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.63 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	3972137				
			Totals ►	3(b)	3972137
				3(c)	
				3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	93.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.29 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	8	8
(2) Females	6c(2)	8F	8F
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.75 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	14.7 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.7 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	550780	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-830889	-84114

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	3186541

c Amortization charges as of valuation date:

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

(2) Funding waivers

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

	Outstanding balance	
9c(1)	48293489	6342361
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 624612**e** Total charges. Add lines 9a through 9d.....**9e** 10153514**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 11185557**g** Employer contributions. Total from column (b) of line 3.....**9g** 3972137**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	31249492	3846845

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1148747**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

9j(1) 21596099

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

9j(2) 45251449

(3) FFL credit

9j(3)**k (1)** Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 20153286**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 9999772**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LOCAL 670 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 670 PENSION FUND	D Employer Identification Number (EIN) 13-6567359	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

ROTHMAN ROCCO AND LARUFFA

3 WEST MAIN STREET
ELMSFORD, NY 10523

13-3341720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	49764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASTIGLIA, LLP

46-2725636

(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 15 50	NONE	48618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASIL CASTROVINCI

13-2831500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	61922	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	142436	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MARINER

531 WEST MORSE BLVD
WINTER PARK, FL 32789

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	27400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYNTONIC SYSTEMS, INC.

111 JOHN STREET
NEW YORK, NY 10038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRADLEY & PARKER INC

320 S SERVICE RD
MELVILLE, NY 11747

(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?
22 50	NONE	18309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORRAINE DIXON

13-6567359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOVITA STONE

13-6567359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KATHERINE VELAZQUEZ

13-6567359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	100549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENNY ROJAS

13-6567359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA ORTIZ

13-6567359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 30	NONE	48998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IRIS CONDE

13-6567359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 51	
(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.	
DREYFUS CASH MANAGEMENT FUND 200 PARK AVENUE NEW YORK, NY 10166 13-3430985	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 51	
(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.	
DREYFUS GOVERNMENT CASH MANAGEMENT 200 PARK AVENUE NEW YORK, NY 10166 13-3281890	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 51	
(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.	
DREYFUS TREASURY & AGENCY CASH MANA 200 PARK AVENUE NEW YORK, NY 10166 13-3369653	SEE ATTACHED	

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
AMALGAMATED BANK	19 51	

(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.
JPMORGAN PRIME MONEY MARKET FUND 245 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10167 13-3736024	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 51	

(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.
JPMORGAN 100% USTREASURY MM FUND 245 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10167 31-1458343	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMALGAMATED BANK	19 51	

(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.
JPMORGAN US GOVERNMENT MM FUND 245 PARK AVENUE, 4TH FLOOR NEW YORK, NY 10167 23-2694160	SEE ATTACHED

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LOCAL 670 PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LOCAL 670 PENSION FUND	D Employer Identification Number (EIN) 13-6567359	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGE CAP 500 INDEX			
b Name of sponsor of entity listed in (a): AMALGAMTED BANK			
c EIN-PN 13-4920330-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28634751	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MID CAP 400 INDEX			
b Name of sponsor of entity listed in (a): AMALGAMTED BANK			
c EIN-PN 13-4920330-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7826861	
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALL CAP 600 INDEX			
b Name of sponsor of entity listed in (a): AMALGAMTED BANK			
c EIN-PN 13-4920330-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3887429	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan LOCAL 670 PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 670 PENSION FUND	D Employer Identification Number (EIN) 13-6567359

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	803360	870547
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1029092	832382
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	241847	280948
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	154814	201902
(2) U.S. Government securities	1c(2)	7647891	8737135
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9642911	8885713
(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)		
(9) Value of interest in common/collective trusts	1c(9)	50344478	40349041
(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)	7581380	23823476
(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	74948	10768
f Total assets (add all amounts in lines 1a through 1e)	1f	77520721	83991912
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	107129	62191
i Acquisition indebtedness	1i		
j Other liabilities	1j	175582	206183
k Total liabilities (add all amounts in lines 1g through 1j)	1k	282711	268374
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	77238010	83723538

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)	3972137	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3972137
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13218	
(B) U.S. Government securities	2b(1)(B)	394416	
(C) Corporate debt instruments	2b(1)(C)	518538	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		926172
(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)	805346	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		805346
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	46432494	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	42877491	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3555003
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3870549	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		13129207

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5963022	
(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)		5963022
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)	325956	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	12162	
(4) IQPA audit fees	2i(4)	36456	
(5) Investment advisory and investment management fees	2i(5)	161974	
(6) Bank or trust company trustee/custodial fees	2i(6)	7862	
(7) Actuarial fees	2i(7)	61922	
(8) Legal fees	2i(8)	49764	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	24561	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		680657
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6643679

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6485528
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: **CASTIGLIA, LLP**

(2) EIN: **46-2725636**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 561630.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan LOCAL 670 PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 670 PENSION FUND				D Employer Identification Number (EIN) 13-6567359	
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	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 AVI FOOD SYSTEMS INC

b EIN 34-0939177

c Dollar amount contributed by employer 271318

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 107.00

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

a Name of contributing employer ABM INDUSTRIES INC

b EIN 94-1369354

c Dollar amount contributed by employer 271318

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 114.00

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

a Name of contributing employer ROYAL REALTY CORP

b EIN 13-6126704

c Dollar amount contributed by employer 168875

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2026

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) 121.00

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

a Name of contributing employer SILVER TOWERS CONDO

b EIN 13-3381854

c Dollar amount contributed by employer 102301

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

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

(1) Contribution rate (in dollars and cents) 140.00

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

a Name of contributing employer MAYFLOWER OWNERS CORP

b EIN 13-3053579

c Dollar amount contributed by employer 57564

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2028

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

(1) Contribution rate (in dollars and cents) 164.00

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

a Name of contributing employer 357 EAST 57TH STREET REALTY

b EIN 13-3122473

c Dollar amount contributed by employer 56576

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 138.00

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer COLLINS BUILDING SERVICES INC

b EIN 51-0312606 **c** Dollar amount contributed by employer 52626

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 31 Year 2026

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) 98.00

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

a Name of contributing employer PREFERRED APT MAINTENANCE LLC

b EIN 20-1014753 **c** Dollar amount contributed by employer 52626

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 30 Year 2027

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

(1) Contribution rate (in dollars and cents) 84.00

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

a Name of contributing employer 44 WALL STREET HOLDINGS LP

b EIN 84-4306101 **c** Dollar amount contributed by employer 52626

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 117.00

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

a Name of contributing employer THE KNICKERBOCKER

b EIN 11-3340272 **c** Dollar amount contributed by employer 42718

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2027

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

(1) Contribution rate (in dollars and cents) 84.00

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

0

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

0

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: 76.4 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 21.0 %

High-Yield Debt: _____ % Real Assets: _____ % Cash or Cash Equivalents: 0.2 % Other: 2.4 %

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 _____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(2) Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-6567359	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-6567359	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49				1360	75000	5000
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-6567359	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(3) Schedule of Projection of Employer Contributions and Withdrawal Liability Payments	2024 This Form is Open to Public Inspection
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Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-6567359	PN	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	4029556		4029556
2025	4029556		4029556
2026	4029556		4029556
2027	4029556		4029556
2028	4029556		4029556
2029	4029556		4029556
2030	4029556		4029556
2031	4029556		4029556
2032	4029556		4029556
2033	4029556		4029556

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule MB, line 8b(1) Schedule of Projection of Expected Benefit Payments		2024	
			This Form is Open to Public Inspection	

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-6567359	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	87615		5739804	5827419
2025	1098376	147100	5551465	6796941
2026	1403095	227692	5343050	6973837
2027	1552909	371112	5127877	7051898
2028	1806287	506833	4915694	7228814
2029	2061492	715017	4699375	7475884
2030	2239108	823155	4479563	7541826
2031	2433123	961308	4256872	7651303
2032	2565195	1086432	4031904	7683531
2033	2755150	1220408	3805264	7780822
2034	2854983	1332989	3577586	7765558
2035	2917570	1395923	3349555	7663048
2036	2979105	1468564	3121938	7569607
2037	2997380	1524430	2895584	7417394
2038	2968931	1589050	2671408	7229389
2039	2942481	1671991	2450388	7064860
2040	2917032	1719757	2233594	6870383
2041	2833696	1744088	2022194	6599978
2042	2754036	1768500	1817403	6339939
2043	2669067	1818926	1620467	6108460
2044	2560967	1818168	1432611	5811746
2045	2458007	1820623	1254996	5533626
2046	2345820	1791419	1088698	5225937
2047	2228797	1758572	934653	4922022
2048	2105914	1715399	793592	4614905

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	13-6567359	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	1975567	1666277	666019	4307863
2050	1844800	1629923	552165	4026888
2051	1713419	1584548	451976	3749943
2052	1581064	1530080	365105	3476249
2053	1451126	1469968	290916	3212010
2054	1324402	1396717	228549	2949668
2055	1201856	1316216	176965	2695037
2056	1084277	1231722	134999	2450998
2057	972620	1160559	101438	2234617
2058	867692	1074288	75060	2017040
2059	769914	993977	54686	1818577
2060	679537	912502	39224	1631263
2061	596696	835177	27697	1459570
2062	521375	761861	19255	1302491
2063	453424	694029	13180	1160633
2064	392556	627917	8885	1029358
2065	338389	565844	5898	910131
2066	290477	507759	3856	802092
2067	248324	453734	2483	704541
2068	211423	403657	1573	616653
2069	179255	357441	981	537677
2070	151328	314974	602	466904
2071	127182	276120	363	403665
2072	106382	240724	215	347321
2073	88541	208623	125	297289

LOCAL 670 PENSION FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

WITH SUPPLEMENTAL INFORMATION

LOCAL 670 PENSION FUND

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CASTIGLIA, LLP
Certified Public Accountants
134 Burr Road
East Northport, NY 11731
Phone: 631.486.7830

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Local 670 Pension Fund

Opinion

We have audited the financial statements of Local 670 Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, 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, in all material respects, the net assets available for benefits of Local 670 Pension Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibility under those standards is further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are required to be independent of Local 670 Pension 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.

Responsibilities of Management for the Financial Statements

Plan 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 Local 670 Pension Fund's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Local 670 Pension 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 670 Pension 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 19 through 35, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information, the Schedules of Assets Held for Investments and Transactions in Excess of 5%, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Cartigli, LLP

East Northport, NY
October 6, 2025

LOCAL 670 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments, at fair value	\$ 81,997,267	\$ 75,371,474
Receivables:		
Employer contributions	832,382	1,029,092
Accrued interest and dividends	183,686	160,057
Due from related entities	<u>84,179</u>	<u>33,957</u>
Total receivables	<u>1,100,247</u>	<u>1,223,106</u>
Cash (non-interest bearing)	<u>870,547</u>	<u>803,360</u>
Prepaid expenses and other assets	<u>13,083</u>	<u>47,833</u>
Operating lease right-of-use assets	<u>--</u>	<u>52,693</u>
Fixed assets	<u>10,768</u>	<u>22,255</u>
Total assets	<u>\$ 83,991,912</u>	<u>\$ 77,520,721</u>
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	\$ 62,191	\$ 50,976
Operating lease liabilities	--	56,153
Employee severance payable	159,896	141,648
Federal Withholding Tax Payable	46,287	31,759
Due to related entities	<u>--</u>	<u>2,175</u>
Total liabilities	<u>268,374</u>	<u>282,711</u>
Net assets available for benefits	<u>\$ 83,723,538</u>	<u>\$ 77,238,010</u>

LOCAL 670 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 7,425,552	\$ 9,370,524
Interest	926,172	690,922
Dividends	<u>805,346</u>	<u>205,149</u>
Gross Investment Income	9,157,070	10,266,595
Less: investment expenses	<u>169,836</u>	<u>204,680</u>
Investment income (loss) - net	8,987,234	10,061,915
Employer contributions	3,972,137	4,051,236
Miscellaneous income	<u>--</u>	<u>596</u>
Total additions	<u>12,959,371</u>	<u>14,113,747</u>
Deductions:		
Pension benefits	5,963,022	5,828,883
Administrative expenses	<u>510,821</u>	<u>550,780</u>
Total deductions	<u>6,473,843</u>	<u>6,379,663</u>
Net increase (decrease)	6,485,528	7,734,084
Net assets available for benefits		
Beginning of year	<u>77,238,010</u>	<u>69,503,926</u>
End of year	<u>\$ 83,723,538</u>	<u>\$ 77,238,010</u>

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

1. Summary of Significant Accounting Policies

- a. The financial statements are prepared on the accrual basis of accounting.
- b. The Plan's investments are stated at fair value. Transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Bond premiums and discounts are not amortized. The Plan's Investment committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See note 5 for a discussion of fair value measurements. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.
- c. Employer contributions receivable are estimated based on collections following the year end which are applicable to the current year. This represents the amount management expects to collect from outstanding balances. Management contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligations to make required contributions to the Plan. Any additional employer contributions that are due to the plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.
- d. Fixed assets are recorded at cost. Depreciation is provided by straight-line methods.
- e. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- f. The Fund does not reflect the unfunded amount of the actuarial present value of accumulated plan benefits in the accompanying financial statements. The most recent actuarial data available is shown in note 10.
- g. Benefits are recorded when paid.
- h. The administrative office is occupied by the Plan and various related organizations. 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 shared expenses.
- i. The Plan determines if a contract is a leasing arrangement and the classification of that lease, if applicable, at inception. Operating lease assets represent the right to control the use of an identified asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. Operating lease assets and liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. For operating leases, the Plan uses the risk-free rate of return. The Plan recognizes operating lease expense for operating lease expense for operating leases on a straight-line basis over the lease term.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

2. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Plan instrument for a more complete description of the Plan's provisions.

- a. General. The Fund is a multiemployer defined benefit pension plan and was established on June 11, 1966 as a result of collective bargaining agreements with employers to provide retirement and disability benefits for eligible participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for oversight of the Plan. Management of the Plan determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Board of Trustees.
- b. Contributions. The Fund is financed entirely by employer contributions as specified in the collective bargaining agreements. The plan's contributions exceeded the minimum funding requirements of ERISA.
- c. On November 20, 1986, the Board of Trustees elected to provide a severance pay allowance to employees of the Fund equivalent to 4% of wages which is cumulative for years of service of employment. An employee is eligible for severance pay only if termination occurs after two complete years of employment, and termination is not for cause. The Trustees have the sole and absolute discretion to determine whether a termination is for cause.
- d. Vesting. A participant earns a year of vesting credit for each calendar year during which they work at least 1,000 hours. A participant becomes fully vested in the plan if they have at least 5 years of vesting credits.
- e. The Plan may be terminated by Trustees at any time. In addition, the Pension Benefit Guaranty Corporation may terminate the Plan under certain circumstances.

3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of plan termination, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

4. Tax Status

The Internal Revenue Service has advised that the Fund qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under the provisions of Section 501 (a). Once qualified, the Fund is required to operate in conformity with the Internal Revenue Code to maintain its qualification. The Fund is not aware of any action or event that has occurred that might affect its status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, no uncertain positions are taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Fair Value Measurements

The Fund's investments are recorded at fair value in the accompanying statement of assets, liabilities and fund balances.

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Fund has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the assets or liability, either directly or indirectly. These 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.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

5. Fair Value Measurements (continued)

- Level 3 are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Interest bearing cash: Valued at cost which approximates fair value based.

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

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Equity index funds: Shares of registered investment companies are reported at fair value based on the quoted price of the shares in an active market in which the securities are traded.

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

The following tables present the Fund's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2024 and 2023.

Fair Value Measurements at Reporting Date Using:				
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2024</u>				
U.S. Government	\$ 8,737,135	\$ --	\$ 8,737,135	\$ --
Corporate bonds	8,885,713	--	8,885,713	--
Interest bearing cash	201,902	201,902	--	--
Equity index funds	<u>23,823,476</u>	<u>23,823,476</u>	<u>--</u>	<u>--</u>
Total investments in the fair value hierarchy	41,648,226	<u>\$24,025,378</u>	<u>\$17,622,848</u>	<u>\$ --</u>
Investments measured at NAV	<u>40,349,041</u>			
Total	<u>\$81,997,267</u>			

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

5. Fair Value Measurements (continued)

Fair Value Measurements at Reporting Date Using:				
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>	<u>Fair Value</u>			
U.S. Government	\$ 7,647,891	\$ --	\$ 7,647,891	\$ --
Corporate bonds	9,642,911	--	9,642,911	--
Interest bearing cash	154,814	154,814	--	--
Equity index funds	<u>7,581,380</u>	<u>7,581,380</u>	<u>--</u>	<u>--</u>
Total investments in the fair value hierarchy	25,026,996	<u>\$7,736,194</u>	<u>\$17,290,802</u>	<u>\$ --</u>
Investments measured at NAV	<u>50,344,478</u>			
Total	<u>\$75,371,474</u>			

Changes in Fair Value Levels

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1, 2 or 3.

Fair value of investments in entities that use net asset value

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value (NAV) per share as of December 31, 2024 and 2023:

<u>Investment class</u>	<u>Fair Value 12/31/24</u>	<u>Fair Value 12/31/23</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trusts:				
Longview Large Cap 500 Index Fund (a)	\$28,634,751	\$26,400,723	Daily	30 days
Longview Mid Cap 400 Index Fund (b)	7,826,861	7,513,311	Daily	30 days
Macquarie Diversified Income trust (c)	--	12,629,747	Daily	30 days
Longview Small Cap 600 Index Fund (d)	<u>3,887,429</u>	<u>3,800,697</u>	Daily	30 days
	<u>\$40,349,041</u>	<u>\$50,344,478</u>		

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

5. Fair Value Measurements (continued)

- a. This Fund's investment objective is to provide investment results that approximate the performance of the S&P 500 Index. The Fund will normally invest in the common stocks included in the S&P 500 Index in approximately the same proportions. The Fund may also use a sampling approach, based on market capitalization and industry weightings, to invest substantially the Fund's assets in as many stocks in its corresponding index as practicable. The Fund emphasize low portfolio turnover and benefit from the low transaction costs that are associated with passive, index-based investing. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2024 and 2023.
- b. This Fund's investment objective is to provide investment results that approximate the performance of the S&P MidCap 400 Index. The Fund will normally invest in the 400 medium-size U.S. companies in the S&P MidCap 400 Index in approximately the same proportions. The Fund emphasize low portfolio turnover and benefit from the low transaction costs that are associated with passive, index-based investing. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2024 and 2023.
- c. The investment objective of Macquarie Diversified Income Trust is to seek maximum long-term total return, consistent with reasonable risk. The Fund seeks to achieve this objective by allocating investments among the following four sectors of fixed income securities market: the U.S. Investment-Grade Sector, the U.S. High Yield Sector, the International Developed Markets Sector, and the Emerging-Markets Sector. The performance benchmark for the Fund is the Barclays U.S. Aggregate Index. There are no unfunded commitments at December 31, 2024 and 2023.
- d. This Fund's investment objective is to provide investment results that approximate the performance of the S&P SmallCap 600 Index. The Fund will normally invest in the 400 small-size U.S. companies in the S&P SmallCap 600 Index in approximately the same proportions. The Fund emphasize low portfolio turnover and benefit from the low transaction costs that are associated with passive, index-based investing. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2024 and 2023.

6. Related Party Transactions

The Fund has common trustees and shares office facilities and staff with Union Local 670 and Local 670 Annuity and Welfare Funds as well as Local 377 Pension Fund. Salaries, payroll taxes and employee benefits are paid initially by both the Union and Pension Fund. All expenses are allocated on the basis of space and staff utilized in amounts approved by the Trustees.

Shared office expenses are paid initially by 670 Welfare Fund and allocated to 670 Pension Fund based on the percentage of benefit received from the expenditure. Where such benefit is not easily determined, management uses an allocation rate determined by square footage and shared employee time which was approved by the board as a practical expedient.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

6. Related Party Transactions (continued)

During the years ended December 31, 2024 and 2023, the Plan reimbursed the General Fund \$11,993 and \$13,537, respectively, and received reimbursement from the Union of \$72,655 and \$144,050, the Welfare Fund \$197,815 and \$132,966, the Annuity Fund \$12,906 and \$57,978, and 377 Pension Fund \$31,128 and \$54,984, respectively.

The amounts due to or from related parties are as follows:

	<u>2024</u>	<u>2023</u>
<u>Due from Related Party</u>		
Due from General Fund	\$ --	\$ --
Due from 377 Pension Fund	2,611	1,113
Due from Annuity Fund	49,891	13,547
Due from Welfare Fund	<u>31,677</u>	<u>19,297</u>
Total due from Related Party	<u>\$ 84,179</u>	<u>\$ 33,957</u>
 <u>Due to Related Party</u>		
Due from General Fund	\$ --	\$ 2,175
Due from 377 Pension Fund	--	--
Due from Annuity Fund	--	--
Due from Pension Fund	<u>--</u>	<u>--</u>
Total due to Related Party	<u>\$ --</u>	<u>\$ 2,175</u>

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

7. Fixed Assets

Fixed assets are summarized by major categories as follows:

	<u>Useful Lives</u>	<u>2024</u>	<u>2023</u>
Furniture and equipment	7 years	\$ 32,952	\$ 32,952
Computers and software	5 years	<u>116,675</u>	<u>116,675</u>
		149,627	149,627
Less accumulated depreciation		<u>138,859</u>	<u>127,372</u>
Net book value		<u>\$ 10,768</u>	<u>\$ 22,255</u>

Depreciation of furniture and equipment, computer and software for the years ended December 31, 2024 and 2023 was \$11,488 and \$11,589 respectively. Depreciation is calculated utilizing the straight-line method over their useful life as noted above.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

8. Leases

The Fund shares office space with Union Local 670 and related sister funds. The Fund's allocated share is 16% of the total monthly lease payments, which was determined based on an analysis of the square footage used by the fund. Allocated lease payments are made directly to the third party landlord. The shared lease is categorized as an operating lease and expires on December 31, 2024. The Plan recognizes operating lease expense on a straight line basis over the lease term.

	<u>2024</u>	<u>2023</u>
Operating Leases		
Right-of-use asset	\$ --	\$ 52,693
Lease liability:		
Current Operating lease liability	--	56,153
Noncurrent operating lease liability	<u> </u>	<u> </u>
Total operating lease liabilities	<u>\$ --</u>	<u>\$ 56,153</u>

Rent expense for the years ended December 31, 2024 and 2023 amounted to \$60,736 and \$67,301 respectively.

The aggregate future lease payments below summarize the remaining future undiscounted cash flows for operating leases as of December 31, 2024, and a reconciliation to operating lease liabilities reported on the consolidated statement of financial position:

	<u>Total</u>	<u>16% Share</u>
2025	\$ --	\$ --
Total minimum lease payments	<u>\$ --</u>	--
Less interest:		<u> </u>
Present value of lease liability		<u>\$ --</u>

Operating lease terms and discount rate at December 31, 2024 and 2023, were as follows:

	<u>2024</u>	<u>2023</u>
Remaining lease term (years)	0	1
Discount rate	5.242%	5.242%

9. Pension Plans

The Fund pays its share of contributions to Local 670 Pension Fund, a noncontributory multiemployer defined benefit pension plan which was established as a result of collective bargaining agreements with employers to provide benefits to eligible participants. Local 670 Benefit Funds are contributing employers to the plan. Pension contributions for the years ended December 31, 2024 and 2023 were \$5,214 and \$4,293 respectively.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

10. Actuarial Information

Actuarial valuations of the Plan were made by Basil Castrovinci Associates, Inc. as of January 1, 2024 and 2023. Information shown in the reports included the following:

	<u>January 1,</u>	
	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits -		
Participants currently receiving benefits	\$ 44,542,266	\$ 41,984,024
Other participants	<u>46,179,506</u>	<u>46,059,213</u>
Total Vested benefits	90,721,772	88,043,237
Nonvested benefits	<u>930,284</u>	<u>686,633</u>
Total actuarial present value of accumulated plan benefits	<u>\$91,652,056</u>	<u>\$88,729,870</u>

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

Actuarial present value of accrued benefits as of January 1, 2023		\$88,729,870
Increase (decrease) during the year attributed to:		
Benefits earned, gain/losses, data changes	\$ 2,958,528	
Benefits accumulated	--	
Interest	5,792,541	
Benefits paid	<u>(5,828,883)</u>	
Net increase		<u>2,922,186</u>
Actuarial present value of accrued benefits as of January 1, 2024		<u>\$91,652,056</u>

Some of the more significant actuarial assumptions used in the valuations were:

- a. Mortality rate – Funding- PRI-2012+2 with MP-2021; Current Liability- IRS 2024 Annuitant & Non-Annuitant
- b. Retirement age assumptions - the later of age 62 with 5 years of participation.
- c. Investment rate of return – 6.75% compounded annually; 3.29% per year current liability
- d. Valuation Method – Unit Credit Funding
- e. Valuation of Assets- 5 year smoothed actuarial value
- f. Expenses – Prior year's actual expense

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

10. Actuarial Information (continued)

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Fund are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

The Fund's consulting actuary has advised that the Fund as of January 1, 2024, is being funded at a level sufficient to meet the minimum funding standard requirements of ERISA and that there is no accumulated funding deficiency.

The Fund's consulting actuary has also advised that the actuarial certification of plan status is in the green zone as of January 1, 2024 under the Pension Protection Act of 2006.

11. Risks and Uncertainties

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

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

The Plan maintains cash balances at banks in the New York metropolitan area. Cash accounts at banks are insured by the Federal Deposit Insurance Corporation subject to certain limits. At times, such cash balances may be in excess of the insured limits. The Plan has not experienced any losses in such accounts. The Plan considers highly liquid instruments readily convertible to known amounts of cash with original maturities of three months or less measured from their acquisition date to be cash and cash equivalents.

Concentrations of credit risk with respect to contributions receivable are limited due to the large number of participating employers. The Plan routinely assesses the financial strength of its participating employers and, as a consequence, believes that their contributions receivable credit risk exposure is limited. Management does not believe significant risk exists in connection with the Plan's concentrations of credit at December 31, 2024 and 2023.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

12. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 855, Subsequent Events, the Fund has evaluated events and transactions that occurred after the balance sheet date for potential recognition and disclosure through October 6, 2025, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of October 6, 2025, have been incorporated into these financial statements herein.

13. Employer Contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Payroll examinations are performed on a rotating basis to verify that proper contributions are being made.

14. Contingencies and Litigation

The Plan is subject to various claims and legal proceedings covering a range of matters for benefit claims that arise in the ordinary course of its business activities. Management believes that any liability that may ultimately result from the resolution of these matters will not have a material adverse effect on the financial status of the Plan.

15. Participation in Multiemployer Plan

The Plan, on behalf of its office employees which it shares with other affiliated benefit funds, contribute to a multiemployer defined benefit pension plan that covers its employees. The risks of participating in this multiemployer plan is different from single-employer plans in the following aspects:

Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

If the Plan chooses to stop participating in this multiemployer plan, the Plan may be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the Plan. The Plan has no intention of stopping its participation in this multiemployer plan.

The Plan's participation in these Plans for the annual periods ended December 31, 2024 and 2023, is outlined below. The EIN and Pension Plan Number rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2024 and 2023 is for the Plan's year end at December 31, 2024 and December 31, 2023, respectively.

LOCAL 670 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

15. Participation in Multiemployer Plan (continued)

The zone status is based on information that the Plan received from the multiemployer plans and is certified by the Plan's actuary. Among other factor, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. There have been no significant changes that affect the comparability of 2024 and 2023 contributions.

Legal name of Plan: Local 670 Pension Fund
EIN: 13-6567359
Pension Plan Number: 001
PPA Zone Status:
2024 Green
2023 Green
FIP / RP Status: N/A
Contributions:
2024 \$5,214 (allocated)
2023 \$4,293 (allocated)

16. Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. On Form 5500, investment expenses are shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	<u>Per financial Statement</u>	<u>Reclassification</u>	<u>Per 5500</u>
Investment income (loss)	\$ 8,987,234	\$ 169,836	\$ 9,157,070
Contributions	3,972,137	—	3,972,137
Other income	<u>—</u>	<u>—</u>	<u>—</u>
Total additions	<u>12,959,371</u>	<u>169,836</u>	<u>13,129,207</u>
Benefits paid to or for participants	5,963,022	—	5,963,022
Administrative expenses	<u>510,821</u>	<u>169,836</u>	<u>680,657</u>
Total deductions	<u>6,473,843</u>	<u>169,836</u>	<u>6,643,679</u>
Net increase (decrease)	<u>\$ 6,485,528</u>	<u>\$ —</u>	<u>\$ 6,485,528</u>

SUPPLEMENTAL INFORMATION

LOCAL 670 PENSION FUND

SUPPLEMENTAL INFORMATION

FINANCIAL DATA

A summary of the financial data of the Fund and its operations for the years ended December 31, 2024 and 2023 is shown below, followed by additional comments relating to the financial statements at December 31, 2024:

	<u>Year Ended December 31,</u>		<u>Increase</u>
	<u>2024</u>	<u>2023</u>	<u>(Decrease)</u>
Net assets	\$ 83,723,538	\$ 77,238,010	\$ 6,485,528
Employer contributions	\$ 3,972,137	\$ 4,051,236	\$ (79,099)
Benefit payments	\$ 5,963,022	\$ 5,828,883	\$ 134,139
Cost of administration:			
Amount	\$ 510,821	\$ 550,780	\$ (39,959)
Percent of employer contributions	12.86%	13.60%	(0.74%)
Net increase (decrease) in net assets	\$ 6,485,528	\$ 7,734,084	\$ (1,248,556)

LOCAL 670 PENSION FUND

SUPPLEMENTAL INFORMATION

COMMENTS ON FINANCIAL STATEMENTS

STATEMENT OF NET ASSETS

Cash

Cash accounts at year end were as follows:

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
Checking account (non-interest bearing)	\$ 870,547	\$ 803,360
U Save Time Deposit (interest bearing)	<u>159,896</u>	<u>141,648</u>
Total cash in bank	<u>\$1,030,443</u>	<u>\$ 945,008</u>

INTEREST ON INVESTMENTS

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
U.S. Government obligations	\$ 394,416	\$ 195,230
Corporate bonds	518,538	472,808
Cash equivalents	<u>13,218</u>	<u>22,884</u>
Total interest income	<u>\$ 926,172</u>	<u>\$ 690,922</u>

INVESTMENT EXPENSES

	<u>Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
Investment counsel fees	\$ 134,574	\$ 170,986
Investment advisory fees	27,400	27,400
Custodial bank fees	<u>7,862</u>	<u>6,294</u>
Total investment expenses	<u>\$ 169,836</u>	<u>\$ 204,680</u>

LOCAL 670 PENSION FUND

SUPPLEMENTAL INFORMATION

ADMINISTRATIVE EXPENSES

FOR THE YEARS ENDED DECEMBER 31,

	<u>2024</u>	<u>2023</u>
Salaries	\$ 325,956	\$ 315,250
Payroll taxes	30,674	28,262
Pension and Welfare contributions	24,679	19,363
Rent	60,736	67,301
Telephone	2,567	2,160
Printing, stationery and supplies	2,861	2,861
Postage	1,000	2,000
Fiduciary responsibility insurance	13,914	14,236
Office insurance	4,474	4,474
Surety bond	63	63
Plan termination insurance	127,613	119,525
Data processing	10,400	8,850
Professional fees and expenses:		
Legal (net of reimbursement)	49,764	56,366
Auditing	36,456	36,456
Payroll Audits	12,162	10,422
Actuary	61,922	62,259
Bank charges and sundry	16,574	39,374
Depreciation and amortization	<u>11,488</u>	<u>11,589</u>
	793,303	800,811
Less - Reimbursed by related Funds for Salaries and payroll taxes	(302,030)	(284,089)
Allocated to Pension Fund by Union Local 670:		
Payroll Expense	11,993	20,676
Allocated to Pension Fund by Local 670 Welfare Fund:		
Shared Admin Expenses	<u>7,555</u>	<u>13,382</u>
Total	<u>\$ 510,821</u>	<u>\$ 550,780</u>

Local 670 Pension Fund
Schedule H (Form 5500 - 41-1)
Schedule of Assets Held for Investment
13-6567359; Plan 001

Security ID	Security Description	Quantity	Cost Local	Market Value Local
337358BH7	FIRST UNION CORP 6.824% 8/01/26	84,000.00	105,837.48	87,190.32
962166BR4	WEYERHAEUSER CO 7.375% 3/15/32	10,000.00	13,984.50	11,132.00
035229CQ4	ANHEUSER BUSCH COS 5.950% 1/15/33	175,000.00	192,522.75	182,523.25
31342AZT9	FHLMC PL #780754 ARM 4.715% 8/01/33	350,000.00	1,175.75	1,247.58
404119AJ8	HCA INC 7.500% 11/06/33	170,000.00	190,893.00	188,458.60
035229DA8	ANHEUSER -BUSCH COS INC 5.75% 04/01/36	200,000.00	209,702.00	203,996.00
494560AT3	KINDER MORGAN 5.80% 03/15/2035	160,000.00	210,275.20	160,956.80
641423BP2	NEVADA POWER CO 6.650% 04/01/2036	100,000.00	103,752.00	107,245.00
31411EPS0	FNMA PL #905933 6.0% 01/01/37	800,000.00	3,436.95	3,454.45
3128KJPG1	FHLMC GLD PL #A55823 6.0% 12/01/36	799,920.00	12,775.93	12,997.14
31411CCR0	FNMA PL #903780 6.50% 11/01/36	816,885.00	3,854.99	3,885.69
31349SFL2	FHLMC PL #781071 5.194% 11/01/33	780,800.00	3,182.53	3,325.41
31411FLX0	FNMA PL #906742 6% 01/01/37	600,000.00	1,807.08	1,812.42
31410FSJ5	FNMA PL #888021 6% 12/01/36	541,938.00	2,895.50	2,990.64
26442CAA2	DUKE ENERGY CAROLINAS 6.1% 06/01/37	310,000.00	418,422.30	322,750.30
31405WXL4	FNMA PL #801783 6.500% 02/01/37	579,121.00	9,335.64	9,533.71
826418BE4	SIERRA PACIFIC POWER CO 6.75% 07/01/37	130,000.00	145,834.00	141,810.50
25746UBD0	DOMINION RESOURCES INC 7.00% 06/15/38	124,000.00	190,232.12	138,021.92
74834LAQ3	QUEST DIAGNOSTIC 5.75% 01/30/40	200,000.00	209,832.00	192,166.00
637432MT9	NATIONAL RURAL UTIL VAR 04/30/2043	453,000.00	447,148.12	453,933.18
020002BB6	ALLSTATE CORP VAR 08/15/2053	250,000.00	265,545.00	250,035.00
496902AK3	KINROSS GOLD CORP 6.875% 09/01/2041	130,000.00	180,869.70	137,023.90
677050AJ5	OGLETHORPE POWER CORP 4.2% 12/01/2042	266,000.00	285,811.80	210,807.66
413875AS4	HARRIS CORPORATION 4.854% 04/27/2035	90,000.00	114,570.90	85,588.20
548661DE4	LOWE'S COS INC 4.25% 09/15/2044	275,000.00	243,441.00	213,017.75
907818DT2	UNION PACIFIC CORP 4.821% 02/01/2044	225,000.00	209,160.00	195,428.00
31416X5Y7	FNMA PL #AB2655 5% 05/01/2041	1,515,362.00	58,496.10	52,274.29
913017CY3	UNITED TECHNOLOGIES CORP 4.125% 11/16/28	175,000.00	200,229.75	170,331.00
3128M5GG9	FHLMC GLD PL #G03499 5% 09/01/2035	3,588,880.00	38,413.97	36,048.88
64952GAE8	NEW YORK LIFE INSURANCE 5.875% 5/15/2033	170,000.00	205,696.60	176,016.30
638671AE7	NATIONWIDE MUTUAL INS 7.875% 04/01/2033	150,000.00	212,308.50	166,006.50
674599DF9	OCCIDENTAL PETROLEUM COR 6.45% 09/15/36	187,000.00	227,878.20	191,437.61
911312BV7	UNITED PARCEL SERVICE 5.2% 4/1/2040	270,000.00	276,047.80	262,974.60
023135BT2	AMAZON.COM INC 2.5% 06/03/50	21,000.00	21,076.65	12,528.60
06652KAB9	BANKUNITED INC 5.125% 06/11/30	300,000.00	255,138.00	287,955.00
084664CX7	BERKSHIRE HATHAWAY FIN 2.5% 01/15/2051	224,000.00	221,428.48	129,301.76
91324PED0	UNITEDHEALTH GROUP INC 2.3% 05/15/2031	75,000.00	74,993.25	63,773.25
929089AF7	VOYA FINANCIAL INC VAR 01/23/2048	175,000.00	185,281.25	164,801.00
745332CK0	PUGET ENERGY INC 2.893% 09/15/2051	250,000.00	250,000.00	152,667.60
10922NAH6	BRIGHTHOUSE FINL INC 3.85% 12/22/2051	140,000.00	139,977.80	91,016.80
91282CEP2	US TREASURY NOTE 2.875% 05/15/2032	200,000.00	201,625.00	179,620.00
039483AT9	ARCHER DANIELS MIDLAND 5.935% 10/01/2032	100,000.00	114,519.36	105,375.00
638671AC1	NATIONWIDE MUT INS CO 8.25% 12/01/2031	100,000.00	121,355.00	112,098.00
025816CX5	AMERICAN EXPRESS CO VAR 05/26/2033	250,000.00	247,780.00	243,767.50
912810TH1	U.S. TREASURY BOND 3.25% 05/15/2042	250,000.00	222,045.71	203,347.50
91282CF3	U.S. TREASURY NOTE 2.75% 08/15/2032	50,000.00	48,710.94	44,341.50
665869AX2	NORTHERN TR CORP SUB 6.125% 11/02/2032	300,000.00	301,467.00	316,479.00
89788MAK8	TRUIST FINL CORP FR VAR 10/28/2033	225,000.00	228,913.75	234,279.00
91282CFV8	U.S. TREASURY NOTE 4.125% 11/15/2032	1,465,000.00	1,489,991.38	1,428,843.80
912810TM0	U.S.TREASURY BOND 4.00% 11/15/2042	675,000.00	657,155.27	607,351.50
3140XKCB4	FNMA POOL #FS3665 6.5% 01/01/2053	225,000.00	128,285.74	127,117.42
053332BD3	AUTOZONE INC SR NT 4.75% 02/01/2033	100,000.00	99,934.00	95,942.00
91282CGL9	U.S.TREASURY NOTE 4.00% 02/15/2026	175,000.00	171,643.56	174,539.75
75513ECR0	RAYTHEON TECHNOLOGIES 5.15% 02/27/2033	200,000.00	199,412.00	198,320.00
91282CGP0	U.S. TREASURY NOTES 4.00% 02/29/28	400,000.00	392,265.63	396,364.00
906548CW0	UNION ELEC CO 5.45% 03/15/2053	235,000.00	234,525.90	225,019.55
828807DV6	SIMON PTY GROUP LP 5.86% 03/08/2053	200,000.00	198,620.00	201,382.00
33835PAA4	FIVE CORNERS FDG TR 5.997% 02/15/2053	100,000.00	100,250.00	100,909.00
91282CGX3	U.S. TREASURY NOTES 3.875% 04/30/2025	139,000.00	138,820.82	138,790.11
3132DQBE5	FHLMC POOL #SD-2737 5.5% 04/01/2053	290,000.00	274,806.41	269,626.94
716973AF9	PFIZER INVT ENTERPRISES 5.11% 05/19/2043	300,000.00	289,358.30	281,616.00
91282CHD6	U.S. TREASURY NOTE 4.25% 05/31/2025	185,000.00	184,953.61	184,953.75
3132DPNR5	FHLMC POOL #SD-2200 6.00% 01/01/2053	170,000.00	141,724.58	141,421.48
91282CHT1	US TREASURY NOTE 3.875% 08/15/2033	75,000.00	74,402.34	71,379.00
808513CH6	SCHWAB CHARLES CORP SR VAR 08/24/2034	212,000.00	211,474.24	222,583.04
3140XMMA1	FNMA POOL #FS5752 6.00% 09/01/2053	450,000.00	401,271.71	402,454.87
31418EW48	FNMA UMBS POOL #MA5166 6.00% 10/01/2053	175,000.00	148,378.91	146,691.75
110122DZ8	BRISTOL-MYERS SQUIBB 5.9% 11/15/2053	85,000.00	84,870.80	89,184.55

Local 670 Pension Fund
Schedule H (Form 5500 - 41-1)
Schedule of Assets Held for Investment
13-6667359; Plan 001

Security ID	Security Description	Quantity	Cost Local	Market Value Local
75513ECW9	RTX CORPORATION SR 6.1% 03/15/2034	75,000.00	74,859.00	78,975.00
91282CJN2	US TREASURY NOTE 4.375% 11/30/2028	90,000.00	90,787.50	90,036.90
3132DSB43	FHLMC POOL #SD-4559 5.00% 09/01/2053	180,000.00	165,895.03	162,486.59
891490AS3	TOSCO CORP SR GLBL 7.9% 01/01/2047	130,000.00	162,063.20	151,681.40
3130AYXW1	FHLB 5.25% 02/13/2034	140,000.00	140,000.00	140,564.20
00287YDV8	ABBVIE INC SR 5.35% 03/15/2044	125,000.00	124,827.50	121,850.00
98389BBB5	XCEL ENERGY INC 5.5% 03/15/2034	220,000.00	219,236.60	219,139.80
65339KCW8	NEXTERA ENERGY CAP HLDGS VAR 09/01/2054	200,000.00	200,000.00	203,558.00
3132DSSX1	FHLMC POOL #SD-5034 6.00% 03/01/2054	150,000.00	141,271.95	141,012.10
3133ERCG4	FFCB 6.22% 04/25/2039	200,000.00	200,320.00	200,326.00
3130B1EB9	FHLB 5.92% 05/23/2034	300,000.00	300,150.00	300,630.00
3132DTCU2	FHLMC POOL #SD-5483 6.00% 05/01/2054	325,000.00	311,529.49	312,738.83
3133ERFR7	FFCB 6.08% 06/03/2039	300,000.00	300,300.00	300,531.00
3140XPTA7	FNMA POOL #FS7744 6.5% 04/01/2054	200,000.00	195,764.59	194,767.57
38141GB37	GOLDMAN SACHS GROUP VAR 07/23/2035	275,000.00	275,000.00	269,865.75
06051GMB2	BANK AMERICA CORP VAR 08/15/2035	270,000.00	277,543.80	262,796.40
3133ERPA3	FFCB 5.65% 08/14/2034	275,000.00	275,000.00	274,155.75
38384GMM9	GNMA REMIC TRUST 6.00% 12/20/2053	175,000.00	177,843.75	174,666.85
3133ERYX3	FFCB 5.72% 10/28/2044	250,000.00	250,000.00	250,095.00
3133ERZY0	FFCB 5.95% 11/14/2044	250,000.00	250,000.00	249,705.00
3130B3QW6	FHLB 5.75% 11/22/2039	225,000.00	225,000.00	224,509.50
3133ERF22	FFCB 5.87% 11/29/2039	225,000.00	225,225.00	224,221.50
3132DUY50	FHLMC POOL #SD-7032 6.00% 05/01/2054	350,000.00	356,585.69	352,738.03
3130B3VG5	FHLB 5.9% 12/06/2040	200,000.00	200,200.00	199,536.00
3130B4DF5	FHLB 5.75% 12/27/2035	300,000.00	300,000.00	300,000.00
022662100	LONGVIEW LARGE CAP 500 INDEX FUND	12,872.78	21,585,308.49	28,634,751.14
022662209	LONGVIEW MID CAP 400 INDEX FUND	2,241.12	6,496,486.47	7,826,861.48
022662308	LONGVIEW SMALL CAP 600 INDEX FUND	1,857.34	3,311,834.71	3,887,428.56
72201F490	PIMCO INCOME FUND INSTITUTIONAL FUND	1,487,478.53	15,600,078.79	15,648,274.11
31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND	608,726.89	7,829,427.94	8,175,202.14
	INTEREST BEARING CASH	201,902.00	201,902.00	201,902.00
			Total FMV	81,997,267

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/24 TO 12/31/24
ACCOUNT NUMBER: 1000426
PAGE 268

BEGINNING MARKET VALUE: 62,600,079.01
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
ROBERTS & RYAN										
				- 78791	QUALIFYING PERCENTAGE					
8.12%										
097023CY9	BOEING CO	5.15%	05/01/30							
SELL	10/18/24	10/21/24	150,000.00	99.40	149,100		149,100	148,497	603	
103730CA6	BP CAP MKTS	AMER	5.227% 11/17/2034							
SELL	11/25/24	11/26/24	250,000.00	100.60	251,500		251,500	249,148	2,352	
3133ERUX7	FFCB	5.31%	09/25/2035							
BUY	09/27/24	09/30/24	300,000.00	100.03	300,090		300,090	300,090		
SELL	12/20/24	12/23/24	300,000.00	98.65	295,950		295,950	300,090	4,140-	
SECURITY TOTAL					596,040		600,180		4,140-	
3133ERQTI	FFCB	5.64%	08/26/2039							
BUY	08/22/24	08/26/24	175,000.00	100.00	175,000		175,000	175,000		
SELL	10/23/24	10/24/24	175,000.00	99.70	174,475		174,475	175,000	525-	
SECURITY TOTAL					349,475		350,000		525-	
3133ERP3	FFCB	5.65%	08/14/2034							
BUY	08/15/24	08/16/24	275,000.00	100.00	275,000		275,000	275,000		
3133ERYX3	FFCB	5.72%	10/28/2044							
BUY	10/31/24	11/01/24	250,000.00	100.00	250,000		250,000	250,000		
3133ERF22	FFCB	5.87%	11/29/2039							
BUY	12/10/24	12/11/24	225,000.00	100.10	225,225		225,225	225,225		
3133EPS89	FFCB	5.94%	01/02/2036							
SELL	05/31/24	06/03/24	175,000.00	99.10	173,425		173,425	175,000	1,575-	
3133ERZY0	FFCB	5.95%	11/14/2044							
BUY	11/14/24	11/15/24	250,000.00	100.00	250,000		250,000	250,000		
3133ERBW2	FFCB	6.04%	04/17/2034							
SELL	11/06/24	11/07/24	250,000.00	99.99	249,975		249,975	250,075	100-	
3133ERHW4	FFCB	6.05%	06/24/2039							
BUY	06/28/24	07/01/24	250,000.00	100.00	250,000		250,000	250,000		
SELL	10/15/24	10/16/24	250,000.00	99.90	249,750		249,750	250,000	250-	
SECURITY TOTAL					499,750		500,000		250-	
3133ERFR7	FFCB	6.08%	06/03/2039							
BUY	06/17/24	06/18/24	300,000.00	100.10	300,300		300,300	300,300		
313133EPQ24	FFCB	6.15%	12/21/2038							
SELL	08/14/24	08/15/24	250,000.00	100.00	250,000		250,000	250,000		
3133EPXJ9	FFCB	6.45%	10/03/2033							
SELL	08/22/24	08/23/24	175,000.00	100.10	175,175		175,175	174,878	297	
313130B3QW6	FHLB	5.75%	11/22/2039							
BUY	12/05/24	12/06/24	225,000.00	100.00	225,000		225,000	225,000		
313130B4DF5	FHLB	5.75%	12/27/2035							
BUY	12/20/24	12/27/24	300,000.00	100.00	300,000		300,000	300,000		
3130B3VG5	FHLB	5.9%	12/06/2040							

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
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BEGINNING MARKET VALUE: 62,600,079.01
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
ROBERTS & RYAN				- 78791	(CONT)					8.12%
313083VG5	FHLB	5.9% 12/06/2040								
BUY	12/17/24	12/18/24	200,000.00	100.10	200,200		200,200	200,200		
313081H75	FHLB	6.2% 06/03/2039								
BUY	05/31/24	06/03/24	175,000.00	100.00	175,000		175,000	175,000		
404119AJ8	HCA INC	7.500% 11/06/33								
BUY	10/29/24	10/30/24	170,000.00	112.29	190,893		190,893	190,893		
					BROKER TOTAL		5,086,058	5,089,396	3,338-	
					CATEGORY TOTAL	0	5,086,058	5,089,396	3,338-	

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5500 5% REPORT
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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT										
BUY	01/02/24	01/02/24	7,937.01	1.00	7,937		7,937	7,937		20.54%
BUY	01/16/24	01/16/24	14,305.17	1.00	14,305		14,305	14,305		
BUY	01/23/24	01/23/24	2,205.66	1.00	2,206		2,206	2,206		
BUY	01/25/24	01/25/24	30,427.65	1.00	30,428		30,428	30,428		
BUY	01/26/24	01/26/24	99,296.32	1.00	99,296		99,296	99,296		
BUY	01/30/24	01/30/24	128,980.53	1.00	128,981		128,981	128,981		
BUY	02/01/24	02/01/24	5,765.48	1.00	5,765		5,765	5,765		
BUY	02/02/24	02/02/24	178,480.77	1.00	178,481		178,481	178,481		
BUY	02/14/24	02/14/24	13,471.38	1.00	13,471		13,471	13,471		
BUY	02/15/24	02/15/24	107,130.68	1.00	107,131		107,131	107,131		
BUY	02/16/24	02/16/24	592.08	1.00	592		592	592		
BUY	02/27/24	02/27/24	5,150.00	1.00	5,150		5,150	5,150		
BUY	02/28/24	02/28/24	221,460.03	1.00	221,460		221,460	221,460		
BUY	03/08/24	03/08/24	5,850.00	1.00	5,850		5,850	5,850		
BUY	03/14/24	03/14/24	254,036.46	1.00	254,036		254,036	254,036		
BUY	03/15/24	03/15/24	31,657.87	1.00	31,658		31,658	31,658		
BUY	03/25/24	03/25/24	28,382.04	1.00	28,382		28,382	28,382		
BUY	04/01/24	04/01/24	18,380.91	1.00	18,381		18,381	18,381		
BUY	04/03/24	04/03/24	5,643.75	1.00	5,644		5,644	5,644		
BUY	04/08/24	04/08/24	35,469.58	1.00	35,470		35,470	35,470		
BUY	04/16/24	04/16/24	252,085.38	1.00	252,085		252,085	252,085		
BUY	04/22/24	04/22/24	5,250.00	1.00	5,250		5,250	5,250		
BUY	04/23/24	04/23/24	3,687.50	1.00	3,688		3,688	3,688		
BUY	04/25/24	04/25/24	28,628.28	1.00	28,628		28,628	28,628		
BUY	04/29/24	04/29/24	2,184.30	1.00	2,184		2,184	2,184		
BUY	04/30/24	04/30/24	16,609.04	1.00	16,609		16,609	16,609		
BUY	05/01/24	05/01/24	4,152.19	1.00	4,152		4,152	4,152		
BUY	05/02/24	05/02/24	9,187.71	1.00	9,188		9,188	9,188		
BUY	05/08/24	05/08/24	206,800.00	1.00	206,800		206,800	206,800		
BUY	05/15/24	05/15/24	73,799.07	1.00	73,799		73,799	73,799		
BUY	05/16/24	05/16/24	4,125.00	1.00	4,125		4,125	4,125		
BUY	05/17/24	05/17/24	299,605.83	1.00	299,606		299,606	299,606		
BUY	05/20/24	05/20/24	7,665.00	1.00	7,665		7,665	7,665		
BUY	05/28/24	05/28/24	48,962.34	1.00	48,962		48,962	48,962		
BUY	06/04/24	06/04/24	68,323.05	1.00	68,323		68,323	68,323		
BUY	06/05/24	06/05/24	4,375.00	1.00	4,375		4,375	4,375		
BUY	06/11/24	06/11/24	7,687.50	1.00	7,688		7,688	7,688		
BUY	06/13/24	06/13/24	342,908.96	1.00	342,909		342,909	342,909		
BUY	06/17/24	06/17/24	6,621.64	1.00	6,622		6,622	6,622		
BUY	06/21/24	06/21/24	7,687.50	1.00	7,688		7,688	7,688		
BUY	06/24/24	06/24/24	2,695.00	1.00	2,695		2,695	2,695		
BUY	06/25/24	06/25/24	31,657.29	1.00	31,657		31,657	31,657		
BUY	06/28/24	06/28/24	208,813.26	1.00	208,813		208,813	208,813		

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT (CONT)									
BUY	07/02/24	07/02/24	594.38	1.00	594			594		20.54%
BUY	07/15/24	07/15/24	3,590.09	1.00	3,590		3,590	3,590		
BUY	07/19/24	07/19/24	226,775.78	1.00	226,776		226,776	226,776		
BUY	07/25/24	07/25/24	23,896.10	1.00	23,896		23,896	23,896		
BUY	07/30/24	07/30/24	15,484.48	1.00	15,484		15,484	15,484		
BUY	08/01/24	08/01/24	5,911.91	1.00	5,912		5,912	5,912		
BUY	08/08/24	08/08/24	125,040.03	1.00	125,040		125,040	125,040		
BUY	08/15/24	08/15/24	417,684.21	1.00	417,684		417,684	417,684		
BUY	08/23/24	08/23/24	179,564.58	1.00	179,565		179,565	179,565		
BUY	08/27/24	08/27/24	11,654.16	1.00	11,654		11,654	11,654		
BUY	09/04/24	09/04/24	132,236.88	1.00	132,237		132,237	132,237		
BUY	09/09/24	09/09/24	5,850.00	1.00	5,850		5,850	5,850		
BUY	09/16/24	09/16/24	33,640.19	1.00	33,640		33,640	33,640		
BUY	09/20/24	09/20/24	6,554.17	1.00	6,554		6,554	6,554		
BUY	09/23/24	09/23/24	33.61	1.00	34		34	34		
BUY	09/25/24	09/25/24	34,733.17	1.00	34,733		34,733	34,733		
BUY	10/01/24	10/01/24	18,215.55	1.00	18,216		18,216	18,216		
BUY	10/04/24	10/04/24	223,273.26	1.00	223,273		223,273	223,273		
BUY	10/15/24	10/15/24	1,145.81	1.00	1,146		1,146	1,146		
BUY	10/16/24	10/16/24	254,455.56	1.00	254,456		254,456	254,456		
BUY	10/17/24	10/17/24	7,550.00	1.00	7,550		7,550	7,550		
BUY	10/21/24	10/21/24	155,954.38	1.00	155,954		155,954	155,954		
BUY	10/24/24	10/24/24	154,499.98	1.00	154,500		154,500	154,500		
BUY	10/25/24	10/25/24	38,762.74	1.00	38,763		38,763	38,763		
BUY	10/28/24	10/28/24	9,072.68	1.00	9,073		9,073	9,073		
BUY	11/04/24	11/04/24	9,187.50	1.00	9,188		9,188	9,188		
BUY	11/06/24	11/06/24	6,375.00	1.00	6,375		6,375	6,375		
BUY	11/07/24	11/07/24	250,813.89	1.00	250,814		250,814	250,814		
BUY	11/18/24	11/18/24	4,125.00	1.00	4,125		4,125	4,125		
BUY	11/19/24	11/19/24	7,665.00	1.00	7,665		7,665	7,665		
BUY	11/20/24	11/20/24	875.00	1.00	875		875	875		
BUY	11/26/24	11/26/24	258,062.94	1.00	258,063		258,063	258,063		
BUY	12/02/24	12/02/24	22,620.22	1.00	22,620		22,620	22,620		
BUY	12/03/24	12/03/24	189,807.50	1.00	189,808		189,808	189,808		
BUY	12/10/24	12/10/24	199,777.50	1.00	199,778		199,778	199,778		
BUY	12/16/24	12/16/24	154,120.64	1.00	154,121		154,121	154,121		
BUY	12/23/24	12/23/24	302,539.00	1.00	302,539		302,539	302,539		
BUY	12/24/24	12/24/24	109,634.77	1.00	109,635		109,635	109,635		
			SUB-TOTAL BUYS	TXN CNT:	81		6,439,915	6,439,915		
SELL	01/29/24	01/29/24	147,411.01	1.00	147,411		147,411	147,411		
SELL	02/12/24	02/12/24	156,232.25	1.00	156,232		156,232	156,232		
SELL	02/13/24	02/13/24	163,261.37	1.00	163,261		163,261	163,261		

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT										
(CONT)										
SELL	02/26/24	02/26/24	94,467.47	1.00	94,467		94,467	94,467		20.54%
SELL	02/29/24	02/29/24	18,623.71	1.00	18,624		18,624	18,624		
SELL	03/01/24	03/01/24	194,723.39	1.00	194,723		194,723	194,723		
SELL	03/12/24	03/12/24	19,853.26	1.00	19,853		19,853	19,853		
SELL	03/19/24	03/19/24	253,405.28	1.00	253,405		253,405	253,405		
SELL	03/27/24	03/27/24	13,137.00	1.00	13,137		13,137	13,137		
SELL	03/28/24	03/28/24	59,069.42	1.00	59,069		59,069	59,069		
SELL	04/15/24	04/15/24	49,389.17	1.00	49,389		49,389	49,389		
SELL	04/17/24	04/17/24	250,075.00	1.00	250,075		250,075	250,075		
SELL	04/19/24	04/19/24	1,962.01	1.00	1,962		1,962	1,962		
SELL	05/10/24	05/10/24	200,838.33	1.00	200,838		200,838	200,838		
SELL	05/23/24	05/23/24	300,150.00	1.00	300,150		300,150	300,150		
SELL	05/31/24	05/31/24	201,110.64	1.00	201,111		201,111	201,111		
SELL	06/03/24	06/03/24	45,796.41	1.00	45,796		45,796	45,796		
SELL	06/18/24	06/18/24	297,039.15	1.00	297,039		297,039	297,039		
SELL	06/20/24	06/20/24	114,673.69	1.00	114,674		114,674	114,674		
SELL	07/01/24	07/01/24	198,547.66	1.00	198,548		198,548	198,548		
SELL	07/03/24	07/03/24	13,126.00	1.00	13,126		13,126	13,126		
SELL	07/05/24	07/05/24	985.93	1.00	986		986	986		
SELL	07/22/24	07/22/24	1,949.21	1.00	1,949		1,949	1,949		
SELL	07/23/24	07/23/24	270,887.50	1.00	270,888		270,888	270,888		
SELL	08/16/24	08/16/24	271,598.82	1.00	271,599		271,599	271,599		
SELL	08/21/24	08/21/24	52,188.11	1.00	52,188		52,188	52,188		
SELL	08/26/24	08/26/24	150,183.92	1.00	150,184		150,184	150,184		
SELL	08/29/24	08/29/24	22,994.24	1.00	22,994		22,994	22,994		
SELL	09/03/24	09/03/24	111,907.85	1.00	111,908		111,908	111,908		
SELL	09/10/24	09/10/24	35,905.04	1.00	35,905		35,905	35,905		
SELL	09/27/24	09/27/24	13,165.00	1.00	13,165		13,165	13,165		
SELL	09/30/24	09/30/24	300,311.25	1.00	300,311		300,311	300,311		
SELL	10/30/24	10/30/24	187,299.87	1.00	187,300		187,300	187,300		
SELL	11/01/24	11/01/24	248,155.04	1.00	248,155		248,155	248,155		
SELL	11/15/24	11/15/24	183,785.05	1.00	183,785		183,785	183,785		
SELL	11/25/24	11/25/24	203,077.26	1.00	203,077		203,077	203,077		
SELL	11/29/24	11/29/24	199,494.13	1.00	199,494		199,494	199,494		
SELL	12/06/24	12/06/24	225,503.13	1.00	225,503		225,503	225,503		
SELL	12/11/24	12/11/24	217,977.75	1.00	217,978		217,978	217,978		
SELL	12/13/24	12/13/24	349,785.29	1.00	349,785		349,785	349,785		
SELL	12/18/24	12/18/24	751.66	1.00	752		752	752		
SELL	12/20/24	12/20/24	149,434.25	1.00	149,434		149,434	149,434		
SELL	12/26/24	12/26/24	94,596.14	1.00	94,596		94,596	94,596		
SELL	12/27/24	12/27/24	335,104.87	1.00	335,105		335,105	335,105		
SUB-TOTAL SELLS					TXN CNT:	44	6,419,931	6,419,931		

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321				(CONT)						
				TXN CNT: 125	(CONT)					20.54%
			SECURITY TOTAL				12,859,846	12,859,846		
			SECURITY CLASS TOTAL			0	12,859,846	12,859,846		
			CATEGORY TOTAL			0	12,859,846	12,859,846		

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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
COMMON/COLLECTIVE FUNDS										
022662100	LONGVIEW LARGE CAP 500 INDEX FUND									
BUY	03/11/24	03/11/24	0.00	2700.00	0		0	0		7.10%
BUY	09/30/24	09/30/24	33.58	2162.86	72,636		72,636	72,636		
			SUB-TOTAL BUYS	TXN CNT:	2		72,636	72,636		
SELL	01/23/24	01/23/24	10.39	1811.12	18,813		18,813	17,406	1,407	
SELL	03/21/24	03/21/24	255.62	1956.07	500,000		500,000	428,327	71,673	
SELL	04/19/24	04/19/24	11.45	1877.63	21,496		21,496	19,184	2,312	
SELL	06/26/24	06/26/24	228.76	2054.58	470,000		470,000	383,322	86,678	
SELL	07/22/24	07/22/24	10.65	2069.56	22,043		22,043	17,848	4,195	
SELL	09/16/24	09/16/24	94.35	2119.73	200,000		200,000	158,102	41,898	
SELL	10/21/24	10/21/24	1.03	2212.32	2,278		2,278	1,727	551	
SELL	11/22/24	11/22/24	133.54	2246.60	300,000		300,000	223,914	76,086	
SELL	11/27/24	11/27/24	1,135.95	2274.40	2,583,605		2,583,605	1,904,778	678,827	
SELL	12/24/24	12/24/24	111.56	2258.80	252,000		252,000	187,072	64,928	
			SUB-TOTAL SELLS	TXN CNT:	10		4,370,235	3,341,680	1,028,555	
			SECURITY TOTAL	TXN CNT:	12		4,442,871	3,414,316	1,028,555	
			SECURITY CLASS TOTAL			0	4,442,871	3,414,316	1,028,555	
			CATEGORY TOTAL			0	4,442,871	3,414,316	1,028,555	

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TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	04/11/24	04/11/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		19.17%
SELL	04/12/24	04/12/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		19.17%
INVESTMENT FUNDS										
72201F490	PIMCO INCOME FUND INSTITUTIONAL FUND									
BUY	04/12/24	04/12/24	1,148,325.36	10.45	12,000,000		12,000,000	12,000,000		19.17%
CATEGORY TOTAL							36,000,000	36,000,000		

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5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/24 TO 12/31/24

ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT										
BUY	01/02/24	01/02/24	4.65	1.00	5			5		38.34%
BUY	02/01/24	02/01/24	4.65	1.00	5			5		
BUY	03/01/24	03/01/24	4.35	1.00	4			4		
BUY	04/01/24	04/01/24	4.65	1.00	5			5		
BUY	04/11/24	04/11/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		
BUY	05/01/24	05/01/24	1,678.02	1.00	1,678		1,678	1,678		
BUY	06/03/24	06/03/24	11.78	1.00	12			12		
BUY	07/02/24	07/02/24	11.40	1.00	11			11		
BUY	08/01/24	08/01/24	11.78	1.00	12			12		
BUY	09/03/24	09/03/24	11.78	1.00	12			12		
BUY	10/01/24	10/01/24	11.10	1.00	11			11		
BUY	11/01/24	11/01/24	10.86	1.00	11			11		
BUY	12/02/24	12/02/24	10.18	1.00	10			10		
SUB-TOTAL BUYS				TXN CNT:	13		12,001,776	12,001,776		
SELL	04/12/24	04/12/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		
SUB-TOTAL SELLS				TXN CNT:	1		12,000,000	12,000,000		
SECURITY TOTAL				TXN CNT:	14		24,001,776	24,001,776		
SECURITY CLASS TOTAL					0	24,001,776	24,001,776			
INVESTMENT FUNDS										
72201F490 PTMCO INCOME FUND INSTITUTIONAL FUND										
BUY	04/12/24	04/12/24	1,148,325.36	10.45	12,000,000		12,000,000	12,000,000		24.00%
BUY	04/30/24	04/30/24	3,861.00	0.00	0		0	40,000		
BUY	05/31/24	05/31/24	6,041.02	0.00	0		0	63,370		
BUY	06/28/24	06/28/24	6,078.49	0.00	0		0	63,703		
BUY	07/31/24	07/31/24	6,001.58	0.00	0		0	64,037		
BUY	08/30/24	08/30/24	6,015.60	0.00	0		0	64,367		
BUY	09/30/24	09/30/24	5,996.09	0.00	0		0	64,698		
BUY	10/31/24	10/31/24	6,157.91	0.00	0		0	65,028		
BUY	11/27/24	11/27/24	284,896.19	10.62	3,025,598		3,025,598	3,025,598		
BUY	11/29/24	11/29/24	6,369.00	0.00	0		0	67,894		
BUY	12/31/24	12/31/24	7,736.30	0.00	0		0	81,386		
SUB-TOTAL BUYS				TXN CNT:	11		15,025,598	15,600,081		
SECURITY TOTAL				TXN CNT:	11		15,025,598	15,600,081		

YEAR END PACKAGE

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SECURITY CLASS TOTAL									
					0	15,025,598	15,600,081		
CATEGORY TOTAL									
					0	39,027,374	39,601,857		

ADDITIONAL INFORMATION

LOCAL 670 PENSION FUND

FIVE YEAR SUMMARY OF OPERATIONS

	<u>CALENDAR YEAR</u>				
	<u>2024</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Additions:					
Investment income - net	\$ 8,987,234	\$10,061,915	\$(15,706,106)	\$11,844,232	\$ 9,626,425
Employer contributions	3,972,137	4,051,236	4,079,218	4,065,029	3,967,673
Other income	--	596	235	120,150	--
	<u>12,959,371</u>	<u>14,113,747</u>	<u>(11,626,653)</u>	<u>16,029,411</u>	<u>13,594,098</u>
Deductions:					
Pension benefits	5,963,022	5,828,883	5,553,503	4,882,567	4,268,545
Administrative expenses	510,821	550,780	540,761	556,140	572,862
	<u>6,473,843</u>	<u>6,379,663</u>	<u>6,094,264</u>	<u>5,438,707</u>	<u>4,841,407</u>
Net increase (decrease)	6,485,528	7,734,084	(17,720,917)	8,155,391	10,735,662
Net assets available for benefits					
Beginning of year	<u>77,238,010</u>	<u>69,503,926</u>	<u>76,832,808</u>	<u>68,677,417</u>	<u>57,941,755</u>
End of year	<u>\$83,723,538</u>	<u>\$77,238,010</u>	<u>\$69,503,926</u>	<u>\$76,832,808</u>	<u>\$68,677,417</u>
Number of pensioners at end of year	<u>1,030</u>	<u>1,009</u>	<u>1,009</u>	<u>917</u>	<u>857</u>

Local 670 Pension Fund
Schedule H (Form 5500 - 4I-1)
Schedule of Assets Held for Investment
13-6567359; Plan 001

Security ID	Security Description	Quantity	Cost Local	Market Value Local
337358BH7	FIRST UNION CORP 6.824% 8/01/26	84,000.00	105,837.48	87,190.32
962166BR4	WEYERHAEUSER CO 7.375% 3/15/32	10,000.00	13,984.50	11,132.00
035229CQ4	ANHEUSER BUSCH COS 5.950% 1/15/33	175,000.00	192,522.75	182,523.25
31342AZT9	FHLMC PL #780754 ARM 4.715% 8/01/33	350,000.00	1,175.75	1,247.58
404119AJ8	HCA INC 7.500% 11/06/33	170,000.00	190,893.00	188,458.60
035229DA8	ANHEUSER -BUSCH COS INC 5.75% 04/01/36	200,000.00	209,702.00	203,996.00
494560AT3	KINDER MORGAN 5.80% 03/15/2035	160,000.00	210,275.20	160,958.80
641423BP2	NEVADA POWER CO 6.650% 04/01/2036	100,000.00	103,752.00	107,245.00
31411EPS0	FNMA PL #905933 6.0% 01/01/37	800,000.00	3,436.95	3,454.45
3128KJPG1	FHLMC GLD PL #A55823 6.0% 12/01/36	799,920.00	12,775.93	12,997.14
31411CCRO	FNMA PL #903780 6.50% 11/01/36	816,885.00	3,854.99	3,885.69
31349SFL2	FHLMC PL #781071 5.194% 11/01/33	780,800.00	3,182.53	3,325.41
31411FLX0	FNMA PL #906742 6% 01/01/37	600,000.00	1,807.08	1,812.42
31410FSJ6	FNMA PL #888021 6% 12/01/36	541,938.00	2,895.50	2,990.64
28442CAA2	DUKE ENERGY CAROLINAS 6.1% 06/01/37	310,000.00	418,422.30	322,750.30
31405VXL4	FNMA PL #801783 6.500% 02/01/37	579,121.00	9,335.64	9,533.71
826418BE4	SIERRA PACIFIC POWER CO 6.75% 07/01/37	130,000.00	145,834.00	141,810.50
25746UBD0	DOMINION RESOURCES INC 7.00% 06/15/38	124,000.00	190,232.12	138,021.92
74834LAQ3	QUEST DIAGNOSTIC 5.75% 01/30/40	200,000.00	209,832.00	192,166.00
637432MT9	NATIONAL RURAL UTIL VAR 04/30/2043	453,000.00	447,148.12	453,933.18
020002BB6	ALLSTATE CORP VAR 08/15/2053	250,000.00	265,545.00	250,035.00
496902AK3	KINROSS GOLD CORP 6.875% 09/01/2041	130,000.00	180,869.70	137,023.90
677050AJ5	OGLETHORPE POWER CORP 4.2% 12/01/2042	266,000.00	285,811.80	210,807.66
413875AS4	HARRIS CORPORATION 4.854% 04/27/2035	90,000.00	114,570.90	85,588.20
548661DE4	LOWE'S COS INC 4.25% 09/15/2044	275,000.00	243,441.00	213,017.75
907818DT2	UNION PACIFIC CORP 4.821% 02/01/2044	225,000.00	209,160.00	195,426.00
31416X5R7	FNMA PL #AB2655 5% 05/01/2041	1,515,362.00	58,496.10	52,274.29
913017CY3	UNITED TECHNOLOGIES CORP 4.125% 11/16/28	175,000.00	200,229.75	170,331.00
3128M5GG9	FHLMC GLD PL #G03499 5% 09/01/2035	3,588,880.00	38,413.97	36,048.88
64952GAE8	NEW YORK LIFE INSURANCE 5.875% 5/15/2033	170,000.00	205,696.60	176,016.30
638671AE7	NATIONWIDE MUTUAL INS 7.875% 04/01/2033	150,000.00	212,308.50	166,006.50
674599DF9	OCCIDENTAL PETROLEUM COR 6.45% 09/15/36	187,000.00	227,878.20	191,437.51
911312BV7	UNITED PARCEL SERVICE 5.2% 4/1/2040	270,000.00	276,047.80	262,974.60
023135BT2	AMAZON.COM INC 2.5% 06/03/50	21,000.00	21,076.65	12,528.60
08652KAB9	BANKUNITED INC 5.125% 06/11/30	300,000.00	255,138.00	287,955.00
084664CX7	BERKSHIRE HATHAWAY FIN 2.5% 01/15/2051	224,000.00	221,428.48	129,301.76
91324PED0	UNITEDHEALTH GROUP INC 2.3% 05/15/2031	75,000.00	74,993.25	63,773.25
929089AF7	VOYA FINANCIAL INC VAR 01/23/2048	175,000.00	185,281.25	164,801.00
745332CK0	PUGET ENERGY INC 2.893% 09/15/2051	250,000.00	250,000.00	152,667.50
10922NAH6	BRIGHTHOUSE FINL INC 3.85% 12/22/2051	140,000.00	139,977.80	91,016.80
91282CEP2	US TREASURY NOTE 2.875% 05/15/2032	200,000.00	201,625.00	179,620.00
039483AT9	ARCHER DANIELS MIDLAND 5.935% 10/01/2032	100,000.00	114,519.36	105,375.00
638671AC1	NATIONWIDE MUT INS CO 8.25% 12/01/2031	100,000.00	121,355.00	112,098.00
025816CX5	AMERICAN EXPRESS CO VAR 05/26/2033	250,000.00	247,780.00	243,767.50
912810TH1	U.S. TREASURY BOND 3.25% 05/15/2042	250,000.00	222,045.71	203,347.50
91282CFF3	U.S. TREASURY NOTE 2.75% 08/15/2032	50,000.00	48,710.94	44,341.50
665859AX2	NORTHERN TR CORP SUB 6.125% 11/02/2032	300,000.00	301,467.00	316,479.00
89788MAK8	TRUIST FINL CORP FR VAR 10/28/2033	225,000.00	228,913.75	234,279.00
91282CFV8	U.S. TREASURY NOTE 4.125% 11/15/2032	1,465,000.00	1,489,991.38	1,428,843.80
912810TM0	U.S.TREASURY BOND 4.00% 11/15/2042	675,000.00	657,155.27	607,351.50
3140XKCB4	FNMA POOL #FS3665 6.5% 01/01/2053	225,000.00	128,285.74	127,117.42
053332BD3	AUTOZONE INC SR NT 4.75% 02/01/2033	100,000.00	99,934.00	95,942.00
91282CGL9	U.S.TREASURY NOTE 4.00% 02/15/2026	175,000.00	171,643.56	174,539.75
75513ECR0	RAYTHEON TECHNOLOGIES 5.15% 02/27/2033	200,000.00	199,412.00	198,320.00
91282CGP0	U.S. TREASURY NOTES 4.00% 02/29/28	400,000.00	392,265.63	396,364.00
906548CW0	UNION ELEC CO 5.45% 03/15/2053	235,000.00	234,525.90	225,019.55
828807DV6	SIMON PTY GROUP LP 5.85% 03/08/2053	200,000.00	198,620.00	201,382.00
33835PAA4	FIVE CORNERS FDG TR 5.997% 02/15/2053	100,000.00	100,250.00	100,909.00
91282CGX3	U.S. TREASURY NOTES 3.875% 04/30/2025	139,000.00	138,820.82	138,790.11
3132DQBE5	FHLMC POOL #SD-2737 5.5% 04/01/2053	290,000.00	274,806.41	269,626.94
716973AF9	PFIZER INVT ENTERPRISES 5.11% 05/19/2043	300,000.00	289,358.30	281,616.00
91282CHD6	U.S. TREASURY NOTE 4.25% 05/31/2025	185,000.00	184,953.51	184,953.75
3132DPNR5	FHLMC POOL #SD-2200 6.00% 01/01/2053	170,000.00	141,724.58	141,421.48
91282CHT1	US TREASURY NOTE 3.875% 08/15/2033	75,000.00	74,402.34	71,379.00
808513CH6	SCHWAB CHARLES CORP SR VAR 08/24/2034	212,000.00	211,474.24	222,583.04
3140XMMMA1	FNMA POOL #FS5752 6.00% 09/01/2053	450,000.00	401,271.71	402,454.87
31418EW48	FNMA UMBS POOL #MA5166 6.00% 10/01/2053	175,000.00	148,378.91	146,691.75
110122DZ8	BRISTOL-MYERS SQUIBB 5.9% 11/15/2033	85,000.00	84,870.80	89,184.55

Local 670 Pension Fund
Schedule H (Form 5500 - 41-1)
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13-6567359; Plan 001

Security ID	Security Description	Quantity	Cost Local	Market Value Local
75513ECW9	RTX CORPORATION SR 6.1% 03/15/2034	75,000.00	74,859.00	78,975.00
91282CJN2	US TREASURY NOTE 4.375% 11/30/2028	90,000.00	90,787.50	90,036.90
3132DSB43	FHLMC POOL #SD-4559 6.00% 09/01/2053	180,000.00	165,895.03	162,486.59
891490AS3	TOSCO CORP SR GLBL 7.9% 01/01/2047	130,000.00	162,063.20	151,681.40
3130AYXW1	FHLB 5.25% 02/13/2034	140,000.00	140,000.00	140,564.20
00287YDV8	ABBVIE INC SR 5.35% 03/15/2044	125,000.00	124,827.50	121,850.00
98389BBB5	XCEL ENERGY INC 5.5% 03/15/2034	220,000.00	219,236.60	219,139.80
65339KCW8	NEXTERA ENERGY CAP HLDGS VAR 09/01/2054	200,000.00	200,000.00	203,558.00
3132DSSX1	FHLMC POOL #SD-5034 6.00% 03/01/2054	150,000.00	141,271.95	141,012.10
3133ERCG4	FFCB 6.22% 04/25/2039	200,000.00	200,320.00	200,326.00
3130B1EB9	FHLB 5.92% 05/23/2034	300,000.00	300,150.00	300,630.00
3132DTCU2	FHLMC POOL #SD-5483 6.00% 05/01/2054	325,000.00	311,529.49	312,738.83
3133ERFR7	FFCB 6.08% 06/03/2039	300,000.00	300,300.00	300,531.00
3140XPTA7	FNMA POOL #FS7744 6.5% 04/01/2054	200,000.00	195,764.59	194,767.57
38141GB37	GOLDMAN SACHS GROUP VAR 07/23/2035	275,000.00	275,000.00	269,865.75
06051GMB2	BANK AMERICA CORP VAR 08/15/2035	270,000.00	277,543.80	262,796.40
3133ERPA3	FFCB 5.65% 08/14/2034	275,000.00	275,000.00	274,155.75
38384GMM9	GNMA REMIC TRUST 6.00% 12/20/2053	175,000.00	177,843.75	174,666.85
3133ERYX3	FFCB 5.72% 10/28/2044	250,000.00	250,000.00	250,095.00
3133ERZY0	FFCB 5.95% 11/14/2044	250,000.00	250,000.00	249,705.00
3130B3QW6	FHLB 5.75% 11/22/2039	225,000.00	225,000.00	224,509.50
3133ERF22	FFCB 5.87% 11/29/2039	225,000.00	225,225.00	224,221.50
3132DUY50	FHLMC POOL #SD-7032 6.00% 05/01/2054	350,000.00	356,585.69	352,738.03
3130B3VG5	FHLB 5.9% 12/06/2040	200,000.00	200,200.00	199,536.00
3130B4DF5	FHLB 5.75% 12/27/2035	300,000.00	300,000.00	300,000.00
022662100	LONGVIEW LARGE CAP 500 INDEX FUND	12,872.78	21,585,308.49	28,634,751.14
022662209	LONGVIEW MID CAP 400 INDEX FUND	2,241.12	6,496,486.47	7,826,861.48
022662308	LONGVIEW SMALL CAP 600 INDEX FUND	1,857.34	3,311,834.71	3,887,428.56
72201F490	PIMCO INCOME FUND INSTITUTIONAL FUND	1,487,478.53	15,600,078.79	15,648,274.11
31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND	608,726.89	7,829,427.94	8,175,202.14
	INTEREST BEARING CASH	201,902.00	201,902.00	201,902.00
			Total FMV	81,997,267

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FROM 01/01/24 TO 12/31/24

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CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE	
ROBERTS & RYAN											
				- 78791	QUALIFYING PERCENTAGE						
					8.12%						
097023CY9	BOEING CO	5.15%	05/01/30								
SELL 10/18/24	10/21/24	150,000.00		99.40	149,100		149,100	148,497	603		
103730CA6	BP CAP MKTS	AMER 5.227%	11/17/2034								
SELL 11/25/24	11/26/24	250,000.00		100.60	251,500		251,500	249,148	2,352		
3133ERUX7	FFCB 5.31%	09/25/2035									
BUY 09/27/24	09/30/24	300,000.00		100.03	300,090		300,090	300,090			
SELL 12/20/24	12/23/24	300,000.00		98.65	295,950		295,950	300,090	4,140-		
SECURITY TOTAL					596,040		600,180		4,140-		
3133ERQTL	FFCB 5.64%	08/26/2039									
BUY 08/22/24	08/26/24	175,000.00		100.00	175,000		175,000	175,000			
SELL 10/23/24	10/24/24	175,000.00		99.70	174,475		174,475	175,000	525-		
SECURITY TOTAL					349,475		350,000		525-		
3133ERP3	FFCB 5.65%	08/14/2034									
BUY 08/15/24	08/16/24	275,000.00		100.00	275,000		275,000	275,000			
3133ERYX3	FFCB 5.72%	10/28/2044									
BUY 10/31/24	11/01/24	250,000.00		100.00	250,000		250,000	250,000			
3133ERF22	FFCB 5.87%	11/29/2039									
BUY 12/10/24	12/11/24	225,000.00		100.10	225,225		225,225	225,225			
3133EPS89	FFCB 5.94%	01/02/2036									
SELL 05/31/24	06/03/24	175,000.00		99.10	173,425		173,425	175,000	1,575-		
3133ERZY0	FFCB 5.95%	11/14/2044									
BUY 11/14/24	11/15/24	250,000.00		100.00	250,000		250,000	250,000			
3133ERBM2	FFCB 6.04%	04/17/2034									
SELL 11/06/24	11/07/24	250,000.00		99.99	249,975		249,975	250,075	100-		
3133ERHM4	FFCB 6.05%	06/24/2039									
BUY 06/28/24	07/01/24	250,000.00		100.00	250,000		250,000	250,000			
SELL 10/15/24	10/16/24	250,000.00		99.90	249,750		249,750	250,000	250-		
SECURITY TOTAL					499,750		500,000		250-		
3133ERFR7	FFCB 6.08%	06/03/2039									
BUY 06/17/24	06/18/24	300,000.00		100.10	300,300		300,300	300,300			
3133EPQ24	FFCB 6.15%	12/21/2038									
SELL 08/14/24	08/15/24	250,000.00		100.00	250,000		250,000	250,000			
3133EPX39	FFCB 6.45%	10/03/2033									
SELL 08/22/24	08/23/24	175,000.00		100.10	175,175		175,175	174,878	297		
3130B3QM6	FHLB 5.75%	11/22/2039									
BUY 12/05/24	12/06/24	225,000.00		100.00	225,000		225,000	225,000			
31310B4DF5	FHLB 5.75%	12/27/2035									
BUY 12/20/24	12/27/24	300,000.00		100.00	300,000		300,000	300,000			
3130B3VG5	FHLB 5.9%	12/06/2040									

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ROBERTS & RYAN				- 78791	(CONT)					8.12%
313083VG5	FHLB 5.9%	12/06/2040								
BUY 12/17/24	12/18/24	200,000.00		100.10	200,200		200,200	200,200		
313081H75	FHLB 6.2%	06/03/2039								
BUY 05/31/24	06/03/24	175,000.00		100.00	175,000		175,000	175,000		
404119AJ8	HCA INC 7.500%	11/06/33								
BUY 10/29/24	10/30/24	170,000.00		112.29	190,893		190,893	190,893		
BROKER TOTAL					5,086,058		5,089,396	5,089,396	3,338-	
CATEGORY TOTAL				0	5,086,058		5,089,396	5,089,396	3,338-	

YEAR END PACKAGE

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ACCOUNT NUMBER:

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/24 TO 12/31/24

BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									
BUY	01/02/24	01/02/24	7,937.01	1.00	7,937		7,937	7,937		20.54%
BUY	01/16/24	01/16/24	14,305.17	1.00	14,305		14,305	14,305		
BUY	01/23/24	01/23/24	2,205.66	1.00	2,206		2,206	2,206		
BUY	01/25/24	01/25/24	30,427.65	1.00	30,428		30,428	30,428		
BUY	01/26/24	01/26/24	99,296.32	1.00	99,296		99,296	99,296		
BUY	01/30/24	01/30/24	128,980.53	1.00	128,981		128,981	128,981		
BUY	02/01/24	02/01/24	5,765.48	1.00	5,765		5,765	5,765		
BUY	02/02/24	02/02/24	178,480.77	1.00	178,481		178,481	178,481		
BUY	02/14/24	02/14/24	13,471.38	1.00	13,471		13,471	13,471		
BUY	02/15/24	02/15/24	107,130.68	1.00	107,131		107,131	107,131		
BUY	02/16/24	02/16/24	592.08	1.00	592		592	592		
BUY	02/27/24	02/27/24	5,150.00	1.00	5,150		5,150	5,150		
BUY	02/28/24	02/28/24	221,460.03	1.00	221,460		221,460	221,460		
BUY	03/08/24	03/08/24	5,850.00	1.00	5,850		5,850	5,850		
BUY	03/14/24	03/14/24	254,036.46	1.00	254,036		254,036	254,036		
BUY	03/15/24	03/15/24	31,657.87	1.00	31,658		31,658	31,658		
BUY	03/25/24	03/25/24	28,382.04	1.00	28,382		28,382	28,382		
BUY	04/01/24	04/01/24	18,380.91	1.00	18,381		18,381	18,381		
BUY	04/03/24	04/03/24	5,643.75	1.00	5,644		5,644	5,644		
BUY	04/08/24	04/08/24	35,469.58	1.00	35,470		35,470	35,470		
BUY	04/16/24	04/16/24	252,085.38	1.00	252,085		252,085	252,085		
BUY	04/22/24	04/22/24	5,250.00	1.00	5,250		5,250	5,250		
BUY	04/23/24	04/23/24	3,687.50	1.00	3,688		3,688	3,688		
BUY	04/25/24	04/25/24	28,628.28	1.00	28,628		28,628	28,628		
BUY	04/29/24	04/29/24	2,184.30	1.00	2,184		2,184	2,184		
BUY	04/30/24	04/30/24	16,609.04	1.00	16,609		16,609	16,609		
BUY	05/01/24	05/01/24	4,152.19	1.00	4,152		4,152	4,152		
BUY	05/02/24	05/02/24	9,187.71	1.00	9,188		9,188	9,188		
BUY	05/08/24	05/08/24	206,800.00	1.00	206,800		206,800	206,800		
BUY	05/13/24	05/13/24	73,799.07	1.00	73,799		73,799	73,799		
BUY	05/16/24	05/16/24	4,125.00	1.00	4,125		4,125	4,125		
BUY	05/17/24	05/17/24	299,605.83	1.00	299,606		299,606	299,606		
BUY	05/20/24	05/20/24	7,665.00	1.00	7,665		7,665	7,665		
BUY	05/28/24	05/28/24	48,962.34	1.00	48,962		48,962	48,962		
BUY	06/04/24	06/04/24	68,323.05	1.00	68,323		68,323	68,323		
BUY	06/05/24	06/05/24	4,375.00	1.00	4,375		4,375	4,375		
BUY	06/11/24	06/11/24	7,687.50	1.00	7,688		7,688	7,688		
BUY	06/13/24	06/13/24	342,908.96	1.00	342,909		342,909	342,909		
BUY	06/17/24	06/17/24	6,621.64	1.00	6,622		6,622	6,622		
BUY	06/21/24	06/21/24	7,687.50	1.00	7,688		7,688	7,688		
BUY	06/24/24	06/24/24	2,695.00	1.00	2,695		2,695	2,695		
BUY	06/25/24	06/25/24	31,657.29	1.00	31,657		31,657	31,657		
BUY	06/28/24	06/28/24	208,813.26	1.00	208,813		208,813	208,813		

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/24 TO 12/31/24
ACCOUNT NUMBER: 1000426
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BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT (CONT)									
BUY	07/02/24	07/02/24	594.38	1.00	594			594		20.54%
BUY	07/15/24	07/15/24	3,590.09	1.00	3,590		3,590	3,590		
BUY	07/19/24	07/19/24	226,775.78	1.00	226,776		226,776	226,776		
BUY	07/25/24	07/25/24	23,896.10	1.00	23,896		23,896	23,896		
BUY	07/30/24	07/30/24	15,484.48	1.00	15,484		15,484	15,484		
BUY	08/01/24	08/01/24	5,911.91	1.00	5,912		5,912	5,912		
BUY	08/08/24	08/08/24	125,040.03	1.00	125,040		125,040	125,040		
BUY	08/15/24	08/15/24	417,684.21	1.00	417,684		417,684	417,684		
BUY	08/23/24	08/23/24	179,564.58	1.00	179,565		179,565	179,565		
BUY	08/27/24	08/27/24	11,654.16	1.00	11,654		11,654	11,654		
BUY	09/04/24	09/04/24	132,236.88	1.00	132,237		132,237	132,237		
BUY	09/09/24	09/09/24	5,850.00	1.00	5,850		5,850	5,850		
BUY	09/16/24	09/16/24	33,640.19	1.00	33,640		33,640	33,640		
BUY	09/20/24	09/20/24	6,554.17	1.00	6,554		6,554	6,554		
BUY	09/23/24	09/23/24	33.61	1.00	34		34	34		
BUY	09/25/24	09/25/24	34,733.17	1.00	34,733		34,733	34,733		
BUY	10/01/24	10/01/24	18,215.55	1.00	18,216		18,216	18,216		
BUY	10/04/24	10/04/24	223,273.26	1.00	223,273		223,273	223,273		
BUY	10/15/24	10/15/24	1,145.81	1.00	1,146		1,146	1,146		
BUY	10/16/24	10/16/24	254,455.56	1.00	254,456		254,456	254,456		
BUY	10/17/24	10/17/24	7,550.00	1.00	7,550		7,550	7,550		
BUY	10/21/24	10/21/24	155,954.38	1.00	155,954		155,954	155,954		
BUY	10/24/24	10/24/24	154,499.98	1.00	154,500		154,500	154,500		
BUY	10/25/24	10/25/24	38,762.74	1.00	38,763		38,763	38,763		
BUY	10/28/24	10/28/24	9,072.68	1.00	9,073		9,073	9,073		
BUY	11/04/24	11/04/24	9,187.50	1.00	9,188		9,188	9,188		
BUY	11/06/24	11/06/24	6,375.00	1.00	6,375		6,375	6,375		
BUY	11/07/24	11/07/24	250,813.89	1.00	250,814		250,814	250,814		
BUY	11/18/24	11/18/24	4,125.00	1.00	4,125		4,125	4,125		
BUY	11/19/24	11/19/24	7,665.00	1.00	7,665		7,665	7,665		
BUY	11/20/24	11/20/24	875.00	1.00	875		875	875		
BUY	11/26/24	11/26/24	258,062.94	1.00	258,063		258,063	258,063		
BUY	12/02/24	12/02/24	22,620.22	1.00	22,620		22,620	22,620		
BUY	12/03/24	12/03/24	189,807.50	1.00	189,808		189,808	189,808		
BUY	12/10/24	12/10/24	199,777.50	1.00	199,778		199,778	199,778		
BUY	12/16/24	12/16/24	154,120.64	1.00	154,121		154,121	154,121		
BUY	12/23/24	12/23/24	302,539.00	1.00	302,539		302,539	302,539		
BUY	12/24/24	12/24/24	109,634.77	1.00	109,635		109,635	109,635		
			SUB-TOTAL BUYS	TXN CNT:	81		6,439,915	6,439,915		
SELL	01/29/24	01/29/24	147,411.01	1.00	147,411		147,411	147,411		
SELL	02/12/24	02/12/24	156,232.25	1.00	156,232		156,232	156,232		
SELL	02/13/24	02/13/24	163,261.37	1.00	163,261		163,261	163,261		

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
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BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT										
(CONT)										
SELL	02/26/24	02/26/24	94,467.47	1.00	94,467		94,467	94,467		20.54%
SELL	02/29/24	02/29/24	18,623.71	1.00	18,624		18,624	18,624		
SELL	03/01/24	03/01/24	194,723.39	1.00	194,723		194,723	194,723		
SELL	03/12/24	03/12/24	19,853.26	1.00	19,853		19,853	19,853		
SELL	03/19/24	03/19/24	253,405.28	1.00	253,405		253,405	253,405		
SELL	03/27/24	03/27/24	13,137.00	1.00	13,137		13,137	13,137		
SELL	03/28/24	03/28/24	59,069.42	1.00	59,069		59,069	59,069		
SELL	04/15/24	04/15/24	49,389.17	1.00	49,389		49,389	49,389		
SELL	04/17/24	04/17/24	250,075.00	1.00	250,075		250,075	250,075		
SELL	04/19/24	04/19/24	1,962.01	1.00	1,962		1,962	1,962		
SELL	05/10/24	05/10/24	200,838.33	1.00	200,838		200,838	200,838		
SELL	05/23/24	05/23/24	300,150.00	1.00	300,150		300,150	300,150		
SELL	05/31/24	05/31/24	201,110.64	1.00	201,111		201,111	201,111		
SELL	06/03/24	06/03/24	45,796.41	1.00	45,796		45,796	45,796		
SELL	06/18/24	06/18/24	297,039.15	1.00	297,039		297,039	297,039		
SELL	06/20/24	06/20/24	114,673.69	1.00	114,674		114,674	114,674		
SELL	07/01/24	07/01/24	198,547.66	1.00	198,548		198,548	198,548		
SELL	07/03/24	07/03/24	13,126.00	1.00	13,126		13,126	13,126		
SELL	07/05/24	07/05/24	985.93	1.00	986		986	986		
SELL	07/22/24	07/22/24	1,949.21	1.00	1,949		1,949	1,949		
SELL	07/23/24	07/23/24	270,887.50	1.00	270,888		270,888	270,888		
SELL	08/16/24	08/16/24	271,598.82	1.00	271,599		271,599	271,599		
SELL	08/21/24	08/21/24	52,188.11	1.00	52,188		52,188	52,188		
SELL	08/26/24	08/26/24	150,183.92	1.00	150,184		150,184	150,184		
SELL	08/29/24	08/29/24	22,994.24	1.00	22,994		22,994	22,994		
SELL	09/03/24	09/03/24	111,907.85	1.00	111,908		111,908	111,908		
SELL	09/10/24	09/10/24	35,905.04	1.00	35,905		35,905	35,905		
SELL	09/27/24	09/27/24	13,165.00	1.00	13,165		13,165	13,165		
SELL	09/30/24	09/30/24	300,311.25	1.00	300,311		300,311	300,311		
SELL	10/30/24	10/30/24	187,299.87	1.00	187,300		187,300	187,300		
SELL	11/01/24	11/01/24	248,155.04	1.00	248,155		248,155	248,155		
SELL	11/15/24	11/15/24	183,785.05	1.00	183,785		183,785	183,785		
SELL	11/25/24	11/25/24	203,077.26	1.00	203,077		203,077	203,077		
SELL	11/29/24	11/29/24	199,494.13	1.00	199,494		199,494	199,494		
SELL	12/06/24	12/06/24	225,503.13	1.00	225,503		225,503	225,503		
SELL	12/11/24	12/11/24	217,977.75	1.00	217,978		217,978	217,978		
SELL	12/13/24	12/13/24	349,785.29	1.00	349,785		349,785	349,785		
SELL	12/18/24	12/18/24	751.66	1.00	752		752	752		
SELL	12/20/24	12/20/24	149,434.25	1.00	149,434		149,434	149,434		
SELL	12/26/24	12/26/24	94,596.14	1.00	94,596		94,596	94,596		
SELL	12/27/24	12/27/24	335,104.87	1.00	335,105		335,105	335,105		
SUB-TOTAL SELLS			TXN CNT:	44	6,419,931		6,419,931			

YEAR END PACKAGE

LOCAL 670 PENSION FD-NATL ASSET MGT 5500 5% REPORT
TRADE DATE
FROM 01/01/24 TO 12/31/24
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BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321			DREYFUS TREASURY & AGENCY	CASH MGMT	(CONT)					20.54%
SECURITY TOTAL					TXN CNT: 125			12,859,846		
SECURITY CLASS TOTAL						0	12,859,846	12,859,846		
CATEGORY TOTAL						0	12,859,846	12,859,846		

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/24 TO 12/31/24
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CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
COMMON/collective FUNDS										
022662100	LONGVIEW LARGE CAP 500 INDEX FUND									
BUY	03/11/24	03/11/24	0.00	2700.00	0		0	0		7.10%
BUY	09/30/24	09/30/24	33.58	2162.86	72,636		72,636	72,636		
			SUB-TOTAL BUYS	TXN CNT:	2		72,636	72,636		
SELL	01/23/24	01/23/24	10.39	1811.12	18,813		18,813	17,406	1,407	
SELL	03/21/24	03/21/24	255.62	1956.07	500,000		500,000	428,327	71,673	
SELL	04/19/24	04/19/24	11.45	1877.63	21,496		21,496	19,184	2,312	
SELL	06/26/24	06/26/24	228.76	2054.58	470,000		470,000	383,322	86,678	
SELL	07/22/24	07/22/24	10.65	2069.56	22,043		22,043	17,848	4,195	
SELL	09/16/24	09/16/24	94.35	2119.73	200,000		200,000	158,102	41,898	
SELL	10/21/24	10/21/24	1.03	2212.32	2,278		2,278	1,727	551	
SELL	11/22/24	11/22/24	133.54	2246.60	300,000		300,000	223,914	76,086	7.10%
SELL	11/27/24	11/27/24	1,135.95	2274.40	2,583,605		2,583,605	1,904,778	678,827	
SELL	12/24/24	12/24/24	111.56	2258.80	252,000		252,000	187,072	64,928	
			SUB-TOTAL SELLS	TXN CNT:	10		4,370,235	3,341,680	1,028,555	
			SECURITY TOTAL	TXN CNT:	12		4,442,871	3,414,316	1,028,555	
			SECURITY CLASS TOTAL			0	4,442,871	3,414,316	1,028,555	
			CATEGORY TOTAL			0	4,442,871	3,414,316	1,028,555	

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
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FROM 01/01/24 TO 12/31/24
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TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS	TREASURY & AGENCY CASH MGMT								
BUY	04/11/24	04/11/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		19.17%
SELL	04/12/24	04/12/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		19.17%
INVESTMENT FUNDS										
72201F490	PIMCO	INCOME FUND INSTITUTIONAL FUND								
BUY	04/12/24	04/12/24	1,148,325.36	10.45	12,000,000		12,000,000	12,000,000		19.17%
CATEGORY TOTAL							36,000,000	36,000,000		

YEAR END PACKAGE

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ACCOUNT NUMBER:

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
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BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT										
BUY	01/02/24	01/02/24	4.65	1.00	5			5		38.34%
BUY	02/01/24	02/01/24	4.65	1.00	5			5		
BUY	03/01/24	03/01/24	4.35	1.00	4			4		
BUY	04/01/24	04/01/24	4.65	1.00	5			5		
BUY	04/11/24	04/11/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		
BUY	05/01/24	05/01/24	1,678.02	1.00	1,678		1,678	1,678		
BUY	06/03/24	06/03/24	11.78	1.00	12			12		
BUY	07/02/24	07/02/24	11.40	1.00	11			11		
BUY	08/01/24	08/01/24	11.78	1.00	12			12		
BUY	09/03/24	09/03/24	11.78	1.00	12			12		
BUY	10/01/24	10/01/24	11.10	1.00	11			11		
BUY	11/01/24	11/01/24	10.86	1.00	11			11		
BUY	12/02/24	12/02/24	10.18	1.00	10			10		
SUB-TOTAL BUYS				TXN CNT:	13		12,001,776	12,001,776		
SELL	04/12/24	04/12/24	12,000,000.00	1.00	12,000,000		12,000,000	12,000,000		
SUB-TOTAL SELLS				TXN CNT:	1		12,000,000	12,000,000		
SECURITY TOTAL				TXN CNT:	14		24,001,776	24,001,776		
SECURITY CLASS TOTAL					0	24,001,776	24,001,776			
INVESTMENT FUNDS										
72201F490 PIMCO INCOME FUND INSTITUTIONAL FUND										
BUY	04/12/24	04/12/24	1,148,325.36	10.45	12,000,000		12,000,000	12,000,000		24.00%
BUY	04/30/24	04/30/24	3,861.00	0.00	0		0	40,000		
BUY	05/31/24	05/31/24	6,041.02	0.00	0		0	63,370		
BUY	06/28/24	06/28/24	6,078.49	0.00	0		0	63,703		
BUY	07/31/24	07/31/24	6,001.58	0.00	0		0	64,037		
BUY	08/30/24	08/30/24	6,015.60	0.00	0		0	64,367		
BUY	09/30/24	09/30/24	5,996.09	0.00	0		0	64,698		
BUY	10/31/24	10/31/24	6,157.91	0.00	0		0	65,028		
BUY	11/27/24	11/27/24	284,896.19	10.62	3,025,598		3,025,598	3,025,598		
BUY	11/29/24	11/29/24	6,369.00	0.00	0		0	67,894		
BUY	12/31/24	12/31/24	7,736.30	0.00	0		0	81,386		
SUB-TOTAL BUYS				TXN CNT:	11		15,025,598	15,600,081		
SECURITY TOTAL				TXN CNT:	11		15,025,598	15,600,081		

YEAR END PACKAGE

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5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/24 TO 12/31/24

ACCOUNT NUMBER:

BEGINNING MARKET VALUE: 62,600,079.01

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
SECURITY CLASS TOTAL										
						0	15,025,598	15,600,081		
CATEGORY TOTAL						0	39,027,374	39,601,857		

Local 670 Pension Fund
 EIN: 13-6567359
 PN: 001

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

Years of credited service																						
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	Average	No. Acc. Ben.	
Under 25	12	215	18	943	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	652	
25 to 29	8	184	29	1,093	12	2,756	1	1,605	0	0	0	0	0	0	0	0	0	0	0	50	1,357	
30 to 34	6	254	35	1,084	26	2,796	5	4,559	0	0	0	0	0	0	0	0	0	0	0	72	1,875	
35 to 39	5	183	43	1,194	31	2,479	19	4,454	13	4,096	1	10,312	0	0	0	0	0	0	0	112	2,476	
40 to 44	5	211	38	1,000	35	2,686	28	4,327	23	5,912	15	8,636	1	13,673	0	0	0	0	0	145	3,679	
45 to 49	12	257	39	911	31	2,775	22	4,552	16	5,760	16	8,253	5	11,981	1	13,584	0	0	0	142	3,679	
50 to 54	5	180	33	1,119	30	2,322	26	4,048	31	6,051	27	7,529	17	9,303	5	10,904	1	14,165	0	175	4,745	
55 to 59	3	144	37	928	26	1,924	24	3,179	32	5,252	32	9,468	19	8,270	14	11,993	4	10,552	0	191	5,232	
60 to 64	2	125	26	1,121	15	1,979	37	3,323	24	5,753	37	8,406	26	10,324	22	10,057	10	9,189	3	202	6,179	
65 to 69	1	70	6	1,197	7	2,368	13	3,293	11	5,230	13	7,011	16	9,250	13	6,020	6	10,928	5	91	6,190	
70 & up	1	393	4	569	2	2,285	2	1,835	3	3,188	11	5,156	11	6,442	1	20,814	3	6,077	1	39	5,098	
Total	60	211	308	1,043	215	2,480	177	3,849	153	5,505	152	8,138	95	9,223	56	9,934	24	9,670	9	1,249	4,320	

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Participation

Immediately

Normal Retirement Benefit

Eligibility

Age 62 and 5 years of participation.

Monthly Benefit

\$3.35 and \$9.00 respectively per year of Past Credited Service at initial contribution rates of \$3.00 and \$8.00 per week, plus 4.25% of total contributions made on the participant's behalf prior to January 1, 2004, plus 3.00% of total contributions made on the participant's behalf through June 2009, plus 1.00% of total contributions made on the participant's behalf after June 2009, plus 1.50% of total contributions made on the participant's behalf after January 2022.

Early Retirement Benefit

Eligibility

Age 55 with 25 years of covered employment.

Monthly Benefit

Normal Retirement Benefit reduced by $\frac{1}{2}$ of 1% per month by which the Early Retirement Date precedes the Normal Retirement Date.

Vested Deferred Retirement Benefit

Eligibility

5 years of Vesting Service.

Benefit

Accrued Benefit at date of termination.

Disability Retirement Benefit

Eligibility

Age 55 with 20 years of covered employment and totally and permanently disabled.

Monthly Benefit

Early Retirement Benefit through Normal Retirement Date: unreduced Accrued Benefit thereafter.

Post-Retirement Death Benefit

Eligibility

Married – elects Single Life option.

Monthly Benefit

Balance of 36 payments to widow only.

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods- Provisions

1) Rates of Termination prior to Retirement

Withdrawal- Was changed effective January 1, 2007 to "Ultimate" only.

<i>Age</i>	<i>Annual Rate</i>
22	.3200
32	.2800
42	.1900
52	.1300
62	.0000

Disability

<i>Age</i>	<i>Annual Rate</i>
22	.0005
32	.0005
42	.0010
52	.0058
62	.0190

2) Mortality

*Funding: Pri-2012 +2 with MP-2021
(Prior to 2021 RP-2014 +3)
Current Liability: IRS 2024 Annuitant/Non-Annuitant*

3) Investment Return

*6.75% per year for Funding
(Prior to 2021 7.00%)
3.29% per year Current Liability*

4) Expenses

Last Year's Actual Expense

5) Valuation Method

Unit Credit Funding Method

6) Valuation of Assets

5-Year Smoothing Method

7) Retirement

66 and 5 years of service.

8) Unknowns

Based on average of knowns

9) Married

70% married with the spouse same age

10) Contributions and Work Patterns

*The Trustees have informed us
that the work patterns used in the
latest actuarial valuation will be
approximately the same for
future years.*

11) Terminated Vested Data

*It is assumed that 90% of terminated vested
participants will commence benefits. No
retroactive increase was applied to
reflect the Terminated Vesteds over
Normal Retirement age. TV's over 73
Eliminated from Valuation, treated as a
loss upon retirement.*

Local 670 Pension Fund
 EIN: 13-6567359
 PN: 001

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

	Funding Projected Benefit Payments			
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2024	87,615	-	5,739,804	5,827,419
2025	1,098,376	147,100	5,551,465	6,796,941
2026	1,403,095	227,692	5,343,050	6,973,837
2027	1,552,909	371,112	5,127,877	7,051,898
2028	1,806,287	506,833	4,915,694	7,228,814
2029	2,061,492	715,017	4,699,375	7,475,884
2030	2,239,108	823,155	4,479,563	7,541,826
2031	2,433,123	961,308	4,256,872	7,651,303
2032	2,565,195	1,086,432	4,031,904	7,683,531
2033	2,755,150	1,220,408	3,805,264	7,780,822
2034	2,854,983	1,332,989	3,577,586	7,765,558
2035	2,917,570	1,395,923	3,349,555	7,663,048
2036	2,979,105	1,468,564	3,121,938	7,569,607
2037	2,997,380	1,524,430	2,895,584	7,417,394
2038	2,968,931	1,589,050	2,671,408	7,229,389
2039	2,942,481	1,671,991	2,450,388	7,064,860
2040	2,917,032	1,719,757	2,233,594	6,870,383
2041	2,833,696	1,744,088	2,022,194	6,599,978
2042	2,754,036	1,768,500	1,817,403	6,339,939
2043	2,669,067	1,818,926	1,620,467	6,108,460
2044	2,560,967	1,818,168	1,432,611	5,811,746
2045	2,458,007	1,820,623	1,254,996	5,533,626
2046	2,345,820	1,791,419	1,088,698	5,225,937
2047	2,228,797	1,758,572	934,653	4,922,022
2048	2,105,914	1,715,399	793,592	4,614,905

	Funding Projected Benefit Payments			
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2049	1,975,567	1,666,277	666,019	4,307,863
2050	1,844,800	1,629,923	552,165	4,026,888
2051	1,713,419	1,584,548	451,976	3,749,943
2052	1,581,064	1,530,080	365,105	3,476,249
2053	1,451,126	1,469,968	290,916	3,212,010
2054	1,324,402	1,396,717	228,549	2,949,668
2055	1,201,856	1,316,216	176,965	2,695,037
2056	1,084,277	1,231,722	134,999	2,450,998
2057	972,620	1,160,559	101,438	2,234,617
2058	867,692	1,074,288	75,060	2,017,040
2059	769,914	993,977	54,686	1,818,577
2060	679,537	912,502	39,224	1,631,263
2061	596,696	835,177	27,697	1,459,570
2062	521,375	761,861	19,255	1,302,491
2063	453,424	694,029	13,180	1,160,633
2064	392,556	627,917	8,885	1,029,358
2065	338,389	565,844	5,898	910,131
2066	290,477	507,759	3,856	802,092
2067	248,324	453,734	2,483	704,541
2068	211,423	403,657	1,573	616,653
2069	179,255	357,441	981	537,677
2070	151,328	314,974	602	466,904
2071	127,182	276,120	363	403,665
2072	106,382	240,724	215	347,321
2073	88,541	208,623	125	297,289

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 4,029,556	\$ 0	\$ 4,029,556
2025	\$ 4,029,556	\$ 0	\$ 4,029,556
2026	\$ 4,029,556	\$ 0	\$ 4,029,556
2027	\$ 4,029,556	\$ 0	\$ 4,029,556
2028	\$ 4,029,556	\$ 0	\$ 4,029,556
2029	\$ 4,029,556	\$ 0	\$ 4,029,556
2030	\$ 4,029,556	\$ 0	\$ 4,029,556
2031	\$ 4,029,556	\$ 0	\$ 4,029,556
2032	\$ 4,029,556	\$ 0	\$ 4,029,556
2033	\$ 4,029,556	\$ 0	\$ 4,029,556

Local 670 Pension Fund
 EIN: 13-6567359
 PN: 001

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

STATIONARY ENGINEERS LOCAL 670						EXHIBIT B1
Amortization of Bases						
Valuation Date 1/1/2024						
Interest 6.75%						
<u>Description</u>	<u>Date of Base Creation</u>	<u>Initial Period</u>	<u>Initial Balance</u>	<u>Outstanding Balance</u>	<u>Period Remaining</u>	<u>Beginning Year Charge or Credit</u>
(1) Charges						
(a) Pension Relief	1/1/2009	29	\$6,875,712	\$4,886,143	14	\$515,558
(b) Experience Loss 2011	1/1/2011	15	\$638,422	\$126,324	2	\$65,224
(c) Experience Loss 2012	1/1/2012	15	\$2,062,311	\$592,350	3	\$210,479
(d) Experience Loss 2013	1/1/2013	15	\$1,562,921	\$579,456	4	\$159,352
(e) Assumption Change Loss (UP84)	1/1/2013	15	\$2,448,959	\$907,958	4	\$249,690
(f) Assumption Change (RP-2014U + 3 years)	1/1/2014	15	\$5,931,598	\$2,662,267	5	\$604,180
(g) Experience Loss 2015	1/1/2015	15	\$616,552	\$321,721	6	\$62,741
(h) Experience Loss 2016	1/1/2016	15	\$3,974,993	\$2,345,358	7	\$404,125
(i) Experience Loss 2017	1/1/2017	15	\$3,933,410	\$2,571,651	8	\$399,537
(j) Experience Loss 2019	1/1/2019	15	\$4,751,261	\$3,654,312	10	\$481,776
(k) Assumption Change (6.75% AMD Pri- 2012+2)	1/1/2021	15	\$6,899,390	\$6,001,768	12	\$698,453
(l) Experience Loss 2023	1/1/2023	15	\$23,777,985	\$22,813,292	14	\$2,407,132
(m) Current Year Loss	1/1/2024	15	\$830,889	\$830,889	15	\$84,114
			Total Charges	\$48,293,489		\$6,342,361
(2) Credits						
(a) Experience Gain 2010	1/1/2010	15	\$2,272,665	\$232,430	1	\$232,430
(b) Experience Gain 2014	1/1/2014	15	\$1,632,294	\$732,619	5	\$166,262
(c) Experience Gain 2018	1/1/2018	15	\$4,399,068	\$3,138,317	9	\$446,444
(d) Experience Gain 2020	1/1/2020	15	\$5,525,214	\$4,537,362	11	\$559,790
(e) Experience Gain 2021	1/1/2021	15	\$1,981,764	\$1,723,932	12	\$200,622
(f) Experience Gain 2022	1/1/2022	15	\$8,238,991	\$7,547,963	13	\$834,066
(g) Method Change 2023	1/1/2023	15	\$13,900,785	\$13,336,869	14	\$1,407,231
			Total Credits	\$31,249,492		\$3,846,845
			GRAND TOTAL	\$17,043,997		\$2,495,516

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 ▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.				
A Name of plan LOCAL 670 PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">B Three-digit plan number (PN) ▶</td><td style="width:40%; text-align: center;">001</td></tr></table>		B Three-digit plan number (PN) ▶	001
B Three-digit plan number (PN) ▶	001			
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCAL 670 PENSION FUND	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">D Employer Identification Number (EIN) 13-6567359</td></tr></table>		D Employer Identification Number (EIN) 13-6567359	
D Employer Identification Number (EIN) 13-6567359				
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)				
1a Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>				
b Assets				
(1) Current value of assets	1b(1)	77238010		
(2) Actuarial value of assets for funding standard account	1b(2)	85793616		
c (1) Accrued liability for plan using immediate gain methods	1c(1)	91652056		
(2) Information for plans using spread gain methods:				
(a) Unfunded liability for methods with bases	1c(2)(a)			
(b) Accrued liability under entry age normal method	1c(2)(b)			
(c) Normal cost under entry age normal method	1c(2)(c)			
(3) Accrued liability under unit credit cost method	1c(3)	91652056		
d Information on current liabilities of the plan:				
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0		
(2) "RPA '94" information:				
(a) Current liability	1d(2)(a)	141396340		
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	5070724		
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	5827419		
(3) Expected plan disbursements for the plan year	1d(3)	6378199		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.				
SIGN HERE	 Signature of actuary BRIAN J. THOMAS Type or print name of actuary BASIL CASTROVINCI ASSOCIATES, INC. Firm name 36 HOPATCHUNG ROAD, HOPATCONG, NJ 07843 Address of the firm			
09/03/2025 Date 23-08107 Most recent enrollment number 973-601-3828 Telephone number (including area code)				
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐				

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	77238010
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1026	60556328
(2) For terminated vested participants	1108	33199805
(3) For active participants:		
(a) Non-vested benefits.....		1712369
(b) Vested benefits.....		45927838
(c) Total active	1249	47640207
(4) Total	3383	141396340
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	54.63%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	3972137	0			
Totals ▶			3(b)	3972137	3(c)
					3(d)

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	93.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	3.29%
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	8P+2	8P+2
(2) Females	6c(2)	8PF+2	8PF+2
d Valuation liability interest rate	6d	6.75 %	6.75%
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		6.75%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		14.7%
h Estimated investment return on current value of assets for year ending on the valuation date	6h		14.7%
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		550780
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-830889	-84114

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	3186541

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	48293489	6342361
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 624612**e** Total charges. Add lines 9a through 9d.....**9e** 10153514**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 11185557**g** Employer contributions. Total from column (b) of line 3.....**9g** 3972137**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	31249492	3846845

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 1148747**j** Full funding limitation (FFL) and credits:

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

9j(1)	21596099	
9j(2)	45251449	
9j(3)		0

k (1) Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 20153286**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 9999772**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods- Provisions

1) Rates of Termination prior to Retirement

Withdrawal- Was changed effective January 1, 2007 to "Ultimate" only.

Age	Annual Rate
22	.3200
32	.2800
42	.1900
52	.1300
62	.0000

Disability

Age	Annual Rate
22	.0005
32	.0005
42	.0010
52	.0058
62	.0190

2) Mortality

*Funding: Pri-2012 +2 with MP-2021
(Prior to 2021 RP-2014 +3)*

Current Liability: IRS 2024 Annuitant/Non-Annuitant

3) Investment Return

*6.75% per year for Funding
(Prior to 2021 7.00%)*

3.29% per year Current Liability

4) Expenses

Last Year's Actual Expense

5) Valuation Method

Unit Credit Funding Method

6) Valuation of Assets

5-Year Smoothing Method

7) Retirement

66 and 5 years of service.

8) Unknowns

Based on average of knowns

9) Married

70% married with the spouse same age

10) Contributions and Work Patterns

*The Trustees have informed us
that the work patterns used in the
latest actuarial valuation will be
approximately the same for
future years.*

11) Terminated Vested Data

*It is assumed that 90% of terminated vested
participants will commence benefits. No
retroactive increase was applied to
reflect the Terminated Vesteds over
Normal Retirement age. TV's over 73
Eliminated from Valuation, treated as a
loss upon retirement.*



April 28, 2025

To: Plan Administrators

Subject: Form 5500 Schedule C Service Provider Information
1000426 LOCAL 670 PENSION FD-NATL ASSET MGT

As Service Provider, Amalgamated Bank ("AB") is providing you with the following information for completion of Form 5500 Schedule C for your pension plan, welfare benefit plan, MTIA, 103-121E, or GIA.

AB hereby represents to you:

- a) that we have completed the attached Form 5500 Schedule C in accordance with the DOL's 5500 Guidance and reasonable interpretations thereof;
- b) that we understand that the Plan administrator will use the information provided in completing the Plans 2024 form 5500 schedule C ; and
- c) that the information we have provided is, to the best of our knowledge, true, correct and complete.

Part I

1. Service Provider Information

- a) 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.

Check Yes ☐ or No ☒

- b) Not applicable.



2. Information on Other Service Providers Receiving Direct or Indirect Compensation

Custody:

- 2a. Service Provider - Amalgamated Bank
EIN #13 4920330
275 7th Avenue
New York, NY 10001
- 2b. Service Code 19 - Custodial (securities)
- 2d. Direct Compensation Paid for Plan Year Ended 12/31/2024 (Refer to Exhibit I)
- 2e. Yes, the service provider did receive indirect compensation.
- 2f. Yes
- 2g. \$0
- 2h. Yes

Investment Management:

- 2a. Service Provider - Amalgamated Bank
EIN #13 4920330
275 7th Avenue
New York, NY 10001
- 2b. Service Code 51 - Investment management fees paid directly by the plan
- 2c. Relationship - Investment Manager
- 2d. Direct Compensation Paid for Plan Year Ended 12/31/2024 (Refer to Exhibit I)
- 2e. No, the service provider did not receive indirect compensation.
- 2f. Not Applicable
- 2g. Not Applicable
- 2h. Not Applicable



Part I. 3. Service Provider Information

Short Term Investment Fund:

- 3a. Amalgamated Bank
- 3b. Service Code 52 - Investment management fees paid indirectly by the plan (e.g. mutual fund investment advisor management fees)
- 3c. Indirect Compensation Paid for Plan Year Ended 12/31/2024 (Refer to Exhibit I)
- 3d. Dreyfus OR J.P. Morgan Funds
 200 Park Avenue 245 Park Avenue, 4th Floor
 New York, NY 10166 New York, NY 10167

NAME	EIN#
Dreyfus Cash Management Fund	13-343-0985
Dreyfus Government Cash Management Fund	13-328-1890
Dreyfus Treasury & Agency Cash Management Fund	13-336-9653
JPMorgan Prime Money Market Fund	13-373-6024
JPMorgan 100% US TREASURY MONEY MARKET Fund	31-145-8343
JPMorgan US Government Money Market Fund	23-2694160



- 3e. AB receives indirect compensation in the form of sub-administration fees received on short term investment funds ("STIF") or mutual funds invested on behalf of clients. AB does not receive finder's fees, "soft dollar" revenue, float revenue, and/or brokerage commissions or other transaction-based fees for transactions or services involving the Plan that were not paid directly by the Plan or the Plan sponsor (whether or not they are capitalized as investment costs).

The sub-administration fees are intended to compensate AB for services performed by AB on behalf of one of the STIF sweep vehicles or the mutual funds.

AB performed an analysis to identify all eligible indirect or indirect compensation or sub-administration fees paid by the STIF sweep vehicle or mutual funds generated by each client account. The calculation of the fee was based upon the client's average monthly balance and the portion of the management fee shared with AB using the same methodology as the STIF sweep vehicle or mutual funds . Each monthly analysis was combined to arrive at the total annual fee for each account. Client accounts may have multiple portfolios, different investment managers, and/or different STIF sweep vehicles, so fees earned on each portfolio were separately computed and combined to arrive at the total annual fee for each account. The total amount of fees generated from your client account is listed on Exhibit I attached.



EXHIBIT I
Form 5500 Schedule C Service Provider Information

Account Number	1000426.3	
Account Name	LCL 670 PEN FD-ATLANTA SOSNOFF	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Custodian for the Plan Year Ended 2024-12-31	\$7,985.08
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$231.98

EXHIBIT I
Form 5500 Schedule C Service Provider Information

Account Number	1000426.7	
Account Name	LCL 670 PEN FD- MUTUAL FUNDS	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Custodian for the Plan Year Ended 2024-12-31	\$8,054.16
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$34.98



EXHIBIT I

Summary for Custody Accounts

Account Number	1000426	
Account Name	LOCAL 670 PENSION FD-NATL ASSET MGT	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Custodian for the Plan Year Ended 2024-12-31	\$16,039.24
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$266.96



EXHIBIT I
Form 5500 Schedule C Service Provider Information

Account Number	1000426.4	
Account Name	LCL 670 PEN FD-LV LARGECAP 500	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Investment Manager for the Plan Year Ended 2024-12-31	\$48,039.98
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$0.00

EXHIBIT I
Form 5500 Schedule C Service Provider Information

Account Number	1000426.5	
Account Name	LCL 670 PEN FD- LVF400	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Investment Manager for the Plan Year Ended 2024-12-31	\$15,189.71
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$0.00



EXHIBIT I
Form 5500 Schedule C Service Provider Information

Account Number	1000426.6	
Account Name	LCL 670 PEN FD- LVF600	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Investment Manager for the Plan Year Ended 2024-12-31	\$7,254.41
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$0.00



EXHIBIT I

Summary for Investment Management Accounts

Account Number	1000426	
Account Name	LOCAL 670 PENSION FD-NATL ASSET MGT	
Schedule C Reference		Amount Paid
Part 1, #2d	Direct Compensation Paid to Investment Manager for the Plan Year Ended 2024-12-31	\$70,484.10
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$0.00



EXHIBIT I

Form 5500 Schedule C Service Provider Information Summary

Account Number	1000426	
Account Name	LOCAL 670 PENSION FD-NATL ASSET MGT	
Schedule C Reference		Amount Paid
Part 1, #2d	Summary of Direct Compensation Paid, for the Plan Year Ended 2024-12-31	\$86,523.34
Part 1, #3c	Indirect Compensation Paid to Amalgamated Bank for the Plan Year Ended 2024-12-31	\$266.96

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

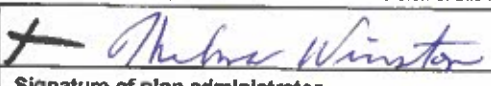
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
- ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here _____
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☒ the DFVC program
- ☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here _____

Part II Basic Plan Information—enter all requested information

1a Name of plan LOCAL 670 PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 03/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 670 PENSION FUND 299 BROADWAY NEW YORK NY 10007	2b Employer Identification Number (EIN) 13-6567359 2c Plan Sponsor's telephone number 212-374-1654 2d Business code (see instructions) 531390

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

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

SIGN HERE		9/29/25	THELMA WINSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)