

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 1205 PENSION FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1954
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND 246 CONKLIN STREET FARMINGDALE, NY 11735-2607	2b Employer Identification Number (EIN) 11-1880353 2c Plan Sponsor's telephone number 516-501-1205 2d Business code (see instructions) 444190

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	NELSON NUNEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	TOM CARBERRY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 1681
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) 702 6a(2) 720 6b 519 6c 363 6d 1602 6e 93 6f 1695 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 38

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 2
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 1205 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353	

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	619725		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9470165

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 1205 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	525799-E2		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 853747**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 820561**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 35940
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 35940**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 856501**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 2754(5) Total deductions **7e(5)** 2754**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 853747

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 1205 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 242611698
(2) Actuarial value of assets for funding standard account	1b(2) 247590762
c (1) Accrued liability for plan using immediate gain methods	1c(1) 197559104
(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) 183817760
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) 306521600
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 8937035
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 10122672
(3) Expected plan disbursements for the plan year.....	1d(3) 10652672

Statement by Enrolled Actuary

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

SIGN HERE	10/10/2025
Signature of actuary JONATHAN SCARPA, FSA, MAAA	Date 23-08268
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK, NY 10001-2192	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	242611698
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	507	119754579
(2) For terminated vested participants	385	63649734
(3) For active participants:		
(a) Non-vested benefits		7222818
(b) Vested benefits		115894469
(c) Total active	576	123117287
(4) Total	1468	306521600
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	5204371				
			Totals ►	3(b)	5204371
				3(c)	
				3(d)	0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	134.7 %
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)	9P	9P
(2) Females	6c(2)	9FP	9FP
d Valuation liability interest rate	6d	7.00 %	7.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.5 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	14.5 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	511025	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	412470	42352
1	-4672680	-479472

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	3633075

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)	33230178	4383009
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 561126**e** Total charges. Add lines 9a through 9d.....**9e** 8577210**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 44204987**g** Employer contributions. Total from column (b) of line 3.....**9g** 5204371**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1934721**j** Full funding limitation (FFL) and credits:

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

	Outstanding balance	
9h	39056849	6302091
9j(1)	2980451	
9j(2)	30111913	
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** 57646170**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 49068960**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ 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 1205 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353	

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BOYD WATTERSON ASSET MANAGEMENT
35-1922005

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INVESTMENTS, LLC
55 EAST 52 STREET NEW YORK, NY 10055

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

CONSTITUTION CAPITAL PARTNERS

74-3246212

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

GLOBAL TRUST COMPANY

26-3761443

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

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

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

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

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

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

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

ULLICO INVESTMENT ADVISORS

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	208802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL COMPANY (EASTERN STATES), INC

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17 50	NONE	79359	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52	NONE	61429	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

VENUS TEMPLE

11-1880353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROTHMAN ROCCO LARUFFA

47-5401457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	43234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TINA NARDI

11-1880353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	42167	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)

HIGHLAND CAPITAL MANAGEMENT, LLC

27-5440911

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	35247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

23-2180279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	31096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	30772	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)

MELISSA DIMARIA

11-1880353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	28107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICE, LLC

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	26500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAIGE GOLDING

11-1880353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	25779	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)

CLEARBRIDGE INVESTMENTS, LLC

01-0846058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	19448	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

UNION LABOR SYSTEMS

360 EAST PARK AVENUE
LONG BEACH, NY 11561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 1205 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND		D Employer Identification Number (EIN) 11-1880353
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SA-PGI2		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9470165
a Name of MTIA, CCT, PSA, or 103-12 IE: CRESCENT CAPITAL COLLECTIVE INVEST.		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 32-6471303-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4661878
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX-EXEMPT FD		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13897338
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500 INDEX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 13-4920330-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50918865
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 1000 GROWTH INDEX		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 46-2032992-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50514974
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 1000 VALUE INDEX		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 46-2026448-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36336844
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400 INDEX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 14-4920330-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9567392
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 1205 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	761485	834460
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	452579	438940
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	214815	172504
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16450137	10886068
(2) U.S. Government securities	1c(2)	4411021	4496702
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5017543	5592935
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	21065072	20567848
(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)	119475995	151999953
(10) Value of interest in pooled separate accounts	1c(10)	10637026	9470165
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	12876352	13897338
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44731449	47126281
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	6548763	3940319

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	26912	40083
f Total assets (add all amounts in lines 1a through 1e)	1f	242669149	269463596
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	57451	81646
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	57451	81646
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	242611698	269381950

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)	5204371	
(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)		5204371
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	681063	
(B) U.S. Government securities	2b(1)(B)	103646	
(C) Corporate debt instruments	2b(1)(C)	196375	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1347223	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2328307
(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)	2146251	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2146251
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2930966	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2951020	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-20054
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-774324	
(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)		28113266
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		582865
(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)		248581
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		37829263

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9887643	
(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)		9887643
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)	175965	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	-1148	
(4) IQPA audit fees	2i(4)	30772	
(5) Investment advisory and investment management fees	2i(5)	591260	
(6) Bank or trust company trustee/custodial fees	2i(6)	68500	
(7) Actuarial fees	2i(7)	79359	
(8) Legal fees	2i(8)	43234	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	183426	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1171368
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11059011

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26770252
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP PLLC**

(2) EIN: **47-0900880**

d The opinion of an independent qualified public accountant is **not attached** 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?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 557973.

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

b EIN 11-2238519

c Dollar amount contributed by employer 1989544

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

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

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

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

a Name of contributing employer KLEET LUMBER CO.

b EIN 11-1729481

c Dollar amount contributed by employer 463380

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

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

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

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

a Name of contributing employer THE NEW SCHOOL

b EIN 13-3297197

c Dollar amount contributed by employer 381554

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer SUFFOLK CEMENT PRODUCTS INC

b EIN 11-2105488

c Dollar amount contributed by employer 330186

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 08 Day 31 Year 2025

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

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

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

a Name of contributing employer DYKES LUMBER COMPANY INC

b EIN 22-2001740

c Dollar amount contributed by employer 463441

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 S W ANDERSON

b EIN 11-1765142

c Dollar amount contributed by employer 454991

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2028

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

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

b EIN **11-2571937**

c Dollar amount contributed by employer **104514**

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 **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) **0.85**

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

a Name of contributing employer **ICE AIR LLC**

b EIN **20-1174227**

c Dollar amount contributed by employer **125291**

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) **2.35**

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

a Name of contributing employer **INDUSTRIAL THREADED**

b EIN **11-2710996**

c Dollar amount contributed by employer **90485**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2029**

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

(1) Contribution rate (in dollars and cents) **2.35**

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

a Name of contributing employer **RUSSIN LUMBER CORP**

b EIN **11-1823794**

c Dollar amount contributed by employer **95564**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **21** Year **2028**

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

(1) Contribution rate (in dollars and cents) **1.90**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	363
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	376
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	363
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.14
b The corresponding number for the second preceding plan year.....	15b	1.15
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	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	0
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 59.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.0 %

High-Yield Debt: 2.0 % Real Assets: 11.0 % Cash or Cash Equivalents: 5.0 % Other: 4.0 %

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 _____.



LOCAL 1205 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2024





LOCAL 1205 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 1205 Pension Fund

Opinion

We have audited the accompanying financial statements of Local 1205 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan 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 responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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



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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024, and supplemental schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 2024 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Calibre CPA Group, PLLC

New York, NY
August 11, 2025



LOCAL 1205 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	\$ 10,886,068	\$ 16,450,137
U.S. Government securities	4,496,702	4,411,021
Corporate bonds	5,592,935	5,017,543
Registered investment companies	47,126,281	44,731,449
Collective trust funds	151,999,953	119,475,995
Commingled investment trust	3,086,572	5,728,194
Limited partnerships	34,465,186	33,941,424
Pooled separate account	9,470,165	10,637,026
Stable value fund	853,747	820,569
Total investments	<u>267,977,609</u>	<u>241,213,358</u>
Receivables		
Employer contributions	438,940	452,579
Interest and dividends	140,027	155,794
Due from related parties	32,477	59,021
Total receivables	<u>611,444</u>	<u>667,394</u>
Cash	<u>834,460</u>	<u>761,485</u>
Prepaid expenses and other assets	<u>40,083</u>	<u>26,912</u>
Total assets	<u>269,463,596</u>	<u>242,669,149</u>
Liabilities		
Accounts payable and accrued expenses	<u>81,646</u>	<u>57,451</u>
Net assets available for benefits	<u>\$ 269,381,950</u>	<u>\$ 242,611,698</u>

See accompanying notes to financial statements.



LOCAL 1205 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 28,150,334	\$ 27,829,193
Interest and dividends	<u>4,474,558</u>	<u>3,746,662</u>
	32,624,892	31,575,855
Less: investment expenses	<u>659,760</u>	<u>515,728</u>
Net investment income	31,965,132	31,060,127
Employer contributions	<u>5,204,371</u>	<u>5,043,456</u>
Total additions	<u>37,169,503</u>	<u>36,103,583</u>
Deductions		
Benefits paid to participants	9,887,643	8,699,822
Administrative expenses	<u>511,608</u>	<u>526,860</u>
Total deductions	<u>10,399,251</u>	<u>9,226,682</u>
Net change	26,770,252	26,876,901
Net assets available for benefits		
Beginning of year	<u>242,611,698</u>	<u>215,734,797</u>
End of year	<u>\$ 269,381,950</u>	<u>\$ 242,611,698</u>

See accompanying notes to financial statements.



LOCAL 1205 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

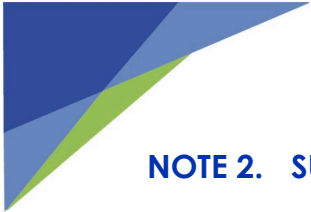
The following brief description of Local 1205 Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

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

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

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

Funding Policy - Funding to provide the benefits are made through monthly contributions by participating employers on behalf of each covered employee, based on a fixed rate for each hour worked by the employee or as a percentage of salary in accordance with the terms of the applicable collective bargaining agreements with the Union. Contributions are also made by the Plan's sponsoring Union and by the Plan in their capacities as employers. Contributions by participants are not permitted under the Plan. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024 and 2023.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

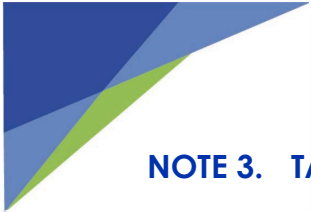
Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment fees are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related entities in accordance with a periodic time allocation study.

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

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



NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated June 11, 2015, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in progress.

NOTE 4. ACTUARIAL INFORMATION

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

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

The significant actuarial assumptions used in the valuation as of December 31, 2023 are as follows:

Net Investment Return: 7.00%

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

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Mortality Rates:

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

Retirement Rates:

Actives

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

Inactive Vested Participants

Age	Retirement Rates*
60	60%
61-69	15%
70 and older	100%

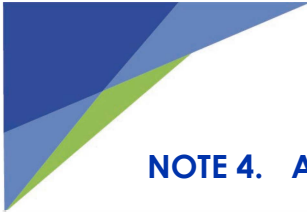
*If years of credited service are greater than or equal to 30, age is less than 60, and the hourly contribution rate is greater than or equal to \$1.20, the retirement rates are equal to 15%.

Termination Rates Before Retirement:

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

*Mortality rates shown for base table.

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



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Administrative Expenses: \$530,000 for the year beginning January 1, 2024.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

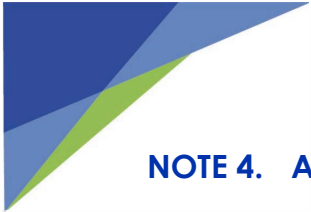
The actuarial present value of accumulated plan benefits as of December 31, 2023 is shown below:

Actuarial present value of accumulated plan benefits	
Participants and beneficiaries currently receiving benefits	\$ 84,428,239
Other vested benefits	<u>95,855,724</u>
Total vested benefits	180,283,963
Actuarial present value of non-vested accumulated plan benefits	<u>3,533,797</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 183,817,760</u>

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

Actuarial present value of accumulated plan benefits - January 1, 2023	<u>\$ 177,215,197</u>
Changes during year due to:	
Benefits accumulated, net experience gains or losses and changes in data	3,227,189
Benefits paid	(8,699,822)
Interest	<u>12,075,196</u>
Net change	<u>6,602,563</u>
Actuarial present value of accumulated plan benefits - December 31, 2023	<u>\$ 183,817,760</u>

Since information on the accumulated plan benefits at December 31, 2024, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2024, and changes in its financial status for the year then ended. The financial statements present the complete financial status of the Plan as of December 31, 2023.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

Pension Protection Act Filings

For each of the years ended December 31, 2024 and 2023, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.

NOTE 5. FAIR VALUE MEASUREMENTS

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

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

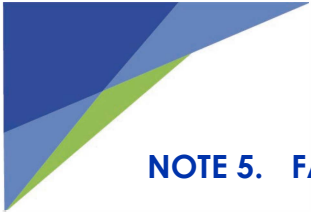
Level 2 Inputs to the valuation methodology include other significant observable inputs including:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach and/or income approach, depending on the type of security and the particular circumstance. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. The income approach uses valuation techniques to discount estimated future cash flows to present value.



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2024 and 2023.

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

U.S. Government securities - Valued at the closing price reported in the active market in which the individual securities are traded.

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

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

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

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

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 10,886,068	\$ -	\$ 10,886,068	\$ -
U.S. Government securities	4,496,702	4,496,702	-	-
Corporate bonds	5,592,935	-	5,592,935	-
Registered investment companies	47,126,281	47,126,281	-	-
Stable value fund	853,747	-	-	853,747
Total assets in fair value hierarchy	68,955,733	<u>\$ 51,622,983</u>	<u>\$ 16,479,003</u>	<u>\$ 853,747</u>
Investments measured at NAV*	199,021,876			
Total assets at fair value	<u>\$ 267,977,609</u>			

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Level 3 Assets

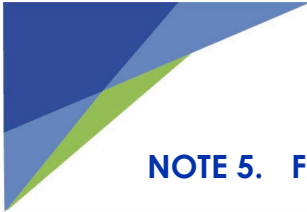
The availability of observable market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of investments from one fair value level to another. Purchases of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$33,178 and \$3,061,136 for the years ended December 31, 2024 and 2023, respectively. Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$0 and \$3,250,000 for the years ended December 31, 2024 and 2023 respectively. There were no transfers of investments into or out of Level 3 assets.

Fair Value of Investments that Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. The investment funds, with the exception of the limited partnerships and commingled investment trust, are measured at fair value by using the NAV practical expedient and also file U.S. Department of Labor Form 5500 as a direct filing entity (DFE). Accordingly, disclosure of the significant investment strategies for these investments are not required. Except for Capital Crescent Trust II and Ironsides Private Equity Fund VII, there were no unfunded commitments towards these investment funds at December 31, 2024 and 2023.

Description	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/24	12/31/23		
Collective Trust Funds				
Longview Largecap 500 Index Fund	\$ 50,918,865	\$ 33,758,125	Daily	1 day
Longview Largecap 1000 Growth Index Fund	50,514,974	38,501,466	Daily	1 day
Longview Largecap 1000 Value Index Fund	36,336,844	37,224,524	Daily	1 day
Longview Midcap 400 Index Fund	9,567,392	3,253,049	Daily	1 day
Crescent Capital Trust II (a)	<u>4,661,878</u>	<u>6,738,831</u>	See (a)	See (a)
	151,999,953	119,475,995		
Commingled Investment Trust				
ClearBridge Intl. Growth Portfolio (b)	<u>3,086,572</u>	<u>5,728,194</u>	Daily	5 days
Pooled Separate Account				
Principal U.S. Property	<u>9,470,165</u>	<u>10,637,026</u>	Daily	1 day
Limited partnerships				
Ullico Infrastructure Fund, LP (c)	13,897,338	12,876,352	Quarterly	45 days
Boyd Watterson GSA Fund, LP (d)	17,750,573	18,872,884	Quarterly	60 days
Boyd Watterson State Government Fund (e)	2,054,748	2,192,188	Quarterly	60 days
Ironsides Private Equity Fund VII, LP (f)	<u>762,527</u>	<u>-</u>	See (f)	See (f)
	<u>34,465,186</u>	<u>33,941,424</u>		
Total	<u>\$ 199,021,876</u>	<u>\$ 169,782,639</u>		

- a) Other than quarterly income distributions, it is not expected that the Trust will make redemption during the life of the Trust, which is anticipated to be approximately eight years beginning in 2018. As of December 31, 2024 and 2023, the Plan had an unfunded commitment of \$955,595 towards the Trust.



NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

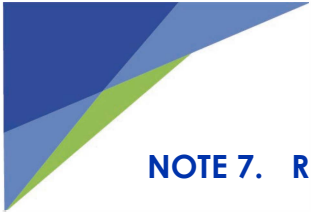
- b) This Trust invests in non-U.S. stocks that appear to offer above average growth potential and trade at a significant discount to their intrinsic value.
- c) This Fund provides a vehicle for institutional investors to invest in the development, maintenance, and refurbishment of infrastructure assets in the United States and Canada. The investment goal is to achieve attractive risk-adjusted returns with significant annual yield and relatively low volatility. The fund seeks to achieve this objective by building a diversified portfolio of equity investments with both minority and controlling interests.
- d) This Fund invests in diversified commercial properties primarily leased to the United States federal government either through the General Services Administration (GSA) or other federal government agencies.
- e) This Fund invests in a diversified portfolio of real estate investments in commercial properties primarily leased to state government agencies.
- f) This Fund invests in privately negotiated transactions, generally sourced on a co-investment basis with certain private equity partnerships in companies whose principal operations are in North America. The Fund also makes commitments to leading private equity funds and engages in leveraged buyouts of middle market companies located in North America. There are no redemptions permitted during the life of the Fund. As of December 31, 2024, there was an unfunded commitment of \$6,320,060 towards this Fund.

NOTE 6. OPERATING LEASE AS LESSEE

The Plan, along with its affiliated Local 1205 Welfare Fund (Welfare Fund), leases office space from the 1205 Building Corporation, a wholly owned subsidiary of the Union, under an operating lease expiring August 18, 2023. The lease was extended an additional three years through August 18, 2026. Total payments made under the lease agreement for the years ended December 31, 2024 and 2023, including real estate taxes, totaled \$23,964 and \$24,871, respectively.

At December 31, 2024, the remaining future lease payments, exclusive of real estate tax and reimbursements from the Welfare Fund under the cost sharing agreement, were as follows:

<u>Years Ended December 31,</u>	<u>Amount</u>
2025	\$ 54,921
2026	<u>34,752</u>
Total future lease payments	<u>\$ 89,673</u>



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

The Plan shares office space and administration with its affiliated Welfare Fund. As part of a cost sharing agreement, the Pension Fund acts as paying agent for certain common administrative expenses. Consequently, the Plan receives reimbursements from its affiliated Welfare Fund for its estimated allocable share of these common administrative expenses as determined by the Board of Trustees. Allocable administrative expenses include payroll and payroll related costs, occupancy costs, as well as other administrative expenses. Reimbursements received from its affiliated Welfare Fund for allocable expenses for the years ended December 31, 2024 and 2023, totaled \$374,840 and \$392,694, respectively.

The Plan also shares certain common administrative expenses with its sponsoring Union. These expenses include telephone, postage, and other miscellaneous office expenses. Reimbursements received for allocable expenses from the Union for the years ended December 31, 2024 and 2023 totaled \$2,505 and \$2,383, respectively.

Total amounts due from the Welfare Fund and Union totaled \$32,477 and \$59,021 at December 31, 2024 and 2023, respectively. These amounts were subsequently reimbursed.

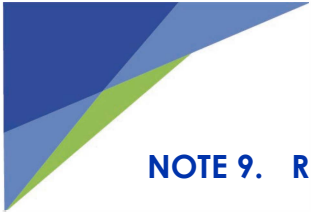
The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.

NOTE 8. PLAN TERMINATION

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

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

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



NOTE 9. RISKS AND UNCERTAINTIES

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

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

NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLAN

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

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

The Plan's participation in this plan for the years ended December 31, 2024 and 2023, is outlined in the table on the next page. 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 multiemployer plan's year ends at December 31, 2024 and 2023, respectively. The zone status is based on information that the Plan received from the multiemployer plan and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2024 and 2023 contributions. Contributions reported below represent the Plan's proportionate share of the contributions made to this multiemployer plan.



NOTE 10. PARTICIPATION IN MULTIEMPLOYER PLAN (CONTINUED)

Legal Name of Plan:	Local 1205 Pension Fund
EIN:	11-1880353
Pension Plan Number:	001
PPA Zone Status:	
2024	Neither Endangered or Critical Status (Green)
2023	Neither Endangered or Critical Status (Green)
FIP/RP Status:	N/A
Contributions:	
2024	\$16,862
2023	\$18,120
Surcharge Imposed:	No

NOTE 11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Total additions per the financial statements	\$ 37,169,503	\$ 36,103,583
Add: investment expenses	<u>659,760</u>	<u>515,728</u>
Total income per the Form 5500	<u>\$ 37,829,263</u>	<u>\$ 36,619,311</u>

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2024 and 2023:

	2024	2023
Total deductions per the financial statements	\$ 10,399,251	\$ 9,226,682
Add: investment expenses	<u>659,760</u>	<u>515,728</u>
Total expenses per the Form 5500	<u>\$ 11,059,011</u>	<u>\$ 9,742,410</u>

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 11, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Section 3: Certificate of Actuarial Valuation

Exhibit L: Summary of plan provisions

(Schedule MB, Line 6)

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

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Normal pension

- **Age Requirement:** 60
- **Service Requirement:** 15 years of credited service for accrual of benefits (and fifth anniversary of participation)
- **Amount:** The monthly retirement benefit is the total of the accrued benefit as of June 30, 2004, based on the accrued credited service and contribution rate as of that date, plus the credited service earned during each subsequent Plan Year multiplied by the monthly accrual rate which corresponds to the contribution rate covering the participant in that Plan Year.

Section 3: Certificate of Actuarial Valuation

- For hourly contribution rates less than \$1.20:

Hourly contribution rate	Monthly accrual rate for first 25 years of credited service	Monthly accrual rate for the next 10 years of credited service
\$0.45	\$23.00	\$17.50
0.60	34.50	29.25
0.90	46.00	35.00
1.19	57.60	39.83

Accrual rates for other contribution rates are prorated based on the above. Benefits are based on the 35 consecutive years that produce the highest benefit.

- For hourly contribution rates of \$1.20 or greater:

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

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

Section 3: Certificate of Actuarial Valuation

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

Service pension

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

Early retirement

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

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

Section 3: Certificate of Actuarial Valuation

Disability

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

Deferred pension

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

Vesting

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

Severance benefit

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

Section 3: Certificate of Actuarial Valuation

Pre-retirement death benefit

- **Lump sum benefit** (payable in addition to either of the following two benefits):
 - **Age Requirement:** None
 - **Service Requirement:** 5 years of credited service for vesting
 - **Amount:**

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

- **60 month payment certain** (if not eligible for or elects to waive spouse's benefit):
 - **Eligibility Requirement:** Eligible for an immediate pension benefit
- **Spouse's benefit:**
 - **Age Requirement:** None
 - **Service Requirement:** 5 years of credited service for vesting
 - **Amount:** 50% of the benefit employee would have received had they retired the day before they died and elected the joint and survivor option. If the employee died prior to eligibility for an early retirement pension, the spouse's benefit is deferred to the date the employee would have first been eligible for an immediate pension.

Post-retirement death benefit

Lump sum benefit (payable in addition to the following benefit):

Credited service for accrual of benefits	Amount
5 – 9 years	\$1,000
10 – 14 years	\$1,500

Section 3: Certificate of Actuarial Valuation

15 or more years	\$2,000 plus \$400 for each year in excess of 15 years with a maximum benefit of \$10,000
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Joint and Survivor: If married, pension benefits are paid in the form of a joint and 50% survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If rejected or if not married, benefits are payable for the life of the employee with five years of payment guaranteed to all without reduction, or in any other available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

Single life annuity with 60 months guaranteed; Single life annuity with 120 months guaranteed; Joint and 50% survivor benefit; Joint and 75% survivor benefit; Joint and 100% survivor benefit.

Credited service for accrual of benefits

400 hours = $\frac{1}{4}$ credit; 1,600 hours = 1 credit

Pro-rata basis for hours during any calendar year between 400 and 1,600

Credited service for vesting

One year of vesting service for each calendar year in which the employee works 750 hours

Contribution rate

Varies by employer from \$0.60 to \$5.60 per hour. The average contribution rate for participants not in the New School Group for the Plan Year beginning January 1, 2024 is \$4.19 per hour.

The contribution rate for the New School Group is either 7% or 10% of salary for each employee based on age and credited service earned.

Changes in plan provisions

The following Plan change was reflected in this actuarial valuation:

- Benefit level changes due to contribution rate changes



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YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/24

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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CASH EQUIVALENTS									
SHORT TERM INVESTMENT FUNDS									
AB INTEREST BEARING ACCT									
Cusip: 990002511									
Portfolio [REDACTED]	USD	0.00	0.00	0.00	0.00	0.00	0.13	0.00	0.00
Portfolio [REDACTED]	USD	0.00	0.00	0.00	0.00	0.00	4.28	0.00	0.00
DREYFUS GOVERNMENT CASH MGMT									
Cusip: AB2006208									
Portfolio [REDACTED]	USD	0.20	1.00	0.20	0.20	0.00	0.00	5.00	5.00
Portfolio [REDACTED]	USD	0.10	1.00	0.10	0.10	0.00	0.00	0.00	0.00
Portfolio [REDACTED]	USD	10,061,599.65	1.00	10,061,599.65	10,061,599.65	0.00	40,461.09	4.35	4.35
DREYFUS TREASURY & AGENCY CASH MGMT									
Cusip: AB0678321									
Portfolio [REDACTED]	USD	70,164.02	1.00	70,164.02	70,164.02	0.00	287.07	4.35	4.35
JPMORGAN 100% US TREASURY MONEY MARKET									
Cusip: 4812A2835									
Portfolio [REDACTED]	USD	754,304.38	1.00	754,304.38	754,304.38	0.00	2,509.72	4.30	4.30
Total SHORT TERM INVESTMENT FUNDS	USD			10,886,068.35	10,886,068.35	0.00	43,262.29	4.35	4.35
Total CASH EQUIVALENTS	USD			10,886,068.35	10,886,068.35	0.00	43,262.29	4.35	4.35
GOVERNMENT & AGENCIES									
U.S. TREASURY NOTES									
U.S. TREASURY NOTES 0.25% 06/30/25									
Cusip: 912828ZW3									
Portfolio [REDACTED]	USD	100,000.00	98.09	98,087.00	99,987.50	-1,900.50	0.69	0.25	0.25
U.S. TREASURY NOTES 2.875% 07/31/2025									
Cusip: 912828Y79									
Portfolio [REDACTED]	USD	35,000.00	99.22	34,727.70	34,875.00	-147.30	421.09	2.90	2.89



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YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/24

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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY BONDS 5.375% 2/15/31									
Cusip: 912810FP8									
Portfolio [REDACTED]	USD	25,000.00	104.87	26,216.50	31,854.47	-5,637.97	507.56	5.13	4.22
U.S. TREASURY NOTE 0.75% 08/31/2026									
Cusip: 91282CCW9									
Portfolio [REDACTED]	USD	50,000.00	94.44	47,217.50	50,003.13	-2,785.63	127.42	0.79	0.75
U.S. TREASURY NOTE 2.75% 08/15/2032									
Cusip: 91282CFF3									
Portfolio [REDACTED]	USD	100,000.00	88.68	88,683.00	95,449.22	-6,766.22	1,038.72	3.10	2.88
U.S. TREASURY NOTE 3.125% 08/15/2025									
Cusip: 91282CFE6									
Portfolio [REDACTED]	USD	100,000.00	99.31	99,306.00	98,726.56	579.44	1,180.37	3.15	3.17
U.S. TREASURY NOTE 3.125% 08/31/2029									
Cusip: 91282CFJ5									
Portfolio [REDACTED]	USD	100,000.00	94.72	94,719.00	98,273.44	-3,554.44	1,064.56	3.30	3.18
U.S. TREASURY NOTE 4.00% 02/15/2034									
Cusip: 91282CJZ5									
Portfolio [REDACTED]	USD	350,000.00	95.74	335,076.00	344,681.64	-9,605.64	5,288.04	4.18	4.06
U.S. TREASURY NOTE 4.125% 11/15/2032									
Cusip: 91282CFV8									
Portfolio [REDACTED]	USD	130,000.00	97.53	126,791.60	132,574.61	-5,783.01	696.24	4.23	4.04
U.S. TREASURY NOTES 0.25% 05/31/25									
Cusip: 912828ZT0									
Portfolio [REDACTED]	USD	150,000.00	98.38	147,565.50	150,050.00	-2,484.50	32.97	0.25	0.25
U.S. TREASURY NOTES 0.25% 08/31/25									
Cusip: 91282CAJ0									
Portfolio [REDACTED]	USD	250,000.00	97.39	243,482.50	249,921.88	-6,439.38	212.36	0.26	0.25
U.S. TREASURY NOTES 0.5% 05/31/27									
Cusip: 912828ZS2									



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YEAR END PACKAGE

ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
TRADE DATE
As of 12/31/24

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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
Portfolio [REDACTED]	USD	150,000.00	91.44	137,152.50	150,800.00	-13,647.50	65.93	0.55	0.50
U.S. TREASURY NOTES 0.5% 06/30/27									
Cusip: 912828ZV5									
Portfolio [REDACTED]	USD	100,000.00	91.17	91,174.00	100,471.88	-9,297.88	1.38	0.55	0.50
U.S. TREASURY NOTES 0.625% 05/15/30									
Cusip: 912828ZQ6									
Portfolio [REDACTED]	USD	100,000.00	82.05	82,054.00	100,503.12	-18,449.12	81.15	0.76	0.62
U.S. TREASURY NOTES 1.5% 08/15/2026									
Cusip: 9128282A7									
Portfolio [REDACTED]	USD	50,000.00	95.73	47,864.00	48,885.94	-1,021.94	283.29	1.57	1.53
U.S. TREASURY NOTES 1.625% 02/15/2026									
Cusip: 912828P46									
Portfolio [REDACTED]	USD	50,000.00	97.14	48,571.50	50,545.27	-1,973.77	306.90	1.67	1.61
U.S. TREASURY NOTES 1.625% 08/15/2029									
Cusip: 912828YB0									
Portfolio [REDACTED]	USD	100,000.00	88.75	88,754.00	109,737.50	-20,983.50	613.79	1.83	1.48
U.S. TREASURY NOTES 1.625% 11/30/2026									
Cusip: 912828YU8									
Portfolio [REDACTED]	USD	100,000.00	95.22	95,222.00	107,862.50	-12,640.50	142.86	1.71	1.51
U.S. TREASURY NOTES 2% 02/15/2025									
Cusip: 912828J27									
Portfolio [REDACTED]	USD	20,000.00	99.72	19,943.00	19,896.41	46.59	151.09	2.01	2.01
U.S. TREASURY NOTES 2.0% 11/15/2026									
Cusip: 912828U24									
Portfolio [REDACTED]	USD	20,000.00	95.98	19,195.20	19,665.63	-470.43	51.93	2.08	2.03
U.S. TREASURY NOTES 2.25% 11/15/2027									
Cusip: 9128283F5									
Portfolio [REDACTED]	USD	30,000.00	94.55	28,364.10	29,282.35	-918.25	87.64	2.38	2.31



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ASSET HOLDINGS STATEMENT
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
U.S. TREASURY NOTES 2.375% 05/15/2027									
Cusip: 912828X88									
Portfolio [REDACTED]	USD	25,000.00	95.77	23,941.75	24,753.13	-811.38	77.09	2.48	2.40
U.S. TREASURY NOTES 2.75% 02/15/2028									
Cusip: 9128283W8									
Portfolio [REDACTED]	USD	55,000.00	95.49	52,516.75	54,552.05	-2,035.30	571.30	2.88	2.77
U.S. TREASURY NOTES 2.875% 05/15/2028									
Cusip: 9128284N7									
Portfolio [REDACTED]	USD	15,000.00	95.52	14,328.00	14,993.75	-665.75	55.99	3.01	2.88
U.S. TREASURY NOTES 3.875% 08/15/2034									
Cusip: 91282CLF6									
Portfolio [REDACTED]	USD	80,000.00	94.55	75,643.20	80,137.50	-4,494.30	1,170.92	4.10	3.87
U.S. TREASURY NTS 0.5% 04/30/27									
Cusip: 912828ZN3									
Portfolio [REDACTED]	USD	100,000.00	91.73	91,728.00	100,612.50	-8,884.50	85.64	0.55	0.50
U.S. TREASURY NOTES 0.375% 07/31/27									
Cusip: 91282CAD3									
Portfolio [REDACTED]	USD	150,000.00	90.57	135,853.50	149,300.00	-13,446.50	235.39	0.41	0.38
U.S. TREASURY NTS 3.125% 08/31/2027									
Cusip: 91282CFH9									
Portfolio [REDACTED]	USD	100,000.00	97.12	97,120.00	98,578.13	-1,458.13	1,061.81	3.22	3.17
US TREASURY NOTE 2.875% 05/15/2032									
Cusip: 91282CEP2									
Portfolio [REDACTED]	USD	165,000.00	89.81	148,186.50	163,794.73	-15,608.23	615.90	3.20	2.90
US TREASURY NOTE 3.875% 08/15/2033									
Cusip: 91282CHT1									
Portfolio [REDACTED]	USD	125,000.00	95.17	118,965.00	121,583.98	-2,618.98	1,829.57	4.07	3.98
US TREASURY NOTES 0.875% 11/15/2030									
Cusip: 91282CAV3									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
U.S. TREASURY NOTES (Cont.)									
Portfolio [REDACTED]	USD	100,000.00	81.82	81,819.00	96,378.13	-14,559.13	113.61	1.07	0.91
US TREASURY NOTES 1.125% 02/15/2031									
Cusip: 91282CBL4									
Portfolio [REDACTED]	USD	200,000.00	82.53	165,050.00	198,552.35	-33,502.35	849.86	1.36	1.13
Total U.S. TREASURY NOTES	USD			3,005,318.30	3,227,284.30	-221,966.00	19,023.06	2.10	1.95
GOVT NATIONAL MORTGAGE ASSOC I POOLS									
GNMA PL #467022 6.5% 05/15/28									
Cusip: 36209BYT9									
Portfolio [REDACTED] Original	USD	53.076	100.88	53.54	52.95	0.59	0.29	6.44	6.52
Face: 50,000.0000									
GNMA PL #486802 6.00% 01/15/29									
Cusip: 36210AX77									
Portfolio [REDACTED] Original	USD	771.602	103.47	798.37	768.53	29.84	3.86	5.80	6.02
Face: 100,000.0000									
GNMA PL #510585 4.500% 2/15/35									
Cusip: 36211EF29									
Portfolio [REDACTED] Original	USD	618.6653	96.86	599.24	611.79	-12.55	2.32	4.65	4.55
Face: 25,000.0000									
GNMA PL #569239 6.000% 3/15/32									
Cusip: 36200QLU6									
Portfolio [REDACTED] Original	USD	2,913.536	100.63	2,931.75	2,913.94	17.81	14.57	5.96	6.00
Face: 400,000.0000									
GNMA PL #574671 5.000% 4/15/34									
Cusip: 36200WMU2									
Portfolio [REDACTED] Original	USD	177.2102	99.88	176.99	185.94	-8.95	0.74	5.01	4.76
Face: 26,446.0000									
GNMA PL #579631 6.000% 2/15/32									
Cusip: 36201C4Q4									
Portfolio [REDACTED] Original	USD	644.794	101.59	655.07	640.55	14.52	3.22	5.91	6.04
Face: 200,000.0000									



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Local 1205 Pension Fund EIN: 11-1880353 Plan No. 001
Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
GNMA PL #579667 6.000% 3/15/32									
Cusip: 36201C6C3									
Portfolio [REDACTED] Original	USD	1,062.2625	103.61	1,100.60	1,081.69	18.91	5.31	5.79	5.89
Face: 150,000.0000									
GNMA PL #580985 6.000% 2/15/32									
Cusip: 36201ENA4									
Portfolio [REDACTED] Original	USD	210.0855	100.98	212.15	208.49	3.66	1.05	5.94	6.05
Face: 150,000.0000									
GNMA PL #581146 6.000% 3/15/32									
Cusip: 36201ETB6									
Portfolio [REDACTED] Original	USD	1,557.6777	101.20	1,576.42	1,552.97	23.45	7.79	5.93	6.02
Face: 305,000.0000									
GNMA PL #582097 6.000% 4/15/32									
Cusip: 36201FUW5									
Portfolio [REDACTED] Original	USD	165.8078	100.48	166.61	171.14	-4.53	0.83	5.97	5.81
Face: 100,114.0000									
GNMA PL #584244 6.000% 4/15/32									
Cusip: 36201JBM0									
Portfolio [REDACTED] Original	USD	1,340.7089	101.16	1,356.21	1,328.76	27.45	6.70	5.93	6.05
Face: 150,204.0000									
GNMA PL #586535 6.000% 3/15/32									
Cusip: 36201LSY1									
Portfolio [REDACTED] Original	USD	1,056.1507	104.00	1,098.40	1,107.46	-9.06	5.28	5.77	5.72
Face: 151,406.0000									
GNMA PL #587074 6.000% 5/15/32									
Cusip: 36201MFP2									
Portfolio [REDACTED] Original	USD	406.79	104.30	424.27	407.96	16.31	2.03	5.75	5.98
Face: 100,000.0000									
GNMA PL #587111 6.000% 6/15/32									
Cusip: 36201MGU0									
Portfolio [REDACTED] Original	USD	1,910.865	104.34	1,993.87	1,902.13	91.74	9.55	5.75	6.03
Face: 250,000.0000									



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Local 1205 Pension Fund
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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
GNMA PL #604654 6.00% 01/15/36									
Cusip: 36200MWP4									
Portfolio [REDACTED] Original	USD	591.888	103.05	609.92	619.07	-9.15	2.96	5.82	5.74
Face: 80,000.0000									
GNMA PL #610295 5.00% 07/15/33									
Cusip: 36202U7G2									
Portfolio [REDACTED] Original	USD	1,045.8838	99.88	1,044.58	1,041.57	3.01	4.36	5.01	5.02
Face: 41,627.0000									
GNMA PL #627354 5.000% 6/15/34									
Cusip: 36291F5P9									
Portfolio [REDACTED] Original	USD	5,188.9451	99.88	5,182.46	5,349.39	-166.93	21.62	5.01	4.85
Face: 300,387.0000									
GNMA PL #640892 5.00% 04/15/35									
DTD 04/01/05									
Cusip: 36291W7D7									
Portfolio [REDACTED] Original	USD	4,282.0223	98.39	4,213.11	4,297.49	-84.38	9.52	5.08	4.98
Face: 75,194.0000									
GNMA PL #640915 5.0% 05/15/2035									
Cusip: 36291XAQ2									
Portfolio [REDACTED] Original	USD	2,698.015	98.27	2,651.22	2,870.77	-219.55	11.24	5.09	4.70
Face: 100,000.0000									
GNMA PL #641779 5.00% 09/15/2035									
Cusip: 36291X6Q7									
Portfolio [REDACTED] Original	USD	2,072.636	99.00	2,051.91	2,077.03	-25.12	8.64	5.05	4.99
Face: 100,000.0000									
GNMA PL #641944 5.000% 5/15/35									
Cusip: 36291YER4									
Portfolio [REDACTED] Original	USD	163.9583	98.39	161.32	164.14	-2.82	0.68	5.08	5.00
Face: 25,000.0000									
GNMA PL #643362 5.00% 10/15/2035									
Cusip: 36292AWX2									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [REDACTED] Original USD		485.1685	99.88	484.56	484.28	0.28	2.02	5.01	5.01
Face: 50,000.0000									
GNMA PL #648526 5.00% 12/15/2035									
Cusip: 36292GPK5									
Portfolio [REDACTED] Original USD		933.8945	98.39	918.86	919.57	-0.71	3.89	5.08	5.08
Face: 70,000.0000									
GNMA PL #650712 5.00% 01/15/2036									
Cusip: 36292J3V9									
Portfolio [REDACTED] Original USD		3,186.333	99.19	3,160.44	3,174.97	-14.53	13.28	5.04	5.02
Face: 100,000.0000									
GNMA PL #651683 4.500% 01/15/36									
Cusip: 36292K6U5									
Portfolio [REDACTED] Original USD		2,376.5068	97.13	2,308.18	2,282.64	25.54	8.91	4.63	4.68
Face: 50,137.0000									
GNMA PL #668613 5.0% 05/15/38									
Cusip: 36295EYJ0									
Portfolio [REDACTED] Original USD		1,262.7323	99.97	1,262.34	1,331.04	-68.70	5.26	5.00	4.74
Face: 75,000.0000									
GNMA PL #670370 5.00% 11/15/37									
Cusip: 36295GW73									
Portfolio [REDACTED] Original USD		18,338.5455	100.36	18,404.45	18,495.16	-90.71	76.41	4.98	4.96
Face: 150,000.0000									
GNMA PL #675072 5.00% 01/15/2038									
Cusip: 36295M6H7									
Portfolio [REDACTED] Original USD		158.181	100.00	158.18	171.12	-12.94	0.66	5.00	4.62
Face: 150,000.0000									
GNMA PL #676357 5.00% 10/15/2037									
Cusip: 36295PME9									
Portfolio [REDACTED] Original USD		2,513.1741	100.11	2,515.92	2,508.11	7.81	10.47	4.99	5.01
Face: 152,063.0000									
GNMA PL #679494 5.00% 01/15/38									
Cusip: 36295S3B0									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [REDACTED] Original	USD	903.777	100.11	904.77	964.41	-59.64	3.77	4.99	4.69
Face: 100,000.0000									
GNMA PL #683097 5.00% 02/15/2038									
Cusip: 36295W3E5									
Portfolio [REDACTED] Original	USD	698.857	100.09	699.51	729.22	-29.71	2.91	4.99	4.79
Face: 100,000.0000									
GNMA PL #683353 5% 04/15/38									
Cusip: 36295XE27									
Portfolio [REDACTED] Original	USD	295.366	99.95	295.23	320.18	-24.95	1.23	5.00	4.61
Face: 25,000.0000									
GNMA PL #688091 5.00% 11/15/38									
Cusip: 36296DNG9									
Portfolio [REDACTED] Original	USD	1,919.848	100.11	1,921.95	1,969.89	-47.94	8.00	4.99	4.87
Face: 100,000.0000									
GNMA PL #690950 5.00% 06/15/2038									
Cusip: 36296GTF8									
Portfolio [REDACTED] Original	USD	1,478.0723	98.00	1,448.51	1,526.09	-77.58	6.16	5.10	4.84
Face: 75,000.0000									
GNMA PL #696009 5.00% 07/15/38									
Cusip: 36296NGS9									
Portfolio [REDACTED] Original	USD	739.2534	100.11	740.06	771.34	-31.28	3.08	4.99	4.79
Face: 115,000.0000									
GNMA PL #700830 5.00% 10/15/38									
Cusip: 36296TST1									
Portfolio [REDACTED] Original	USD	719.489	98.50	708.70	779.19	-70.49	3.00	5.08	4.62
Face: 50,000.0000									
GNMA PL #706517 5% 02/15/39									
Cusip: 36297A4A8									
Portfolio [REDACTED] Original	USD	4,967.05	100.09	4,971.71	5,297.51	-325.80	20.70	5.00	4.69
Face: 275,000.0000									
GNMA PL #706707 5% 02/15/2039									
Cusip: 36297BDL2									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [REDACTED] Original	USD	3,167.685	99.89	3,164.22	3,414.98	-250.76	13.20	5.01	4.64
Face: 300,000.0000									
GNMA PL #710182 5% 03/15/39									
Cusip: 36297E6T7									
Portfolio [REDACTED] Original	USD	1,189.425	99.14	1,179.20	1,283.22	-104.02	4.96	5.04	4.63
Face: 100,000.0000									
GNMA PL #712415 5% 05/15/39									
Cusip: 36297HN87									
Portfolio [REDACTED] Original	USD	1,399.49	98.78	1,382.43	1,538.61	-156.18	5.83	5.06	4.55
Face: 100,000.0000									
GNMA PL #721203 5% 09/15/2039									
Cusip: 3620A7GL3									
Portfolio [REDACTED] Original	USD	1,019.1156	99.02	1,009.08	1,130.86	-121.78	4.25	5.05	4.51
Face: 33,912.0000									
GNMA PL #723355 5% 09/15/39									
Cusip: 3620A9TL5									
Portfolio [REDACTED] Original	USD	1,156.772	99.63	1,152.43	1,279.33	-126.90	4.82	5.02	4.52
Face: 100,000.0000									
GNMA PL #732249 4.5% 05/15/2040									
Cusip: 3620AKQA7									
Portfolio [REDACTED] Original	USD	759.3141	96.73	734.52	801.85	-67.33	2.85	4.65	4.26
Face: 27,584.0000									
GNMA PL #736888 4% 07/15/2040									
Cusip: 3620AQUM3									
Portfolio [REDACTED] Original	USD	3,116.6128	94.44	2,943.25	3,375.12	-431.87	10.39	4.24	3.69
Face: 28,260.0000									
GNMA PL #758027 4.5% 02/15/2041									
Cusip: 36230S4L5									
Portfolio [REDACTED] Original	USD	847.9878	96.61	819.24	928.25	-109.01	3.18	4.66	4.11
Face: 27,130.0000									
GNMA PL #781485 6.000% 8/15/32									
Cusip: 36225BUJ5									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC I POOLS (Cont.)									
Portfolio [REDACTED] Original	USD	375.536	102.38	384.45	385.20	-0.75	1.88	5.86	5.85
Face: 100,000.0000									

Total GOVT NATIONAL MORTGAGE ASSOC I POOLS	USD			82,730.20	85,215.90	-2,485.70	343.67	5.11	4.96
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS									
FNMA PL #255894 5.00% 10/01/2025									
Cusip: 31371MGB7									
Portfolio [REDACTED] Original	USD	1,437.125	99.69	1,432.63	1,394.01	38.62	5.99	5.02	5.15
Face: 1,250,000.0000									
FNMA PL #256064 5.5% 01/01/2026									
Cusip: 31371MMM6									
Portfolio [REDACTED] Original	USD	1,237.92	99.89	1,236.57	1,219.35	17.22	5.67	5.51	5.58
Face: 1,000,000.0000									
FNMA PL #256103 5.500% 02/01/26									
Cusip: 31371MNU7									
Portfolio [REDACTED] Original	USD	4,417.77	99.89	4,412.94	4,351.49	61.45	20.25	5.51	5.58
Face: 3,000,000.0000									
FNMA PL #256116 65 02/01/26									
Cusip: 31371MN94									
Portfolio [REDACTED] Original	USD	1,763.73	100.48	1,772.27	1,746.09	26.18	8.82	5.97	6.06
Face: 1,000,000.0000									
FNMA PL #MA0949 3.5% 01/01/2032									
Cusip: 31418ABT4									
Portfolio [REDACTED] Original	USD	53,471.5522	96.42	51,558.27	51,566.63	-8.36	155.96	3.63	3.63
Face: 940,000.0000									
FNMA POOL #BS7227 5.7299999% 11/01/2032									
Cusip: 3140LJA55									
Portfolio [REDACTED] Original	USD	50,000.00	101.52	50,757.81	50,597.66	160.15	238.75	5.64	5.66
Face: 50,000.0000									

Total FEDL NATIONAL MORTGAGE ASSOCIATION POOLS	USD			111,170.49	110,875.23	295.26	435.44	4.70	4.71



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GOVERNMENT & AGENCIES (Cont.)									
FED HOME LOAN MORTGAGE ASSOC POOLS									
FHLMC POOL #WN-2387 5.13% 02/01/2033									
Cusip: 3132XGUM6									
Portfolio [REDACTED] Original	USD	100,000.00	98.81	98,812.50	97,433.59	1,378.91	427.50	5.19	5.27
Face: 100,000.0000									
FHLMC POOL #WN-2485 5.29% 09/01/2028									
Cusip: 3132XGXP6									
Portfolio [REDACTED] Original	USD	64,838.49	99.83	64,727.05	64,266.09	460.96	285.83	5.30	5.34
Face: 65,000.0000									

Total FED HOME LOAN MORTGAGE ASSOC POOLS	USD			163,539.55	161,699.68	1,839.87	713.33	5.23	5.29
FED HOME LOAN MORTGAGE ASSOC GOLD POOLS									
FHLMC GLD PL #C91116 6% 11/01/2027									
Cusip: 3128P7GZ0									
Portfolio [REDACTED] Original	USD	4,045.52	100.61	4,070.17	4,005.05	65.12	20.23	5.96	6.06
Face: 1,000,000.0000									
FHLMC GOLD POOL#C9-0951 6.00% 02/01/2026									
Cusip: 3128P7BU6									
Portfolio [REDACTED] Original	USD	1,961.30	100.59	1,972.95	1,941.69	31.26	9.81	5.96	6.06
Face: 1,000,000.0000									

Total FED HOME LOAN MORTGAGE ASSOC GOLD POOLS	USD			6,043.12	5,946.74	96.38	30.04	5.96	6.06
GOVERNMENT AGENCIES									
FFCB 0.5% 12/23/2025									
Cusip: 3133EMLR1									
Portfolio [REDACTED]	USD	6,000.00	96.37	5,782.32	5,345.40	436.92	0.67	0.52	0.56
FFCB 4.09% 05/03/2032									
Cusip: 3133ENVY3									
Portfolio [REDACTED]	USD	100,000.00	93.78	93,776.00	99,750.00	-5,974.00	658.94	4.36	4.10

Total GOVERNMENT AGENCIES	USD			99,558.32	105,095.40	-5,537.08	659.61	4.14	3.92



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTGAGE ASSOC REMIC									
GNMA REMIC TRUST 1.25% 06/16/2062									
Cusip: 38380RHN3									
Portfolio [REDACTED] Original	USD	32,336.428	61.26	19,809.51	21,281.40	-1,471.89	33.68	2.04	1.90
Face: 39,000.0000									
GNMA REMIC TRUST 1.25% 12/16/2062									
Cusip: 38380RDZ0									
Portfolio [REDACTED] Original	USD	26,422.2051	72.25	19,089.39	19,139.72	-50.33	27.52	1.73	1.73
Face: 30,000.0000									
GNMA REMIC TRUST 5.25% 09/20/2053									
Cusip: 38384E8D0									
Portfolio [REDACTED] Original	USD	127,537.235	100.97	128,774.77	127,457.53	1,317.24	557.98	5.20	5.25
Face: 175,000.0000									
Total GOVT NATIONAL MORTGAGE ASSOC REMIC	USD			167,673.67	167,878.65	-204.98	619.18	4.43	4.43
FEDL NATIONAL MORTGAGE ASSOC REMIC									
FNMA REMIC TRUST 2.00% 10/25/2043									
Cusip: 3136BATE4									
Portfolio [REDACTED] Original	USD	42,814.645	95.50	40,886.14	39,442.99	1,443.15	71.36	2.09	2.17
Face: 250,000.0000									
FNMA REMIC TRUST 2.00% 11/25/2041									
Cusip: 3136A6QN7									
Portfolio [REDACTED] Original	USD	48,709.60	91.63	44,634.54	46,639.43	-2,004.89	81.19	2.18	2.09
Face: 500,000.0000									
FNMA REMIC TRUST 5.5% 07/25/2047									
Cusip: 3136BPNA5									
Portfolio [REDACTED] Original	USD	73,616.552	100.77	74,186.45	73,616.56	569.89	337.41	5.46	5.50
Face: 100,000.0000									
Total FEDL NATIONAL MORTGAGE ASSOC REMIC	USD			159,707.13	159,698.98	8.15	489.96	3.68	3.68



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
FEDERAL HOME LOAN MORT CORP REMIC									
FHLMC REMIC SERIES 2.00% 01/15/2042									
Cusip: 3137APJG6									
Portfolio [REDACTED] Original	USD	24,519.095	92.78	22,748.21	23,630.26	-882.05	40.87	2.16	2.08
Face: 500,000.0000									
FHLMC REMIC SERIES 2.00% 08/15/2041									
Cusip: 3137ALZ36									
Portfolio [REDACTED] Original	USD	52,479.021	91.92	48,239.44	50,248.66	-2,009.22	87.47	2.18	2.09
Face: 525,000.0000									
Total FEDERAL HOME LOAN MORT	USD			70,987.65	73,878.92	-2,891.27	128.34	2.17	2.08
CORP REMIC									
US TREASURY INFLATION PROTECTED SECURITI									
U.S. TREASURY BND TIPS 0.625% 2/15/43									
Cusip: 912810RA8									
Portfolio [REDACTED] Original	USD	48,052.55	73.21	35,180.71	48,116.79	-12,936.08	113.44	0.85	0.62
Face: 35,000.0000									
Total US TREASURY INFLATION	USD			35,180.71	48,116.79	-12,936.08	113.44	0.85	0.62
PROTECTED SECURITI									
FHLMC REMIC (VARIABLE RATE)									
FHLMC REMIC SERIES VAR 07/25/2033									
Cusip: 3137HAGS9									
Portfolio [REDACTED] Original	USD	100,000.00	93.94	93,935.21	94,901.00	-965.79	337.50	4.31	4.27
Face: 100,000.0000									
FHLMC REMIC SERIES VAR 12/25/2032									
Cusip: 3137HAMA1									
Portfolio [REDACTED] Original	USD	92,925.1753	98.83	91,834.98	90,316.87	1,518.11	356.21	4.65	4.73
Face: 95,000.0000									
Total FHLMC REMIC (VARIABLE	USD			185,770.19	185,217.87	552.32	693.71	4.48	4.49
RATE)									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
GOVT NATIONAL MORTG ASSO II PL (VARIABLE									
GNMA2 PL #008660 VAR RATE 07/20/2025									
Cusip: 36202KTR6									
Portfolio [REDACTED] Original	USD	1.5385	99.75	1.53	1.76	-0.23	0.01	2.61	2.27
Face: 25,000.0000									
GNMA2 PL #008685 VAR RATE 08/20/2025									
Cusip: 36202KUJ2									
Portfolio [REDACTED] Original	USD	2.1313	99.58	2.12	2.38	-0.26	0.01	3.77	3.36
Face: 25,000.0000									
GNMA2 PL #008703 VAR RATE 09/20/2025									
Cusip: 36202KU45									
Portfolio [REDACTED] Original	USD	3.766	99.53	3.75	4.13	-0.38	0.02	3.73	3.39
Face: 40,000.0000									
Total GOVT NATIONAL MORTG ASSO USD				7.40	8.27	-0.87	0.04	3.51	3.14
II PL (VARIABLE									
UMBS SECURITIES									
FNMA UMBS #AW0938 3.00% 04/01/2029									
Cusip: 3138XQBG5									
Portfolio [REDACTED] Original	USD	28,230.7837	97.16	27,427.97	27,132.92	295.05	70.58	3.09	3.12
Face: 410,000.0000									
FNMA UMBS POOL #256153 5.5% 03/01/2026									
Cusip: 31371MQE0									
Portfolio [REDACTED] Original	USD	1,592.56	99.89	1,590.82	1,568.68	22.14	7.30	5.51	5.58
Face: 1,000,000.0000									
FNMA UMBS POOL #257132 5.00% 03/01/2028									
Cusip: 31371NSV8									
Portfolio [REDACTED] Original	USD	4,118.78	100.23	4,128.43	3,995.22	133.21	17.16	4.99	5.15
Face: 1,000,000.0000									
FNMA UMBS POOL #MA1307 3.00% 01/01/2033									
Cusip: 31418ANZ7									
Portfolio [REDACTED] Original	USD	74,115.936	94.00	69,668.98	70,097.46	-428.48	185.29	3.19	3.17
Face: 600,000.0000									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
GOVERNMENT & AGENCIES (Cont.)									
UMBS SECURITIES (Cont.)									
FNMA UMBS POOL #MA5093 5.00% 07/01/2038									
Cusip: 31418EUT5									
Portfolio [REDACTED] Original	USD	103,559.9326	99.52	103,058.31	103,559.94	-501.63	431.50	5.02	5.00
Face: 142,000.0000									
Total UMBS SECURITIES	USD			205,874.51	206,354.22	-479.71	711.83	4.15	4.14
Total GOVERNMENT & AGENCIES	USD			4,293,561.24	4,537,270.95	-243,709.71	23,961.65	2.74	2.59
MUNICIPAL OBLIGATIONS									
MUNICIPAL BONDS									
PENNSYLVANIA ST UNIV 1.645% 09/01/2025									
Cusip: 709235S48									
Portfolio [REDACTED]	USD	75,000.00	98.24	73,680.00	71,199.75	2,480.25	411.25	1.67	1.73
TEXAS ST PUB FAC AUTH 3.295% 10/01/2025									
Cusip: 882724GW1									
Portfolio [REDACTED]	USD	75,000.00	99.10	74,328.00	75,613.50	-1,285.50	617.81	3.32	3.27
TEXAS ST TRANSN 5.028% 04/01/2026									
Cusip: 88283LHT6									
Portfolio [REDACTED]	USD	55,000.00	100.24	55,132.55	54,758.00	374.55	691.35	5.02	5.05
Total MUNICIPAL BONDS	USD			203,140.55	201,571.25	1,569.30	1,720.41	3.19	3.21
Total MUNICIPAL OBLIGATIONS	USD			203,140.55	201,571.25	1,569.30	1,720.41	3.19	3.21
CORPORATE OBLIGATIONS									
CORPORATE BONDS									
ALBEMARLE CORP SR NT 4.65% 06/01/2027									
Cusip: 012653AD3									
Portfolio [REDACTED]	USD	100,000.00	99.16	99,164.00	99,908.00	-744.00	387.50	4.69	4.65
AMERICAN ELEC PWR 5.699% 08/15/2025									
Cusip: 02557TAD1									
Portfolio [REDACTED]	USD	45,000.00	100.43	45,193.95	44,798.40	395.55	968.83	5.67	5.72



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
AMGEN INC 2.45% 02/21/2030									
Cusip: 031162CU2									
Portfolio [REDACTED]	USD	35,000.00	88.42	30,947.35	37,932.25	-6,984.90	309.65	2.77	2.26
AT&T INC 2.3% 06/01/27									
Cusip: 00206RJX1									
Portfolio [REDACTED]	USD	150,000.00	94.39	141,579.00	159,222.50	-17,643.50	287.50	2.44	2.17
ATHENE GLOBAL FDG 5.349% 07/09/2027									
Cusip: 04685A3X7									
Portfolio [REDACTED]	USD	100,000.00	100.98	100,979.00	100,000.00	979.00	2,525.92	5.30	5.35
BLACKSTONE SECD LENDING 5.35% 04/13/2028									
Cusip: 09261XAJ1									
Portfolio [REDACTED]	USD	25,000.00	99.74	24,934.00	24,973.25	-39.25	282.36	5.36	5.36
BURLINGTON NORTH SAN 6.750% 3/15/29									
Cusip: 12189TAN4									
Portfolio [REDACTED]	USD	65,000.00	107.19	69,672.85	80,445.46	-10,772.61	1,291.88	6.30	5.45
CATERPILLAR FINL SERV 1.45% 05/15/25									
Cusip: 14913R2C0									
Portfolio [REDACTED]	USD	125,000.00	98.90	123,625.00	129,862.50	-6,237.50	231.60	1.47	1.40
COCA-COLA CO 2.125% 09/06/2029									
Cusip: 191216CM0									
Portfolio [REDACTED]	USD	150,000.00	89.60	134,404.50	161,226.00	-26,821.50	1,018.23	2.37	1.98
COMCAST CORP 2.35% 01/15/2027									
Cusip: 20030NBW0									
Portfolio [REDACTED]	USD	150,000.00	95.60	143,397.00	162,335.00	-18,938.00	1,625.42	2.46	2.17
FIFTH THIRD BANK 3.85% 03/15/2026									
Cusip: 31677AAB0									
Portfolio [REDACTED]	USD	75,000.00	98.74	74,058.00	76,545.94	-2,487.94	850.21	3.90	3.77
GOLDMAN SACHS GROUP 5.798% 08/10/2026									
Cusip: 38145GAM2									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
Portfolio [REDACTED]	USD	90,000.00	100.56	90,502.20	90,000.00	502.20	2,043.80	5.77	5.80
HONEYWELL INTL 1.35% 06/01/25HONEYWELL I									
Cusip: 438516CB0									
Portfolio [REDACTED]	USD	125,000.00	98.70	123,372.50	129,900.00	-6,527.50	140.63	1.37	1.30
JANUS HENDERSON US 5.45% 09/10/2034									
Cusip: 47103MAA6									
Portfolio [REDACTED]	USD	103,000.00	95.60	98,472.12	102,733.23	-4,261.11	1,730.83	5.70	5.46
JONES LANG LASALLE 6.875% 12/01/2028									
Cusip: 48020QAB3									
Portfolio [REDACTED]	USD	24,000.00	105.96	25,429.68	23,816.64	1,613.04	137.50	6.49	6.93
KELLOGG CO 2.1% 06/01/30									
Cusip: 487836BX5									
Portfolio [REDACTED]	USD	150,000.00	86.93	130,393.50	157,685.00	-27,291.50	262.50	2.42	2.00
LEIDOS INC SR GLBL NT 5.75% 03/15/2033									
Cusip: 52532XAJ4									
Portfolio [REDACTED]	USD	100,000.00	101.37	101,369.00	99,297.00	2,072.00	1,693.06	5.67	5.79
LINCOLN NATIONAL CORP 3.4% 01/15/31									
Cusip: 91159HHZ6									
Portfolio [REDACTED]	USD	150,000.00	98.86	148,284.00	155,975.00	-7,691.00	296.04	1.47	1.39
LOWE'S COS INC 2.5% 04/15/2026									
Cusip: 548661DM6									
Portfolio [REDACTED]	USD	150,000.00	97.42	146,131.50	164,344.50	-18,213.00	791.67	2.57	2.28
MAIN STR CAP CORP 6.5% 06/04/2027									
Cusip: 56035LAJ3									
Portfolio [REDACTED]	USD	20,000.00	101.87	20,374.40	19,958.60	415.80	97.50	6.38	6.51
MCDONALD'S CORP 2.125% 03/01/2030									
Cusip: 58013MFM1									
Portfolio [REDACTED]	USD	150,000.00	87.41	131,115.00	158,967.50	-27,852.50	1,062.50	2.43	2.01



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
MUTUAL OF OMAHA COS 5.45% 12/12/2028									
Cusip: 62829D2B5									
Portfolio [REDACTED]	USD	40,000.00	101.06	40,424.40	39,967.20	457.20	115.06	5.39	5.45
NMI HLDGS INC 6.00% 08/15/2029									
Cusip: 629209AC1									
Portfolio [REDACTED]	USD	50,000.00	100.43	50,213.00	49,377.00	836.00	1,833.33	5.97	6.08
NORTHWESTERN MUTUAL 4.11% 09/12/2027									
Cusip: 66815L2T5									
Portfolio [REDACTED]	USD	100,000.00	98.64	98,639.00	99,997.00	-1,358.00	1,244.42	4.17	4.11
NORTHWESTERN MUTUAL 4.35% 09/15/2027									
Cusip: 66815L2K4									
Portfolio [REDACTED]	USD	100,000.00	99.20	99,196.00	99,960.00	-764.00	1,280.83	4.39	4.35
NUCOR CORP 2.7% 06/01/30									
Cusip: 670346AS4									
Portfolio [REDACTED]	USD	125,000.00	89.31	111,631.25	136,562.50	-24,931.25	281.25	3.02	2.47
PEPSICO INC 2.25% 3/19/2025									
Cusip: 713448EQ7									
Portfolio [REDACTED]	USD	125,000.00	99.52	124,398.75	134,643.75	-10,245.00	796.88	2.26	2.09
RAYTHEON TECH CORP 3.125% 05/04/27									
Cusip: 913017CR8									
Portfolio [REDACTED]	USD	100,000.00	96.52	96,524.00	98,698.00	-2,174.00	494.79	3.24	3.17
SAMMONS FINANCIAL GROUP 5.1% 12/10/2029									
Cusip: 79587J2A0									
Portfolio [REDACTED]	USD	100,000.00	99.26	99,262.00	99,952.00	-690.00	297.50	5.14	5.10
STARBUCKS CORP 2.25% 03/12/2030									
Cusip: 855244AW9									
Portfolio [REDACTED]	USD	125,000.00	87.66	109,572.50	130,256.25	-20,683.75	851.56	2.57	2.16
SUTTER HEALTH 2023A 5.164% 08/15/2033									
Cusip: 86944BAK9									



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Schedule H (Form 5500) 2024, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

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CORPORATE OBLIGATIONS (Cont.)									
CORPORATE BONDS (Cont.)									
Portfolio [REDACTED]	USD	90,000.00	99.25	89,324.10	90,000.00	-675.90	1,755.76	5.20	5.16
SYNOVUS FINL CORP SR NT 5.2% 08/11/2025									
Cusip: 87161CAN5									
Portfolio [REDACTED]	USD	80,000.00	99.93	79,941.60	79,912.00	29.60	1,617.78	5.20	5.21
Total CORPORATE BONDS	USD			3,002,525.15	3,239,252.47	-236,727.32	28,604.29	3.57	3.31
FOREIGN CORPORATE BONDS									
ATHENE HOLDING LTD 5.875% 01/15/2034									
Cusip: 04686JAG6									
Portfolio [REDACTED]	USD	5,000.00	101.36	5,067.75	4,908.70	159.05	135.45	5.80	5.98
NXP B V / NXP FDG LLC 5.00% 01/15/2033									
Cusip: 62954HBB3									
Portfolio [REDACTED]	USD	100,000.00	97.32	97,316.00	99,701.00	-2,385.00	2,305.56	5.14	5.01
Total FOREIGN CORPORATE BONDS	USD			102,383.75	104,609.70	-2,225.95	2,441.01	5.17	5.06
FLOATING RATE CORPORATE BONDS									
ALLY FINL INC VAR 01/17/2031									
Cusip: 02005NBW9									
Portfolio [REDACTED]	USD	100,000.00	98.59	98,589.00	100,000.00	-1,411.00	0.00	1.31	1.29
CITIGROUP INC SR VAR 02/13/2030									
Cusip: 172967PF2									
Portfolio [REDACTED]	USD	29,000.00	99.92	28,977.96	29,000.00	-22.04	575.18	5.18	5.17
FIFTH THIRD BANCORP VAR 09/06/2030									
Cusip: 316773DM9									
Portfolio [REDACTED]	USD	26,000.00	98.63	25,644.58	26,000.00	-355.42	0.00	4.96	4.90
HOMESTREET INC SUB VAR 01/30/2032									
Cusip: 43785VAE2									
Portfolio [REDACTED]	USD	100,000.00	69.00	69,000.00	94,250.00	-25,250.00	1,468.06	5.07	3.71
MORGAN STANLEY SR -I NT6 VAR 10/16/2026									
Cusip: 61747YEX9									



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Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
FLOATING RATE CORPORATE BONDS (Cont.)									
Portfolio [REDACTED]	USD	50,000.00	101.01	50,504.00	50,000.00	504.00	639.38	6.08	6.14
MORGAN STANLEY SR VAR 05/30/2030									
Cusip: 61760QNZ3									
Portfolio [REDACTED]	USD	102,000.00	99.72	101,716.44	102,000.00	-283.56	483.08	5.52	5.50
Total FLOATING RATE CORPORATE BONDS	USD			374,431.98	401,250.00	-26,818.02	3,165.70	4.34	4.05
COLLATERALIZED MORT BACKED OBLIGATION									
CCG RECEIVABLES TRUST 1.50% 03/14/2029									
Cusip: 12511EAG1									
Portfolio [REDACTED] Original	USD	100,000.00	99.00	98,997.03	90,757.81	8,239.22	70.83	1.52	1.65
Face: 100,000.0000									
Total COLLATERALIZED MORT BACKED OBLIGATION	USD			98,997.03	90,757.81	8,239.22	70.83	1.52	1.65
CORPORATE VARIABLE RATE CMO									
CHASE HM LENDING MTG VAR 05/25/2055									
Cusip: 161931AD2									
Portfolio [REDACTED] Original	USD	59,149.9472	100.51	59,452.10	58,947.85	504.25	295.75	5.97	6.02
Face: 75,000.0000									
FRESB MTG VAR 04/25/2040									
Cusip: 30315EAB2									
Portfolio [REDACTED] Original	USD	76,016.849	98.39	74,793.89	73,855.12	938.77	65.25	1.05	1.06
Face: 100,000.0000									
J P MORGAN MTG TR VAR 04/25/2055									
Cusip: 46658NAC1									
Portfolio [REDACTED] Original	USD	103,018.1232	98.07	101,034.20	100,989.95	44.25	472.17	5.61	5.61
Face: 104,000.0000									
J P MORGAN MTG TR VAR 12/25/2054									
Cusip: 46657YAD6									
Portfolio [REDACTED] Original	USD	41,631.5788	100.53	41,851.45	41,602.21	249.24	208.16	5.97	6.00
Face: 50,000.0000									



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ASSET HOLDINGS STATEMENT
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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE VARIABLE RATE CMO (Cont.)									
J.P. MORGAN MORTGAGE VAR 06/25/2054									
Cusip: 46657PAD5									
Portfolio [REDACTED] Original	USD	66,235.8394	100.46	66,538.50	66,141.39	397.11	331.18	5.97	6.01
Face: 98,000.0000									
TOORAK MORTGAGE CORP VAR 06/25/2057									
Cusip: 87265XAA2									
Portfolio [REDACTED] Original	USD	77,228.2347	96.02	74,153.86	76,571.56	-2,417.70	279.95	4.53	4.39
Face: 100,000.0000									
VELOCITY COML CAP LN TR VAR 10/25/2054									
Cusip: 92261ABA5									
Portfolio [REDACTED] Original	USD	99,049.8434	98.68	97,746.71	99,165.55	-1,418.84	453.15	5.56	5.48
Face: 100,000.0000									
Total CORPORATE VARIABLE RATE CMO				515,570.71	517,273.63	-1,702.92	2,105.61	4.90	4.88
CORPORATE ABS									
BHG SECURITIZATION TRT 1.42% 11/17/2033									
Cusip: 08861YAA4									
Portfolio [REDACTED] Original	USD	61,800.7758	97.69	60,371.26	59,406.15	965.11	34.13	1.45	1.48
Face: 300,000.0000									
BJETS 2024-1A A 6.197% 05/15/2039									
Cusip: 12327CAA2									
Portfolio [REDACTED] Original	USD	90,874.3107	101.70	92,415.92	90,872.88	1,543.04	250.29	6.09	6.20
Face: 100,000.0000									
BOJANGLES ISSUER LLC 6.584% 11/20/2054									
Cusip: 09748RAC2									
Portfolio [REDACTED] Original	USD	100,000.00	98.66	98,662.95	100,000.00	-1,337.05	1,335.09	6.67	6.58
Face: 100,000.0000									
BUNDT 2024-1A A2 6.75% 07/30/2054									
Cusip: 62878YAC8									
Portfolio [REDACTED] Original	USD	99,750.00	101.52	101,264.09	99,750.00	1,514.09	1,140.89	6.65	6.75
Face: 100,000.0000									



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ASSET HOLDINGS STATEMENT
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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE ABS (Cont.)									
BUSINESS JET SECS 4.45% 06/15/2037									
Cusip: 12327AAA6									
Portfolio [REDACTED] Original	USD	120,614.522	96.98	116,974.88	117,014.96	-40.08	238.82	4.59	4.59
Face: 200,000.0000									
CARMAX AUTO OWN 0.00% 12/15/2026									
Cusip: 14314QAE4									
Portfolio [REDACTED] Original	USD	50,000.00	98.60	49,300.68	45,832.03	3,468.65	20.03	0.00	0.00
Face: 50,000.0000									
CARMAX AUTO OWN TR 1.00% 03/15/2027									
Cusip: 14317DAE0									
Portfolio [REDACTED] Original	USD	75,000.00	97.16	72,871.88	67,576.17	5,295.71	31.25	1.03	1.11
Face: 75,000.0000									
COSERV SECURITIZATION 5.058% 08/15/2038									
Cusip: 18977CAA2									
Portfolio [REDACTED] Original	USD	94,386.9674	98.71	93,169.82	94,385.71	-1,215.89	1,803.55	5.12	5.06
Face: 100,000.0000									
CYRUSONE DATA CENTERS 5.56% 11/20/2048									
Cusip: 23284BAE4									
Portfolio [REDACTED] Original	USD	57,000.00	99.97	56,983.37	52,854.70	4,128.67	96.84	5.56	6.00
Face: 57,000.0000									
DLLAD LLC 5.3% 07/20/2029									
Cusip: 23346MAC0									
Portfolio [REDACTED] Original	USD	25,000.00	101.33	25,332.15	24,995.10	337.05	40.49	5.23	5.30
Face: 25,000.0000									
MMAF EQUIP FIN 5.54% 10/13/2029									
Cusip: 55317WAC5									
Portfolio [REDACTED] Original	USD	71,000.00	101.64	72,166.00	70,985.59	1,180.41	196.67	5.45	5.54
Face: 71,000.0000									
MVW OWN TR 2021-1WA 1.14% 01/22/2041									
Cusip: 55389TAA9									
Portfolio [REDACTED] Original	USD	49,924.0889	94.89	47,371.49	47,240.65	130.84	17.39	1.20	1.20
Face: 200,000.0000									



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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE ABS (Cont.)									
PEAC SOLUTIONS 5.79% 06/21/2027									
Cusip: 69433BAB3									
Portfolio [REDACTED] Original	USD	30,000.00	100.90	30,270.50	29,996.75	273.75	53.08	5.74	5.79
Face: 30,000.0000									
POST ROAD EQUIPMENT 5.59% 11/15/2029									
Cusip: 737473AB4									
Portfolio [REDACTED] Original	USD	89,567.9828	100.64	90,138.50	89,560.88	577.62	222.53	5.55	5.59
Face: 100,000.0000									
SBA TOWER TRUST 2.836% 01/15/2050									
Cusip: 78403DAN0									
Portfolio [REDACTED] Original	USD	100,000.00	99.90	99,897.40	97,750.00	2,147.40	130.25	2.84	2.90
Face: 100,000.0000									
SERVICE EXPERTS ISSUER 2.67% 02/02/2032									
Cusip: 81758VAA3									
Portfolio [REDACTED] Original	USD	74,368.7353	96.87	72,042.44	71,108.30	934.14	60.67	0.00	0.00
Face: 200,000.0000									
SLAM LTD 2024-1 5.335% 09/15/2049									
Cusip: 83100AAA0									
Portfolio [REDACTED] Original	USD	98,415.7704	98.04	96,484.09	98,413.19	-1,929.10	233.35	5.44	5.34
Face: 100,000.0000									
SUBWAY FDG LLC 5.914% 07/30/2054									
Cusip: 864300AL2									
Portfolio [REDACTED] Original	USD	100,000.00	97.64	97,636.37	100,000.00	-2,363.63	523.32	6.06	5.91
Face: 100,000.0000									
SWTCH 2024-1A A2 6.28% 03/25/2054									
Cusip: 871044AA1									
Portfolio [REDACTED] Original	USD	50,000.00	101.43	50,716.81	49,561.20	1,155.61	52.33	6.19	6.34
Face: 50,000.0000									
XCAP 2023-1A A2 6.18% 12/15/2028									
Cusip: 05335JAB9									
Portfolio [REDACTED] Original	USD	74,103.2949	101.15	74,955.59	74,096.07	859.52	203.54	6.11	6.18
Face: 100,000.0000									



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ASSET HOLDINGS STATEMENT
LOCAL 1205 PENSION PLAN
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Account Number: [REDACTED]

Description	Curr	Par Value/ Shares	Market Price	Market Value	Cost Value	Unrealized Gain/Loss	Accrued Income	Yld on Market	Yld on Cost
CORPORATE OBLIGATIONS (Cont.)									
CORPORATE ABS (Cont.)									
Total CORPORATE ABS	USD			1,499,026.19	1,481,400.33	17,625.86	6,684.51	4.55	4.60
Total CORPORATE OBLIGATIONS	USD			5,592,934.81	5,834,543.94	-241,609.13	43,071.95	4.00	3.83
EQUITIES									
COMMON STOCK									
ISHARES TR EAFE VALUE ETF									
Cusip: 464288877									
Portfolio [REDACTED]	USD	119,394.00	52.47	6,264,603.18	6,111,989.75	152,613.43	0.00	4.66	4.78
Total COMMON STOCK	USD			6,264,603.18	6,111,989.75	152,613.43	0.00	4.66	4.78
Total EQUITIES	USD			6,264,603.18	6,111,989.75	152,613.43	0.00	4.66	4.78
COMMON/COLLECTIVE FUNDS									
COMMON/COLLECTIVE INVESTMENT FUNDS									
LONGVIEW LARGE CAP 500 INDEX FUND									
Cusip: 022662100									
Portfolio [REDACTED]	USD	22,890.6185	2,224.44	50,918,864.64	17,280,036.64	33,638,828.00	0.00	0.00	0.00
LONGVIEW MID CAP 400 INDEX FUND									
Cusip: 022662209									
Portfolio [REDACTED]	USD	2,739.4991	3,492.39	9,567,392.30	8,499,988.93	1,067,403.37	0.00	0.00	0.00
LV LARGE CAP 1000 GROWTH INDEX FD									
Cusip: 103091412									
Portfolio [REDACTED]	USD	71,125.7758	710.22	50,514,974.09	11,033,600.57	39,481,373.52	0.00	0.00	0.00
LV LARGE CAP 1000 VALUE INDEX FUND									
Cusip: 103091413									
Portfolio [REDACTED]	USD	105,026.5836	345.98	36,336,844.28	18,796,692.84	17,540,151.44	0.00	0.00	0.00
Total COMMON/COLLECTIVE INVESTMENT FUNDS	USD			147,338,075.31	55,610,318.98	91,727,756.33	0.00	0.00	0.00
Total COMMON/COLLECTIVE FUNDS	USD			147,338,075.31	55,610,318.98	91,727,756.33	0.00	0.00	0.00



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ASSET HOLDINGS STATEMENT
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Total Asset Holdings	USD	174,578,383.44	83,181,763.22	91,396,620.22	112,016.30	0.64	1.34
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YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

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ACCOUNT NUMBER: [REDACTED]

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE
CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN
YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR
RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 144,836,303.56

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
CATEGORY TOTAL							0	0		

Section 3: Certificate of Actuarial Valuation

Exhibit F: Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Years of Credited Service

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	28	28	—	—	—	—	—	—	—	—
25 - 29	32	23	9	—	—	—	—	—	—	—
30 - 34	61	41	19	1	—	—	—	—	—	—
35 - 39	51	20	22	8	1	—	—	—	—	—
40 - 44	65	24	17	9	12	3	—	—	—	—
45 - 49	74	20	20	6	12	11	5	—	—	—
50 - 54	87	15	14	10	24	11	7	5	1	—
55 - 59	86	15	9	7	28	14	6	6	1	—
60 - 64	68	4	9	7	17	11	11	6	2	1
65 - 69	22	1	—	3	7	7	2	1	1	—
70 & over	2	—	—	—	1	—	—	1	—	—
Totals	576	191	119	51	102	57	31	19	5	1

Note: Excludes 66 participants with less than one year of credited service.

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2003	\$8,884,812	9	\$1,274,485
Change in assumptions	01/01/2004	763,506	10	101,594
Plan amendment	01/01/2004	1,071,894	10	142,630
Plan amendment	01/01/2005	2,035,265	11	253,660
Plan amendment	01/01/2006	699,590	12	82,318
Plan amendment	01/01/2007	453,577	13	50,720
Investment loss subject to relief	01/01/2009	4,123,288	14	440,633
Plan amendment	01/01/2010	26,398	1	26,398
Investment loss subject to relief	01/01/2010	539,267	14	57,628
Plan amendment	01/01/2011	66,982	2	34,624
Change in assumptions	01/01/2011	439,315	2	227,086
Investment loss subject to relief	01/01/2011	2,241,920	14	239,581
Plan amendment	01/01/2012	74,551	3	26,549
Investment loss subject to relief	01/01/2012	2,877,566	14	307,509
Plan amendment	01/01/2013	61,850	4	17,065
Investment loss subject to relief	01/01/2013	3,011,025	14	321,771
Plan amendment	01/01/2014	78,559	5	17,906
Change in assumptions	01/01/2014	793,767	5	180,927
Investment loss subject to relief	01/01/2014	3,116,234	14	333,015
Plan amendment	01/01/2015	160,526	6	31,474
Plan amendment	01/01/2016	110,830	7	19,219
Plan amendment	01/01/2017	112,218	8	17,563
Actuarial loss	01/01/2017	245,039	8	38,352
Plan amendment	01/01/2019	136,436	10	18,155

Section 3: Certificate of Actuarial Valuation

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/2020	128,068	11	15,961
Plan amendment	01/01/2021	252,420	12	29,701
Plan amendment	01/01/2022	148,067	13	16,557
Actuarial loss	01/01/2023	7,663	14	819
Plan amendment	01/01/2023	156,805	14	16,757
Plan amendment	01/01/2024	412,740	15	42,352
Total		\$33,230,178		\$4,383,009

Section 3: Certificate of Actuarial Valuation

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in assumptions	01/01/2005	\$3,785,185	11	\$471,758
Actuarial gain	01/01/2010	563,835	1	563,835
Change in assumptions	01/01/2010	584,498	1	584,498
Actuarial gain	01/01/2011	271,136	2	140,152
Actuarial gain	01/01/2012	169,258	3	60,277
Change in assumptions	01/01/2013	265,135	4	73,154
Actuarial gain	01/01/2013	1,222,925	4	337,422
Actuarial gain	01/01/2014	2,404,658	5	548,106
Actuarial gain	01/01/2015	733,967	6	143,910
Actuarial gain	01/01/2016	97,711	7	16,944
Actuarial gain	01/01/2018	635,011	9	91,089
Change in assumptions	01/01/2018	2,511,950	9	360,327
Actuarial gain	01/01/2019	116,445	10	15,495
Actuarial gain	01/01/2020	2,035,207	11	253,653
Actuarial gain	01/01/2021	6,638,655	12	781,140
Change in assumptions	01/01/2022	159,943	13	17,885
Actuarial gain	01/01/2022	12,188,650	13	1,362,974
Actuarial gain	01/01/2024	4,672,680	15	479,472
Total		\$39,056,849		\$6,302,091

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Section 3: Certificate of Actuarial Valuation

Exhibit K: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

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

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

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

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

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

Section 3: Certificate of Actuarial Valuation

Annuitant mortality rates

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

Termination rates

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

¹ Mortality rates shown for base table.

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

Section 3: Certificate of Actuarial Valuation

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

Retirement rates for active participants

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

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

Description of weighted average retirement age

Age 63, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

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

Section 3: Certificate of Actuarial Valuation

Retirement rates for inactive vested participants

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

The retirement rates for inactive vested participants were based on historical and current demographic data. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected liability change based on the prior year's assumption over the past several years.

Future benefit accruals

One service credit per year.

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

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Active participants are defined as those with at least 400 hours in the most recent plan year and who have accumulated at least one year of credited service, excluding those who have retired as of the valuation date.

Percent married

75%

Age of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older.

Section 3: Certificate of Actuarial Valuation

Benefit election

All participants are assumed to elect the single life annuity with 60 months guaranteed form of payment.

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

Severance benefit load

A 25% load is applied to the severance benefit liability to account for required interest rate adjustments.

The assumption for severance benefit load is based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between actual and expected severance benefit payouts over the past several years.

Eligibility for delayed retirement factors

Active participants work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining the later of normal retirement age or age at termination qualify for delayed retirement increases.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Section 3: Certificate of Actuarial Valuation

Annual administrative expenses

\$530,000 for the year beginning January 1, 2024 (equivalent to \$511,025 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the current age minus the greater of years of credited service for accrual of benefits or vesting. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023. Previously, the RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2021, were used.

Section 3: Certificate of Actuarial Valuation

Estimated rate of investment return

- On actuarial value of assets (Schedule MB, line 6g): 8.5%, for the Plan Year ending December 31, 2023
- On current (market) value of assets (Schedule MB, line 6h): 14.5%, for the Plan Year ending December 31, 2023

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Section 3: Certificate of Actuarial Valuation

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 2.55% to 3.29% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$711,623	\$640,684	\$8,768,544	\$10,120,851
2025	1,392,563	611,223	8,583,349	10,587,135
2026	2,046,564	784,661	8,425,640	11,256,865
2027	2,697,813	1,096,870	8,241,377	12,036,060
2028	3,349,107	1,385,053	7,913,204	12,647,364
2029	3,963,971	1,639,465	7,710,069	13,313,505
2030	4,520,092	1,870,292	7,498,410	13,888,794
2031	5,010,513	2,162,796	7,264,585	14,437,894
2032	5,480,048	2,396,415	7,036,836	14,913,299
2033	5,846,881	2,659,873	6,798,607	15,305,361
2034	6,148,384	2,820,587	6,544,205	15,513,176
2035	6,464,752	3,011,745	6,303,263	15,779,760
2036	6,697,654	3,159,118	6,054,459	15,911,231
2037	6,887,867	3,331,885	5,799,613	16,019,365
2038	7,009,657	3,532,354	5,538,199	16,080,210
2039	7,115,887	3,649,188	5,270,479	16,035,554
2040	7,187,320	3,734,533	4,996,898	15,918,751
2041	7,224,093	3,854,337	4,718,135	15,796,565

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$7,213,875	\$3,937,571	\$4,435,094	\$15,586,540
2043	7,179,896	3,965,665	4,148,868	15,294,429
2044	7,111,537	3,965,826	3,860,779	14,938,142
2045	7,023,454	3,952,074	3,572,396	14,547,924
2046	6,893,570	3,912,906	3,285,515	14,091,991
2047	6,769,699	3,870,131	3,002,150	13,641,980
2048	6,615,164	3,822,850	2,724,419	13,162,433
2049	6,448,348	3,755,997	2,454,479	12,658,824
2050	6,256,566	3,678,937	2,194,507	12,130,010
2051	6,038,431	3,591,966	1,946,611	11,577,008
2052	5,840,618	3,497,275	1,712,661	11,050,554
2053	5,600,770	3,351,939	1,494,257	10,446,966
2054	5,345,916	3,231,161	1,292,627	9,869,704
2055	5,072,575	3,097,426	1,108,551	9,278,552
2056	4,807,557	2,940,631	942,339	8,690,527
2057	4,543,437	2,782,580	793,799	8,119,816
2058	4,274,805	2,633,999	662,392	7,571,196
2059	4,004,721	2,479,376	547,293	7,031,390

This assumes the following:

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

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$3,737,917	\$2,322,449	\$447,513	\$6,507,879
2061	3,473,040	2,164,567	361,946	5,999,553
2062	3,227,421	2,010,740	289,422	5,527,583
2063	2,983,551	1,853,030	228,718	5,065,299
2064	2,750,745	1,709,010	178,570	4,638,325
2065	2,525,764	1,567,788	137,700	4,231,252
2066	2,319,747	1,426,750	104,841	3,851,338
2067	2,125,212	1,293,102	78,787	3,497,101
2068	1,942,088	1,171,780	58,413	3,172,281
2069	1,770,915	1,053,267	42,713	2,866,895
2070	1,612,451	943,180	30,798	2,586,429
2071	1,465,015	841,813	21,900	2,328,728
2072	1,328,678	748,694	15,366	2,092,738
2073	1,203,925	663,401	10,650	1,877,976

This assumes the following:

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

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$4,460,229	-	\$4,460,229
2025	\$4,465,092	-	\$4,465,092
2026	\$4,480,120	-	\$4,480,120
2027	\$4,485,203	-	\$4,485,203
2028	\$4,490,401	-	\$4,490,401
2029	\$4,495,716	-	\$4,495,716
2030	\$4,501,150	-	\$4,501,150
2031	\$4,506,706	-	\$4,506,706
2032	\$4,512,388	-	\$4,512,388
2033	\$4,518,197	-	\$4,518,197

Attachment to 2024 Form 5500
Schedule R, Line 13d and 13e - Contributing Employer Information

Plan Name: Local 1205 Pension Fund

EIN: 11-1880353

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

PN: 001

Name of Employer	Rate	CBA Exp. Date
Dykes Lumber	\$4.15/hour	6/30/2028
Dykes Lumber	\$5.60/hour	6/30/2027
New School	7% or 10% of salary	6/30/2024

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

Part II	Basic Plan Information - enter all requested information
1a Name of plan LOCAL 1205 PENSION FUND	1b Three-digit plan number (PN) ► <u>001</u>
	1c Effective date of plan <u>01/01/1954</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND 246 CONKLIN STREET FARMINGDALE NY 11735-2607	2b Employer Identification Number (EIN) <u>11-1880353</u> 2c Plan Sponsor's telephone number <u>(516) 501-1205</u> 2d Business code (see instructions) <u>444190</u>

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

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

SIGN HERE	<u>Nelson Nunez</u>	<u>10/13/2025</u>	<u>NELSON NUNEZ</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Tom Carberrry</u>	<u>10/13/2025</u>	<u>TOM CARBERRY</u>
	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)
v. 240311



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 798
ACCOUNT NUMBER: [REDACTED]

BEGINNING MARKET VALUE: 144,836,303.56
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

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



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 799
ACCOUNT NUMBER: [REDACTED]

BEGINNING MARKET VALUE: 144,836,303.56

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									17.38%
BUY	01/02/24	01/02/24	69,853.55	1.00	69,854		69,854	69,854		
BUY	01/17/24	01/17/24	1,334.55	1.00	1,335		1,335	1,335		
BUY	02/01/24	02/01/24	69,939.56	1.00	69,940		69,940	69,940		
BUY	02/09/24	02/09/24	57,319.99	1.00	57,320		57,320	57,320		
BUY	02/13/24	02/13/24	1,336.65	1.00	1,337		1,337	1,337		
BUY	03/01/24	03/01/24	65,706.08	1.00	65,706		65,706	65,706		
BUY	03/15/24	03/15/24	1,259.06	1.00	1,259		1,259	1,259		
BUY	04/01/24	04/01/24	70,142.79	1.00	70,143		70,143	70,143		
BUY	04/09/24	04/09/24	2,500,000.00	1.00	2,500,000		2,500,000	2,500,000		
BUY	04/11/24	04/11/24	3,000,000.00	1.00	3,000,000		3,000,000	3,000,000		
BUY	04/16/24	04/16/24	1,347.10	1.00	1,347		1,347	1,347		
BUY	05/01/24	05/01/24	779.80	1.00	780		780	780		
BUY	05/01/24	05/01/24	58,997.07	1.00	58,997		58,997	58,997		
BUY	05/03/24	05/03/24	242,350.00	1.00	242,350		242,350	242,350		
BUY	05/14/24	05/14/24	15.03	1.00	15		15	15		
BUY	05/14/24	05/14/24	1,136.25	1.00	1,136		1,136	1,136		
BUY	06/03/24	06/03/24	3.41	1.00	3		3	3		
BUY	06/03/24	06/03/24	58,400.54	1.00	58,401		58,401	58,401		
BUY	06/18/24	06/18/24	1,124.21	1.00	1,124		1,124	1,124		
BUY	07/02/24	07/02/24	2,500,000.45	1.00	2,500,000		2,500,000	2,500,000		
BUY	07/16/24	07/16/24	1,078.33	1.00	1,078		1,078	1,078		
BUY	07/26/24	07/26/24	329,491.61	1.00	329,492		329,492	329,492		
BUY	08/01/24	08/01/24	355.73	1.00	356		356	356		
BUY	08/01/24	08/01/24	46,789.24	1.00	46,789		46,789	46,789		
BUY	08/13/24	08/13/24	1.84	1.00	2		2	2		
BUY	08/14/24	08/14/24	6.83	1.00	7		7	7		
BUY	08/14/24	08/14/24	897.65	1.00	898		898	898		
BUY	09/03/24	09/03/24	0.20	1.00	0		0	0		
BUY	09/03/24	09/03/24	47,694.62	1.00	47,695		47,695	47,695		
BUY	09/18/24	09/18/24	917.16	1.00	917		917	917		
BUY	10/01/24	10/01/24	44,876.33	1.00	44,876		44,876	44,876		
BUY	10/15/24	10/15/24	891.34	1.00	891		891	891		
BUY	10/18/24	10/18/24	310,617.29	1.00	310,617		310,617	310,617		
BUY	11/01/24	11/01/24	44,802.35	1.00	44,802		44,802	44,802		
BUY	11/13/24	11/13/24	936.83	1.00	937		937	937		
BUY	12/02/24	12/02/24	42,111.00	1.00	42,111		42,111	42,111		
BUY	12/17/24	12/17/24	184,079.92	1.00	184,080		184,080	184,080		
SUB-TOTAL BUYS					TXN CNT: 37		9,756,595	9,756,595		
SELL	01/23/24	01/23/24	7,071.18	1.00	7,071		7,071	7,071		
SELL	03/11/24	03/11/24	0.20	1.00	0		0	0		
SELL	03/25/24	03/25/24	300,000.00	1.00	300,000		300,000	300,000		



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 800
ACCOUNT NUMBER: [REDACTED]

BEGINNING MARKET VALUE: 144,836,303.56

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 (CONT)					(CONT)					
AB2006208	DREYFUS GOVERNMENT CASH MANAGEMENT									17.38%
SELL	04/09/24	04/09/24	2,500,000.00	1.00	2,500,000		2,500,000	2,500,000		
SELL	04/10/24	04/10/24	2,500,000.00	1.00	2,500,000		2,500,000	2,500,000		
SELL	04/12/24	04/12/24	3,000,000.00	1.00	3,000,000		3,000,000	3,000,000		
SELL	04/19/24	04/19/24	7,134.71	1.00	7,135		7,135	7,135		
SELL	04/24/24	04/24/24	200,000.00	1.00	200,000		200,000	200,000		
SELL	05/24/24	05/24/24	200,000.00	1.00	200,000		200,000	200,000		
SELL	06/05/24	06/05/24	798.24	1.00	798		798	798		
SELL	06/27/24	06/27/24	300,000.00	1.00	300,000		300,000	300,000		
SELL	07/02/24	07/02/24	2,443,942.85	1.00	2,443,943		2,443,943	2,443,943		
SELL	07/03/24	07/03/24	2,500,000.45	1.00	2,500,000		2,500,000	2,500,000		
SELL	07/22/24	07/22/24	5,887.88	1.00	5,888		5,888	5,888		
SELL	08/05/24	08/05/24	355.73	1.00	356		356	356		
SELL	08/29/24	08/29/24	6.83	1.00	7		7	7		
SELL	10/21/24	10/21/24	4,893.92	1.00	4,894		4,894	4,894		
SELL	11/21/24	11/21/24	250,000.00	1.00	250,000		250,000	250,000		
SELL	12/20/24	12/20/24	689,971.29	1.00	689,971		689,971	689,971		
SELL	12/23/24	12/23/24	499,082.80	1.00	499,083		499,083	499,083		
SUB-TOTAL SELLS					TXN CNT: 20		15,409,146	15,409,146		
SECURITY TOTAL					TXN CNT: 57		25,165,741	25,165,741		
SECURITY CLASS TOTAL						0	25,165,741	25,165,741		
COMMON/COLLECTIVE FUNDS										
022662100	LONGVIEW LARGE CAP 500 INDEX FUND									5.66%
BUY	03/11/24	03/11/24	0.00	2000.00	0		0	0		
BUY	04/10/24	04/10/24	1,280.94	1951.70	2,500,000		2,500,000	2,500,000		
BUY	04/12/24	04/12/24	1,540.32	1947.64	3,000,000		3,000,000	3,000,000		
BUY	06/05/24	06/05/24	0.40	1986.17	798		798	798		
BUY	07/03/24	07/03/24	1,207.86	2069.78	2,500,000		2,500,000	2,500,000		
BUY	08/05/24	08/05/24	0.18	2010.91	356		356	356		
BUY	08/29/24	08/29/24	0.00	2134.38	7		7	7		
SUB-TOTAL BUYS					TXN CNT: 7		8,001,161	8,001,161		
SELL	02/26/24	02/26/24	105.11	1902.80	200,000		200,000	51,709	148,291	
SUB-TOTAL SELLS					TXN CNT: 1		200,000	51,709	148,291	
SECURITY TOTAL					TXN CNT: 8		8,201,161	8,052,870	148,291	



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 801
ACCOUNT NUMBER: [REDACTED]

BEGINNING MARKET VALUE: 144,836,303.56

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	8,201,161	8,052,870	148,291	
CATEGORY TOTAL						0	33,366,902	33,218,611	148,291	



275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
LOCAL 1205 PENSION PLAN
TRADE DATE
FROM 01/01/24 TO 12/31/24

PAGE 802
ACCOUNT NUMBER: [REDACTED]

BEGINNING MARKET VALUE: 144,836,303.56

CATEGORY 4 - 5% TRANSACTIONS BY BROKER - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
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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 1205 PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 1205 PENSION FUND	D Employer Identification Number (EIN) 11-1880353

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

1a Enter the valuation date: Month 01 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 242,611,698
(2) Actuarial value of assets for funding standard account.....	1b(2) 247,590,762
c (1) Accrued liability for plan using immediate gain methods	1c(1) 197,559,104
(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) 183,817,760
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) 306,521,600
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 8,937,035
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 10,122,672
(3) Expected plan disbursements for the plan year	1d(3) 10,652,672

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

SIGN HERE Jonathan Scarpa Signature of actuary JONATHAN SCARPA, FSA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK NY 10001-2192 Address of the firm	10/10/2025 Date 2308268 Most recent enrollment number 212-251-5000 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	242,611,698
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	507	119,754,579
(2) For terminated vested participants	385	63,649,734
(3) For active participants:		
(a) Non-vested benefits		7,222,818
(b) Vested benefits		115,894,469
(c) Total active	576	123,117,287
(4) Total	1,468	306,521,600
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2024	5,204,371				
Totals ▶			3(b)	5,204,371	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total	3(d)	0
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4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	134.6 %
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	
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- 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) 9P | 9P |
| (2) Females | 6c(2) 9FP | 9FP |
| d Valuation liability interest rate | 6d 7.00 % | 7.00 % |
| e Salary scale | 6e % ☒ N/A | |
| f Withdrawal liability interest rate: | | |
| (1) Type of interest rate | 6f(1) ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A | |
| (2) If "Single rate" is checked in (1), enter applicable single rate | 6f(2) 7.00 % | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g 8.5 % | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h 14.5 % | |
| i Expense load included in normal cost reported in line 9b | 6i ☐ N/A | |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage | 6i(1) % | |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | 6i(2) 511,025 | |
| (3) If neither (1) nor (2) describes the expense load, check the box | 6i(3) ☐ | |

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
3	412,470	42,352
1	-4,672,680	-479,472

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	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	3,633,075

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	33,230,178	4,383,009
(2) Funding waivers.....	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	561,126
e Total charges. Add lines 9a through 9d.....	9e	8,577,210

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	44,204,987
g Employer contributions. Total from column (b) of line 3.....	9g	5,204,371

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	39,056,849	6,302,091

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1,934,721
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j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	2,980,451
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	30,111,913
(3) FFL credit.....	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits.....	9k(2)	0

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	57,646,170
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m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	49,068,960
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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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	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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