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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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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: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                                    |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                                                                                                                                                                                                                                                                                    |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>01/01/2015                                                                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND<br><br>333 WESTCHESTER AVENUE<br>WHITE PLAINS, NY 10604-2910 |
| 2b      | Employer Identification Number (EIN)<br>13-6130178                                                                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>914-367-5000                                                                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>524290                                                                                                                                                                                                                                                                                                                                         |

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. | 10/15/2025 | LYNNE FOX                                                    |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | VICTORIA SARTOR                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>AMALGAMATED EMPLOYEE BENEFITS ADMINISTRATORS<br><br>333 WESTCHESTER AVENUE<br>WHITE PLAINS, NY 10604-2910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3b</b> Administrator's EIN<br>13-3432221                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>3c</b> Administrator's telephone number<br>914-367-5000                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                  |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>4b</b> EIN                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>4d</b> PN                                                                                                                                                                     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>5</b> 43076                                                                                                                                                                   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... |  | <b>6a(1)</b> 27139<br><b>6a(2)</b> 28031<br><b>6b</b> 3169<br><b>6c</b> 13796<br><b>6d</b> 44996<br><b>6e</b> 21<br><b>6f</b> 45017<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>7</b> 384                                                                                                                                                                     |

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

1A 1E

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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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.

|                                                                                                                                                        |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND</div>                                                                   | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND</div> | <div>D Employer Identification Number (EIN)</div> <div>13-6130178</div> |

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) 139237706    |
| (2) Actuarial value of assets for funding standard account                                              | 1b(2) 141654441    |
| c (1) Accrued liability for plan using immediate gain methods                                           | 1c(1) 138256997    |
| (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) 138256997    |
| 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) 214604484 |
| (b) Expected increase in current liability due to benefits accruing during the plan year                | 1d(2)(b) 20404381  |
| (c) Expected release from "RPA '94" current liability for the plan year                                 | 1d(2)(c) 7775090   |
| (3) Expected plan disbursements for the plan year                                                       | 1d(3) 7492594      |

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.

|                                                                                             |                                                                  |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                        | <div>10/07/2025</div>                                            |
| <div>Signature of actuary</div> <div>JONATHAN M. FELDMAN</div>                              | <div>Date</div> <div>23-06980</div>                              |
| <div>Type or print name of actuary</div> <div>HORIZON ACTUARIAL SERVICES, LLC</div>         | <div>Most recent enrollment number</div> <div>240-247-4600</div> |
| <div>Firm name</div> <div>8601 GEORGIA AVENUE, SUITE 700,<br/>SILVER SPRING, MD 20910</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                              |                                                                  |

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:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 139237706                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 2962                              | 22854925                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 12975                             | 68119106                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 9019389                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 114611064                    |
| <b>(c)</b> Total active .....                                                                                                       | 27139                             | 123630453                    |
| <b>(4)</b> Total .....                                                                                                              | 43076                             | 214604484                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 64.88 %                      |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 12/31/2024                                                                      | 14537456                          |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 14537456                          | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                            | <b>4a</b> | 102.5 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • 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):

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   |                                                                                                  |                                                                                                                                                 | <b>6a</b>                                                                             | 3.29 % |
|                                                                                                                                | Pre-retirement                                                                                   |                                                                                                                                                 | Post-retirement                                                                       |        |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |        |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               | A                                                                                     |        |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               | A                                                                                     |        |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 6.00 %                                                                                                                                          | 6.00 %                                                                                |        |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                       |        |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                       |        |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                       |        |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     | 6.00 %                                                                                                                                          |                                                                                       |        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 3.7 %                                                                                                                                           |                                                                                       |        |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | 11.8 %                                                                                                                                          |                                                                                       |        |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |                                                                                       |        |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |                                                                                       |        |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 4664812                                                                                                                                         |                                                                                       |        |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |                                                                                       |        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 5212170             | 506282                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                                                                                                                                               | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                                                                                                                                   |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                                                                                                                                    |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                 | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)) .....                                                                                                                                                                                                                  | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                          | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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). .... | <b>8e</b>                                                           |  |

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

|                                                                          |           |          |
|--------------------------------------------------------------------------|-----------|----------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0        |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 14478993 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 17347360            | 1820259 |
| <b>9c(2)</b> |                     |         |
| <b>9c(3)</b> |                     |         |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 977955**e** Total charges. Add lines 9a through 9d.....**9e** 17277207**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 3017230**g** Employer contributions. Total from column (b) of line 3.....**9g** 14537456**h** Amortization credits as of valuation date.....

|           | Outstanding balance |         |
|-----------|---------------------|---------|
| <b>9h</b> | 17727574            | 2268544 |

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 753270**j** Full funding limitation (FFL) and credits:

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

|              |          |  |
|--------------|----------|--|
| <b>9j(1)</b> | 17506445 |  |
| <b>9j(2)</b> | 69257453 |  |
| <b>9j(3)</b> | 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** 20576500**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 3299293**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date .....**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....**9o(2)(b)** 0**(3)** Total as of valuation date .....**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                                                           | <b>D</b> Employer Identification Number (EIN)<br>13-6130178                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VARDE PRIVATE DEBT OPPORTUNITIES FU                                                                               |
| 83-1552697                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| OAKTREE GLOBAL CREDIT FUND, L.P.                                                                                  |
| 98-1341434                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PIMCO TACTICAL OPPORTUNITIES OFFSHO                                                                               |
| 33-0629048                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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**(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

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

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

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | OWNED BY PARTY-IN-INT                                                                             | 2438000                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SCHULTE ROTH & ZABEL LLP

13-2633996

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 269934                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 179962                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

NOVAK FRANCELLA, LLC

61-1436956

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 94000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LEGACY PLAN OF THE NATIONAL RETIREM

13-6130178

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | PARTY-IN-INTEREST                                                                                 | 84649                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HIRTLE, CALLAGHAN & COMPANY

26-2821689

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | PARTY-IN-INTEREST                                                                                 | 68135                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ALIGRAPHICS, A DIVISION OF AEBA

13-3432221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | OWNED BY PARTY-IN-INT                                                                             | 53189                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 51708                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JPMORGAN CHASE BANK, NATIONAL ASSOC

13-4994650

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 46042                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

MARINER INSTITUTIONAL, LLC

59-3676225

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 37500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMALGAMATED LIFE INSURANCE COMPANY

13-5501223

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49 50                  | OWNED BY PARTY-IN-INT                                                                             | 22883                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMALGAMATED BANK

13-3566126

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | PARTY-IN-INTEREST                                                                                 | 6223                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

VIRTUAL BENEFITS ADMINISTRATORS

20-3293066

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 39076                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

SS&C TECHNOLOGIES

06-1169696

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 15938                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

SOUTHERN REGIONAL JOINT BOARD

58-1086875

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | PARTY-IN-INTEREST                                                                                 | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 5540                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| SS&C TECHNOLOGIES                                                   | 15 50                                                                                                                                                              | 15938                                     |
| (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. |                                           |
| AMALGAMATED EMPLOYEE BENEFITS ADMIN<br><br>13-3432221               | RECORDKEEPING AND INFORMATION MANAGEMENT                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| VIRTUAL BENEFITS ADMINISTRATORS                                     | 49 50                                                                                                                                                              | 39076                                     |
| (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. |                                           |
| LEGACY PLAN OF THE NATIONAL RETIREM<br><br>13-6130178               | MEMBERS PORTAL IMPLEMENTATION                                                                                                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| SOVOS COMPLIANCE, LLC                                               | 49 50                                                                                                                                                              | 4811                                      |
| (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. |                                           |
| AMALGAMATED EMPLOYEE BENEFITS ADMIN<br><br>13-3432221               | TAX FORMS, PRINTING AND MAILING                                                                                                                                    |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| CHICAGO AND MIDWEST REGIONAL JOINT                      | 14 50                                   | 3777                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGACY PLAN OF THE NATIONAL<br>RETIRED<br><br>13-6130178            | PLAN ADMINISTRATOR                                                                                                                                                       |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| PENNSYLVANIA JOINT BOARD                                | 14 50                                   | 1266                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGACY PLAN OF THE NATIONAL<br>RETIRED<br><br>13-6130178            | PLAN ADMINISTRATOR                                                                                                                                                       |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| SOUTHERN REGIONAL JOINT BOARD                           | 14 50                                   | 5540                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGACY PLAN OF THE NATIONAL<br>RETIRED<br><br>13-6130178            | PLAN ADMINISTRATOR                                                                                                                                                       |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| ZELIS PAYMENT HOLDINGS, LLC                             | 49 50                                   | 1216                                         |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMALGAMATED LIFE INSURANCE<br>COMPANY<br><br>13-5501223             | PENSION CHECKS PROCESSING, PRINTING AND<br>MAILING                                                                                                                       |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                          |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                              |                                                                                                                                                                                                                                   |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                                                 |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                      |                                                      |     |
| A Name of plan<br>ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                               | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND | D Employer Identification Number (EIN)<br>13-6130178 |     |

|                                                                                 |                                                                                                                                                                           |                                                                                                       |  |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|
| Part I                                                                          | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB GLOBAL ALLOCATION INVESTMENT      |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.            |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 82-3618774-001                                                         | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11873965 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON I.E. GROUP MASTER TRUST MF     |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 26-6493485-001                                                         | d Entity code E                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9908262  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALL CAP 600 INDEX            |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): AMALGAMATED BANK                     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 13-4920330-004                                                         | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7685295  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGE CAP 500                  |                                                                                                                                                                           |                                                                                                       |  |
| 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) 26513997 |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400                     |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): AMALGAMATED BANK                     |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN 13-4920330-011                                                         | d Entity code C                                                                                                                                                           | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7852272  |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                         |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                      |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                        | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE:                                         |                                                                                                                                                                           |                                                                                                       |  |
| b Name of sponsor of entity listed in (a):                                      |                                                                                                                                                                           |                                                                                                       |  |
| c EIN-PN                                                                        | d Entity code                                                                                                                                                             | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)          |  |

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

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

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                        | B Three-digit plan number (PN) ▶ 002                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND | D Employer Identification Number (EIN)<br>13-6130178 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | -15065                | -40824          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 1283577               | 1183155         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 8236001               | 9145827         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1594666               | 2861516         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 53695598              | 58847906        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 43948661              | 53925529        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 8185049               | 9908262         |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 20003019              | 25274582        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 2559096               | 701926          |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 139490602             | 161807879       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    | 196910                | 219545          |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 252896                | 293557          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 449806                | 513102          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 139040796             | 161294777       |

**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.

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 14537456   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 14537456  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 63447      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 256657     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 320104    |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 1355602    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1355602   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 22409236   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 22245248   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 163988    |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 4657496    |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 7875430   |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 1148158   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | -200960   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 29857274  |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 2616248 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through (3) .....                        | <b>2e(4)</b>  |         | 2616248 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 2448335 |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 51162   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 254236  |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 9914    |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 184856  |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 277112  |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 1761430 |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through (11) .....               | <b>2i(12)</b> |         | 4987045 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 7603293 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 22253981 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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: **NOVAK FRANCELLE, LLC**

(2) EIN: **61-1436956**

**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  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 557571.

|                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                      |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| A Name of plan<br>ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶ 002                                                            |  |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>13-6130178                                            |  |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  | 1                                                                                               |  |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>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 .....                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | 3 169                                                                                           |  |
| 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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 **SEE ATTACHED**

**b** EIN **13-6130178**

**c** Dollar amount contributed by employer **999**

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

5966

**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**

5738

**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**

4893

**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**

1.04

**b** The corresponding number for the second preceding plan year.....

**15b**

1.22

**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**

4

**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: 40.00 % Private Equity: 13.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.00 %

High-Yield Debt: 16.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 0.00 % Other: 5.00 %

**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 \_\_\_\_\_.

**ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024**

**ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND**  
**FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2024 AND 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the  
Adjustable Plan of the National Retirement Fund

### Opinion

We have audited the financial statements of the Adjustable Plan of the National Retirement Fund (the Fund), 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Adjustable Plan of the National Retirement Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our 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 Adjustable Plan of the National Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### 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 Adjustable Plan of the National Retirement Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Fund amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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 Adjustable Plan of the National Retirement Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Adjustable Plan of the National Retirement Fund's ability to continue as a going concern for a reasonable period of time.

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

### **Report on Supplemental Information**

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, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Fund's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits 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 information, we evaluated whether the supplemental information, 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.

*Novak Francella LLC*

New York, New York  
October 8, 2025

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

| ASSETS                                 | <u>2024</u>           | <u>2023</u>           |
|----------------------------------------|-----------------------|-----------------------|
| INVESTMENTS - at fair value            |                       |                       |
| Short-term investments                 | \$ 2,861,516          | \$ 1,594,666          |
| Limited partnerships                   | 58,847,906            | 53,695,598            |
| Common collective trust                | 53,925,529            | 43,948,661            |
| 103-12 investment entity               | 9,908,262             | 8,185,049             |
| Mutual funds and exchange traded funds | 25,274,582            | 20,003,019            |
| Hedge fund of funds                    | 701,926               | 2,559,096             |
| Total investments                      | <u>151,519,721</u>    | <u>129,986,089</u>    |
| RECEIVABLES                            |                       |                       |
| Employer contributions                 | 1,183,155             | 1,283,577             |
| Due from related parties               | 8,643,367             | 7,741,061             |
| Securities sold and not settled        | 438,809               | 115,982               |
| Total receivables                      | <u>10,265,331</u>     | <u>9,140,620</u>      |
| OTHER ASSETS                           | <u>76,750</u>         | <u>394,755</u>        |
| Total assets                           | <u>161,861,802</u>    | <u>139,521,464</u>    |
| LIABILITIES AND NET ASSETS             |                       |                       |
| LIABILITIES                            |                       |                       |
| Accounts payable and accrued expenses  | 293,557               | 252,896               |
| Cash overdraft                         | 40,824                | 15,065                |
| Due to related parties                 | 13,099                | 15,797                |
| Total liabilities                      | <u>347,480</u>        | <u>283,758</u>        |
| NET ASSETS AVAILABLE FOR BENEFITS      | <u>\$ 161,514,322</u> | <u>\$ 139,237,706</u> |

See accompanying notes to financial statements.

**ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT 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 | \$ 13,644,112                | \$ 13,458,153                |
| Interest and dividends                        | <u>1,675,706</u>             | <u>1,427,597</u>             |
|                                               | 15,319,818                   | 14,885,750                   |
| Less investment expenses                      | <u>(264,150)</u>             | <u>(233,780)</u>             |
| Total investment income - net                 | 15,055,668                   | 14,651,970                   |
| Employer contributions                        | <u>14,537,456</u>            | <u>13,803,218</u>            |
| Total additions                               | <u>29,593,124</u>            | <u>28,455,188</u>            |
| DEDUCTIONS                                    |                              |                              |
| Benefits paid to participants                 | 2,593,613                    | 9,935,453                    |
| Administrative expenses                       | <u>4,722,895</u>             | <u>4,169,302</u>             |
| Total deductions                              | <u>7,316,508</u>             | <u>14,104,755</u>            |
| NET INCREASE                                  | 22,276,616                   | 14,350,433                   |
| NET ASSETS AVAILABLE FOR BENEFITS             |                              |                              |
| Beginning of year                             | <u>139,237,706</u>           | <u>124,887,273</u>           |
| End of year                                   | <u><u>\$ 161,514,322</u></u> | <u><u>\$ 139,237,706</u></u> |

See accompanying notes to financial statements.

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

### NOTE 1. DESCRIPTION OF THE FUND

The following brief description of the Adjustable Plan of the National Retirement Fund (the Fund) is provided for general information purposes only. Participants should refer to the Fund documents for a complete description of the Fund's provisions which may vary by participating employers.

**General** - The Fund was established with an effective date of January 1, 2015 pursuant to which the participants will accrue pension benefits under the Fund. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Fund's Settlor Committee allocates certain contributions to the Fund and the Legacy Plan of the National Retirement Fund.

**Pension Benefits** - Under the Fund, qualified participants are entitled to either a normal, reduced or a disability pension. The details of the vesting and benefit provisions are contained in the Fund document and may be obtained from the Fund administrator, who also maintains and distributes a Summary Plan Description.

### NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting** - The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Investment Valuation and Income Recognition** - The investments of the Fund are managed by independent investment managers. Investments in mutual funds and exchange traded funds are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. The investments in limited partnerships are carried at estimated fair value as determined by the partnership. The 103-12 investment entity and hedge funds of funds are carried at estimated fair value as determined by the investment managers. The investment in the common collective trust is carried at estimated fair value as established by the trust. The short-term investment is carried at cost which approximates fair value.

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

## **NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Hedge funds of funds, 103-12 investments entity and limited partnerships: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. These funds are subject to a third-party annual audit which provide NAV in their audited financial statements. These financial statements, and NAV, are confirmed during the plan's outside audit process. Some of these funds have various lock up periods and they are not immediately liquid investments.

**Employer Contributions Receivable** - Contributions to the Fund for benefits are made by employers, based on various methods, pursuant to collective bargaining and other agreements. Employer contributions are used to cover benefit and administrative expenses. Employer contributions receivable include receivables related to payroll audits conducted by the Fund to ensure that employers are remitting the correct amount of contributions in accordance with the applicable collective bargaining agreements. The Fund believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

**Securities Purchased or Sold and not Settled** - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year-end and settlement dates after year end.

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Fund's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution. Benefits due and paid from Fund assets have been included as benefits paid to participants in the statements of changes in net assets available for benefits. Benefits paid that are applicable to annuities due in the subsequent Fund year are included as prepaid benefits in the statement of net assets available for benefits.

**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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

## **NOTE 3. FUNDING**

The Fund is financed by employer contributions. The employer contribution rates are specified in the collective bargaining and other agreements.

#### **NOTE 4. PRIORITIES UPON TERMINATION**

It is the intent of the Trustees to continue the Fund in full force and effect; however, the right to discontinue the Fund is reserved to the Trustees. Termination shall not permit any part of the Fund 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 Fund will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Fund terminate at some future time will depend on the sufficiency of the Fund's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Fund are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Fund terminates. Generally, the PBGC guarantees most 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 limitation, particularly with respect to benefit increases as a result of fund amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

#### **NOTE 5. TAX STATUS**

The Fund obtained its latest determination letter on August 5, 2016 in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Fund has been amended since receiving the determination letter. The Fund's administrator believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, fund tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

## NOTE 6. FAIR VALUE MEASUREMENTS

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

### Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

**NOTE 6. FAIR VALUE MEASUREMENTS (continued)**

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2024 and 2023:

|                                            | December 31, 2024     |                      |             |             |
|--------------------------------------------|-----------------------|----------------------|-------------|-------------|
|                                            | Total                 | Level 1              | Level 2     | Level 3     |
| Short-term investments                     | \$ 2,861,516          | \$ 2,861,516         | \$ -        | \$ -        |
| Mutual funds and exchange traded funds     | 25,274,582            | 25,274,582           | -           | -           |
| * Total assets in the fair value hierarchy | 28,136,098            | <u>\$ 28,136,098</u> | <u>\$ -</u> | <u>\$ -</u> |
| ** Investments measured at net asset value | 123,383,623           |                      |             |             |
| Total investments at fair value            | <u>\$ 151,519,721</u> |                      |             |             |

\* One mutual fund accounts for 15.7% of net assets available for benefits at December 31, 2024.

\*\* One common collective trust accounts for 16.5% of net assets available for benefits at December 31, 2024. One limited partnership accounts for 15.3% of net assets available for benefits at December 31, 2024.

|                                          | December 31, 2023     |                      |             |             |
|------------------------------------------|-----------------------|----------------------|-------------|-------------|
|                                          | Total                 | Level 1              | Level 2     | Level 3     |
| Short-term investments                   | \$ 1,594,666          | \$ 1,594,666         | \$ -        | \$ -        |
| Mutual funds and exchange traded funds   | 20,003,019            | 20,003,019           | -           | -           |
| Total assets in the fair value hierarchy | 21,597,685            | <u>\$ 21,597,685</u> | <u>\$ -</u> | <u>\$ -</u> |
| Investments measured at net asset value  | 108,388,404           |                      |             |             |
| Total investments at fair value          | <u>\$ 129,986,089</u> |                      |             |             |

In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

## NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient at December 31, 2024 and 2023:

| December 31, 2024        | Fair Value            | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|--------------------------|-----------------------|-------------------------|-------------------------|-----------------------------|
| Limited partnerships -   |                       |                         |                         |                             |
| Equity                   | \$ 13,559,120         | \$ 794,115              | (a)                     | (a)                         |
| Fixed income             | 37,867,592            | 518,967                 | (b)                     | (b)                         |
| Infrastructure           | 7,421,194             | -                       | (c)                     | (c)                         |
| Common collective trust  | 53,925,529            | -                       | Daily                   | Daily                       |
| 103-12 investment entity | 9,908,262             | -                       | Monthly                 | 10 days                     |
| Hedge fund of funds      | 701,926               | -                       | (d)                     | (d)                         |
|                          | <u>\$ 123,383,623</u> | <u>\$ 1,313,082</u>     |                         |                             |

| December 31, 2023        | Fair Value            | Unfunded<br>Commitments | Redemption<br>Frequency | Redemption<br>Notice Period |
|--------------------------|-----------------------|-------------------------|-------------------------|-----------------------------|
| Limited partnerships -   |                       |                         |                         |                             |
| Equity                   | \$ 12,837,813         | \$ 1,218,412            | (a)                     | (a)                         |
| Fixed income             | 34,104,629            | 915,561                 | (b)                     | (b)                         |
| Infrastructure           | 6,753,156             | -                       | (c)                     | (c)                         |
| Common collective trusts | 43,948,661            | -                       | Daily                   | Daily                       |
| 103-12 investment entity | 8,185,049             | -                       | Monthly                 | 10 days                     |
| Hedge fund of funds      | 2,559,096             | -                       | (d)                     | (d)                         |
|                          | <u>\$ 108,388,404</u> | <u>\$ 2,133,973</u>     |                         |                             |

- (a) The Hirtle Callaghan Private Equity Offshore Fund XII's objective is to realize long-term total returns by investing in a broad range of private equity funds, including venture capital, growth capital, buyouts, debt and real estate. The Hirtle Callaghan Private Equity Offshore Fund XII's interest cannot be redeemed until the private equity investment terminates.

## NOTE 6. FAIR VALUE MEASUREMENTS (continued)

- (b) The investments in the fixed income limited partnerships include of the Hirtle Callaghan Alternative Credit Opportunities Offshore Fund, the Oaktree Global Credit Fund, LP, the PIMCO Tactical Opportunities Offshore Fund LP and the Värde Private Debt Opportunities Fund LP. The Hirtle Callaghan Alternative Credit Opportunities Offshore Fund's interest may be redeemed upon expiration of a four year lock-up period, and upon each annual anniversary of the lock-up date. The Hirtle Callaghan Alternative Credit Opportunities Offshore Fund's objective is to capitalize on opportunities in the private credit market to maximize risk-adjusted returns and achieve low correlation to the overall-fixed income markets. The Oaktree Global Credit Fund, LP's objective is to add value through allocation to credit strategies not easily accessed and requiring specialization, security selection through bottom-up, fundamental credit research and rotation among strategies based on the manager's assessment of relative value. This investment can be redeemed monthly with a 30 day notice. The PIMCO Tactical Opportunities Offshore Fund LP's investment objective is to seek returns by investing principally in securities and loans of any type with any sector across the global fixed income markets. This investment can be redeemed semi-annually with a 90 day notice. Effective December 28, 2023, withdrawals from the PIMCO Tactical Opportunities Offshore Fund LP were suspended. The objective of the Värde Private Debt Opportunities Fund LP is to focus on investing in private lending opportunities that is secured by collateral primarily located in North America, Europe and Asia Pacific. This investment is non-redeemable.
- (c) The Brookfield Super-Core Infrastructure Partners (TE) LP's objective is to generate return by acquiring core infrastructure assets with predominately long-term contracted or regulated revenues. The partnership interest may be redeemed upon expiration of a three-year lock-up period. Upon expiration of the lock-up period, the partnership interest can be redeemed quarterly with 90-days' notice.
- (d) The fund seeks to maximize risk-adjusted returns and achieve low correlation to the equity markets by investing in diversified group of pooled investment vehicles both within and outside the United States. The fund is in the process of being fully liquidated and all investors are receiving distributions as liquidity becomes available.

## NOTE 7. RELATED PARTY TRANSACTIONS

Retirement benefits are administered for the Fund by Amalgamated Employee Benefits Administrators, Inc., (AEBA). Fund service expenses of \$2,438,000 and \$2,328,000 represent amounts charged by AEBA, for administrative services conducted for the Fund for 2024 and 2023, respectively pursuant to approval by a committee of Fund trustees. Certain other funds serviced by AEBA, and Amalgamated Life Insurance Company, as well, are referred to as "related parties" in the accompanying financial statements. Included in due from related parties is \$8,472,227 and \$7,555,727 from the Legacy Plan of the National Retirement Fund at December 31, 2024 and 2023, respectively.

**NOTE 7. RELATED PARTY TRANSACTIONS (continued)**

The Fund receives administrative services from entities affiliated with Workers United, an SEIU affiliate. The Fund paid \$9,024 and \$3,739 to entities affiliated with Workers United during 2024 and 2023, respectively.

The Fund maintains a banking and custodial relationship and invests in various products sponsored by the Amalgamated Bank (the Bank). The Bank is a party in interest to the Fund and certain members of the Board of Directors of the Bank serve as union trustees of the Fund. Decisions governing the business between the Bank and the Fund are made by an oversight committee of non-conflicted trustees of the Fund.

Hirtle, Callaghan & Co. provides investment management services to the Fund and is a party-in-interest to the Fund. The Fund invests in various products sponsored by Hirtle, Callaghan & Co.

These transactions qualifying as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

**NOTE 8. ACTUARIAL INFORMATION**

Actuarial valuations of the Fund were made by the consulting actuary as of January 1, 2024. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

|                                           |               |
|-------------------------------------------|---------------|
| Participants currently receiving benefits | \$ 18,580,287 |
| Other vested benefits                     | 113,932,056   |
|                                           | <hr/>         |
|                                           | 132,512,343   |

|                    |           |
|--------------------|-----------|
| Nonvested benefits | 5,744,654 |
|                    | <hr/>     |

|                                                               |                        |
|---------------------------------------------------------------|------------------------|
| Total actuarial present value<br>of accumulated plan benefits | <hr/><br>\$138,256,997 |
|---------------------------------------------------------------|------------------------|

**NOTE 8. ACTUARIAL INFORMATION (continued)**

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

|                                                                              |                       |
|------------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits<br>at beginning of year | <u>\$ 125,505,865</u> |
| Increase (decrease) during the year attributable:                            |                       |
| Benefits accumulated, net experience<br>gain or loss, changes in data        | 14,717,807            |
| Interest                                                                     | 7,968,778             |
| Benefits paid                                                                | <u>(9,935,453)</u>    |
| Net increase                                                                 | <u>12,751,132</u>     |
| Actuarial present value of accumulated plan benefits<br>at end of year       | <u>\$ 138,256,997</u> |

The actuarial cost method used in the valuation is the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2024 valuation were as follows:

- Mortality rates:
  - 85% of the rates of the Sex Distinct PRI-2012 mortality tables with Blue Collar adjustment, with fully generational projection using projection Scale MP-2021
  - Rate based upon Social Security experience with no assumed future mortality improvement (Disabled)
- Retirement - A varying rate from 10.00% to 100.00% ranging from age 55 to 75
- Employee turnover - A varying rate from 0.00% to 50.00% from age 20 to 60 against years of service ranging from under a year to over 5 years of service
- Disability - A varying rate from .025% to 0.69% ranging from age 20 to 64
- Net investment rate of return - 6.00%

**NOTE 8. ACTUARIAL INFORMATION (continued)**

The Fund's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2024.

The above actuarial assumptions are based on the presumption that the Fund will continue. Were the Fund to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Fund as of December 31, 2024, and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

The Fund is not subject to the Pension Protection Act of 2006 zone status certification rules for the 2024 and 2023 Fund years due to Fund's inception date subsequent to 2010.

**NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits as reported on the financial statements to the Form 5500:

|                                                                   | December 31,<br>2024  | December 31,<br>2023  |
|-------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the<br>financial statements | \$ 161,514,322        | \$ 139,237,706        |
| Accrued retirement benefits                                       | (219,545)             | (196,910)             |
| Net assets available for benefits per the Form 5500               | <u>\$ 161,294,777</u> | <u>\$ 139,040,796</u> |

The following is a reconciliation of total additions and benefits paid during the year ended December 31, 2024 per the financial statements to the Form 5500:

|                                                       |                      |
|-------------------------------------------------------|----------------------|
| Total additions per the financial statements          | \$ 29,593,124        |
| Reclassified investment expenses for Form 5500        | 264,150              |
| Total additions per Form 5500                         | <u>\$ 29,857,274</u> |
| Benefits paid per the financial statements            | \$ 2,593,613         |
| Less accrued retirement benefits at beginning of year | (196,910)            |
| Add accrued retirement benefits at end of year        | 219,545              |
| Benefits paid to participants per Form 5500           | <u>\$ 2,616,248</u>  |

**NOTE 10. COMMITMENTS AND CONTINGENCIES**

The Fund is involved in various legal actions to collect delinquent contributions and other matters arising out of the normal course of its operations, the final outcome of which cannot presently be determined. Fund management is of the opinion that the ultimate liability, if any, with respect to these matters will not have a material adverse effect on the Fund's statements of net assets available for benefits.

**NOTE 11. RISKS AND UNCERTAINTIES**

The Fund invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

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

**NOTE 12. SUBSEQUENT EVENTS**

The Fund has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued, in accordance with relevant accounting standards.

## **SUPPLEMENTAL INFORMATION**

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED DECEMBER 31, 2024 AND 2023

|                               | <u>2024</u>         | <u>2023</u>         |
|-------------------------------|---------------------|---------------------|
| Administrative expenses       | \$ 2,448,335        | \$ 2,335,737        |
| Professional services         |                     |                     |
| Accounting and auditing       | 51,162              | 55,143              |
| Actuary                       | 185,600             | 181,399             |
| Legal                         | 277,112             | 72,327              |
| Other                         |                     |                     |
| PBGC premiums                 | 1,593,812           | 1,321,390           |
| Insurance                     | 30,000              | 30,000              |
| Other expenses                | <u>136,874</u>      | <u>173,306</u>      |
| Total administrative expenses | <u>\$ 4,722,895</u> | <u>\$ 4,169,302</u> |

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 13-6130178  
Plan No. 002

| (a) | (b)                                                        | (c)                                                                                                                         |                     |                    |           | (d)                   | (e)                   |
|-----|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------|-----------------------|-----------------------|
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party   | Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value<br>Par / Maturity |                     |                    |           | Cost                  | Current<br>Value      |
|     | Type                                                       | Maturity<br>Date                                                                                                            | Rate of<br>Interest | Value or<br>Shares |           |                       |                       |
|     | <u>Item 1c(1) Short-term investments:</u>                  |                                                                                                                             |                     |                    |           |                       |                       |
| *   | Amalgamated Bank of NY                                     | MMA                                                                                                                         | Demand              | Var                | %         | 2,861,516             | \$ 2,861,516          |
|     | <u>Item 1c(5) Partnerships/joint ventures:</u>             |                                                                                                                             |                     |                    |           |                       |                       |
|     | Brookfield Super-Core Infra Partners                       |                                                                                                                             |                     |                    |           | 6,638,018             | 7,421,194             |
| *   | Hirtle Callaghan Alt Credit Opp Offshore Port Ltd          |                                                                                                                             |                     |                    |           | 2,276,624             | 3,549,511             |
| *   | Hirtle Callaghan Private Equity Offshore Fund XII Ltd      |                                                                                                                             |                     |                    |           | 8,007,358             | 13,559,120            |
|     | Oaktree Global Credit Fund, LP                             |                                                                                                                             |                     |                    |           | 20,675,000            | 24,610,300            |
|     | PIMCO Tactical Opp Offshore Fund LP                        |                                                                                                                             |                     |                    |           | 7,000,000             | 8,585,197             |
|     | Varde Private Debt Opportunities Fund LP                   |                                                                                                                             |                     |                    |           | 523,768               | 1,122,584             |
|     |                                                            |                                                                                                                             |                     |                    |           | <u>45,120,768</u>     | <u>58,847,906</u>     |
|     | <u>Item 1c(9) Common collective trusts:</u>                |                                                                                                                             |                     |                    |           |                       |                       |
|     | JPMCB Global Allocation Fund                               |                                                                                                                             |                     |                    | 528,907   | 10,386,168            | 11,873,965            |
| *   | LongView LargeCap 500 Index Fund                           |                                                                                                                             |                     |                    | 11,919    | 17,494,121            | 26,513,997            |
| *   | LongView MidCap 400 Index Fund                             |                                                                                                                             |                     |                    | 2,248     | 6,316,052             | 7,852,272             |
| *   | LongView SmallCap 600 Index Fund                           |                                                                                                                             |                     |                    | 3,672     | 6,779,181             | 7,685,295             |
|     |                                                            |                                                                                                                             |                     |                    |           | <u>40,975,522</u>     | <u>53,925,529</u>     |
|     | <u>Item 1c(12) 103-12 Investment entities:</u>             |                                                                                                                             |                     |                    |           |                       |                       |
|     | Hardman Johnston Int'l Equity Group Trust                  |                                                                                                                             |                     |                    | 233,837   | 10,293,712            | 9,908,262             |
|     | <u>Item 1c(13) Mutual funds and exchange traded funds:</u> |                                                                                                                             |                     |                    |           |                       |                       |
|     | PIMCO Income Inst                                          |                                                                                                                             |                     |                    | 2,402,527 | 26,955,915            | 25,274,582            |
|     | <u>Item 1c(15) Other investments:</u>                      |                                                                                                                             |                     |                    |           |                       |                       |
| *   | Hirtle Callaghan Total Return Offshore Fund II Ltd         |                                                                                                                             |                     |                    | 393       | 540,248               | 701,926               |
|     | Total investments                                          |                                                                                                                             |                     |                    |           | <u>\$ 126,747,681</u> | <u>\$ 151,519,721</u> |

\* A party-in-interest as defined by ERISA.

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500 Schedule H, Item 4j

E.I.N. 13-6130178  
Plan No. 002

| (a) | (b)                                                                                                        | (c)            | (d)           | (g)           | (h)                    | (i)                |
|-----|------------------------------------------------------------------------------------------------------------|----------------|---------------|---------------|------------------------|--------------------|
|     | Description of Asset                                                                                       | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset | Net Gain or (Loss) |
|     | Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets: |                |               |               |                        |                    |
| *   | Enhanced Money Market                                                                                      | \$ 18,259,136  | N/A           | \$ 18,259,136 | \$ 18,259,136          | N/A                |
| *   | Enhanced Money Market                                                                                      | N/A            | \$ 16,767,286 | 16,767,286    | 16,767,286             | \$ -               |

\* A party-in-interest as defined by ERISA.

# Schedule MB – Statement by the Enrolled Actuary

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|                           |                                                                     |
|---------------------------|---------------------------------------------------------------------|
| <b>Plan Sponsor:</b>      | Board of Trustees – Adjustable Plan of the National Retirement Fund |
| <b>EIN / PN:</b>          | 13-613078                                                           |
| <b>Plan Number:</b>       | 002                                                                 |
| <b>Plan Name:</b>         | Adjustable Plan of the National Retirement Fund                     |
| <b>Valuation Date:</b>    | January 1, 2024                                                     |
| <b>Enrolled Actuary:</b>  | Jonathan M. Feldman                                                 |
| <b>Enrollment Number:</b> | 23-06980                                                            |

---

*Actuarial assumptions:* The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

*Census data and financial information:* The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the Plan's administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable for the purposes for which it was used.

*Contributions:* The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on financial statements reported by the Plan's auditor. Contributions were made throughout the year and there were no withdrawal liability payments during the year.

This represents the tenth Schedule MB filing for the Plan, which was established effective January 1, 2015. Please note the following regarding the enclosed Schedule MB:

- The Plan's status in Line 4b is left blank because the status certification is only required for multiemployer plans in effect on July 16, 2006.

*Attached as separate exhibits are:*

- Line 6: Statement of Actuarial Assumptions/Methods
- Line 6: Summary of Plan Provisions
- Line 8b(1): Schedule of Projection of Expected Benefit Payments
- Line 8b(2): Schedule of Active Participant Data
- Line 8b(3): Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h: Schedule of Funding Standard Account Bases
- Line 11: Justification for Change in Actuarial Assumptions

J:\RET\_NRF\Shared Documents\General\RET\_NRF\Adjustable Plan\2025\GOV\2024 Schedule MB\2024 Sch MB Attachments NRF Adjustable.Docx



|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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.

|                                                                                                                                                        |                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>Adjustable Plan of the National Retirement Fund</div>                                                                   | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>Bd of Trustees-Adjustable Plan of the National Retirement Fund</div> | <div>D Employer Identification Number (EIN)</div> <div>13-6130178</div> |

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) 139,237,706    |
| (2) Actuarial value of assets for funding standard account                                              | 1b(2) 141,654,441    |
| c (1) Accrued liability for plan using immediate gain methods                                           | 1c(1) 138,256,997    |
| (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) 138,256,997    |
| 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) 214,604,484 |
| (b) Expected increase in current liability due to benefits accruing during the plan year                | 1d(2)(b) 20,404,381  |
| (c) Expected release from "RPA '94" current liability for the plan year                                 | 1d(2)(c) 7,775,090   |
| (3) Expected plan disbursements for the plan year                                                       | 1d(3) 7,492,594      |

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.

|                                                                                                                                                                                                   |                                                                                                                              |                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> <div>Jonathan M. Feldman</div> <div>Jonathan M. Feldman</div> <div>Horizon Actuarial Services, LLC</div> <div>8601 Georgia Avenue Suite 905<br/>Silver Spring MD 20910</div> | <div>Signature of actuary</div> <div>Type or print name of actuary</div> <div>Firm name</div> <div>Address of the firm</div> | <div>October 7, 2025</div> <div>Date</div> <div>2306980</div> <div>Most recent enrollment number</div> <div>240-247-4600</div> <div>Telephone number (including area code)</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 139,237,706                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|                                                                                                                                     | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 2,962                             | 22,854,925                   |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 12,975                            | 68,119,106                   |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 9,019,389                    |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 114,611,064                  |
| <b>(c)</b> Total active .....                                                                                                       | 27,139                            | 123,630,453                  |
| <b>(4)</b> Total .....                                                                                                              | 43,076                            | 214,604,484                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | 64.88 %                      |

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

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          | 14,537,456                        | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 14,537,456                        | <b>3(c)</b><br>0                |

|                                                                          |             |   |
|--------------------------------------------------------------------------|-------------|---|
| (d) Total withdrawal liability amounts included in line 3(b) total ..... | <b>3(d)</b> | 0 |
|--------------------------------------------------------------------------|-------------|---|

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4a</b> | 102.4 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                                                                                                                                                                                                                                                                                                                           | <b>4b</b> |         |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                               |           |         |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                              |           |         |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                                                                                                                                                                                                                                                                                                                            | <b>4e</b> |         |
| <b>f</b> If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."</li> </ul> | <b>4f</b> |         |

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

- |                                                            |                                                            |                                                                            |                                             |
|------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal      | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):         |                                                            |                                                                            |                                             |

|                                                                             |           |  |
|-----------------------------------------------------------------------------|-----------|--|
| <b>j</b> If box h is checked, enter period of use of shortfall method ..... | <b>5j</b> |  |
|-----------------------------------------------------------------------------|-----------|--|

Line 3(a): Contributions are made throughout the year. There were no withdrawal liability payments.

**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:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                                   | <b>6a</b>                                                                                        | 3.29 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males.....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | A                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 6.00 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | 6.00 %                                                                                                                                          |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....                  | <b>6g</b>                                                                                        | 3.7 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 11.8 %                                                                                                                                          |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                    | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 4,664,812                                                                                                                                       |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 5,212,170           | 506,282                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**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

|                                                                                                                                                                                                                                                                                                                                                                          |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>e</b> 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). | <b>8e</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|

  

|                                                                         |           |            |
|-------------------------------------------------------------------------|-----------|------------|
| <b>9</b> Funding standard account statement for this plan year:         |           |            |
| <b>Charges to funding standard account:</b>                             |           |            |
| <b>a</b> Prior year funding deficiency, if any.....                     | <b>9a</b> | 0          |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 14,478,993 |

  

|                                                                                                                        |              |                     |  |           |
|------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|--|-----------|
| <b>c</b> Amortization charges as of valuation date:                                                                    |              | Outstanding balance |  |           |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended..... | <b>9c(1)</b> | 17,347,360          |  | 1,820,259 |
| <b>(2)</b> Funding waivers.....                                                                                        | <b>9c(2)</b> | 0                   |  | 0         |
| <b>(3)</b> Certain bases for which the amortization period has been extended.....                                      | <b>9c(3)</b> | 0                   |  | 0         |

  

|                                                               |           |            |
|---------------------------------------------------------------|-----------|------------|
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c ..... | <b>9d</b> | 977,955    |
| <b>e</b> Total charges. Add lines 9a through 9d.....          | <b>9e</b> | 17,277,207 |

  

|                                                                       |           |            |
|-----------------------------------------------------------------------|-----------|------------|
| <b>Credits to funding standard account:</b>                           |           |            |
| <b>f</b> Prior year credit balance, if any.....                       | <b>9f</b> | 3,017,230  |
| <b>g</b> Employer contributions. Total from column (b) of line 3..... | <b>9g</b> | 14,537,456 |

  

|                                                         |           |                     |  |           |
|---------------------------------------------------------|-----------|---------------------|--|-----------|
|                                                         |           | Outstanding balance |  |           |
| <b>h</b> Amortization credits as of valuation date..... | <b>9h</b> | 17,727,574          |  | 2,268,544 |

  

|                                                                                   |           |         |
|-----------------------------------------------------------------------------------|-----------|---------|
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h ..... | <b>9i</b> | 753,270 |
|-----------------------------------------------------------------------------------|-----------|---------|

  

|                                                                 |              |            |  |   |
|-----------------------------------------------------------------|--------------|------------|--|---|
| <b>j</b> Full funding limitation (FFL) and credits:             |              |            |  |   |
| <b>(1)</b> ERISA FFL (accrued liability FFL).....               | <b>9j(1)</b> | 17,506,445 |  |   |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) ..... | <b>9j(2)</b> | 69,257,453 |  |   |
| <b>(3)</b> FFL credit .....                                     | <b>9j(3)</b> |            |  | 0 |

  

|                                                    |              |   |
|----------------------------------------------------|--------------|---|
| <b>k</b> <b>(1)</b> Waived funding deficiency..... | <b>9k(1)</b> | 0 |
| <b>(2)</b> Other credits.....                      | <b>9k(2)</b> | 0 |

  

|                                                                                |           |            |
|--------------------------------------------------------------------------------|-----------|------------|
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) ..... | <b>9l</b> | 20,576,500 |
|--------------------------------------------------------------------------------|-----------|------------|

  

|                                                                                         |           |           |
|-----------------------------------------------------------------------------------------|-----------|-----------|
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference ..... | <b>9m</b> | 3,299,293 |
|-----------------------------------------------------------------------------------------|-----------|-----------|

  

|                                                                                             |           |  |
|---------------------------------------------------------------------------------------------|-----------|--|
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b> |  |
|---------------------------------------------------------------------------------------------|-----------|--|

  

|                                                                                                                        |                 |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---|
| <b>o</b> Current year's accumulated reconciliation account:                                                            |                 |   |
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....                           | <b>9o(1)</b>    | 0 |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> | 0 |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....                                         | <b>9o(2)(b)</b> | 0 |
| <b>(3)</b> Total as of valuation date .....                                                                            | <b>9o(3)</b>    | 0 |

  

|                                                                                                       |           |  |
|-------------------------------------------------------------------------------------------------------|-----------|--|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... | <b>10</b> |  |
|-------------------------------------------------------------------------------------------------------|-----------|--|

  

|                                                                                                                           |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... | <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>      | Adjustable Plan of the National Retirement Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Plan Sponsor</b>   | Board of Trustees – Adjustable Plan of the National Retirement Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>EIN / PN</b>       | 13-6130178 / 002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Interest Rates</b> | <p>6.00% per annum, compounded annually, net of investment expenses for determining costs and liabilities.</p> <p>The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment.</p> <p>3.29% per annum for determining Current Liability for the plan year beginning January 1, 2024.</p> <p>The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code.</p> |



## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### Retirement Age

#### Retirement/Probabilities

| Age | Active  | Inactive Vested |
|-----|---------|-----------------|
| 55  | 10.00%  | 0.00%           |
| 56  | 10.00%  | 0.00%           |
| 57  | 10.00%  | 0.00%           |
| 58  | 10.00%  | 0.00%           |
| 59  | 10.00%  | 0.00%           |
| 60  | 10.00%  | 0.00%           |
| 61  | 15.00%  | 4.00%           |
| 62  | 20.00%  | 10.00%          |
| 63  | 15.00%  | 7.00%           |
| 64  | 20.00%  | 7.00%           |
| 65  | 40.00%  | 16.00%          |
| 66  | 40.00%  | 10.00%          |
| 67  | 30.00%  | 7.00%           |
| 68  | 30.00%  | 4.00%           |
| 69  | 25.00%  | 4.00%           |
| 70  | 25.00%  | 4.00%           |
| 71  | 25.00%  | 6.00%           |
| 72  | 25.00%  | 4.00%           |
| 73  | 30.00%  | 4.00%           |
| 74  | 30.00%  | 4.00%           |
| 75  | 100.00% | 100.00%         |

Inactive vested participants age 76 or older as of the valuation date are assumed to never retire and are excluded from the valuation.

The probabilities of retirement are the same for males and females and based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years under the Adjustable Plan for active participants, and under the Legacy Plan of the National Retirement Fund (Legacy Plan) for inactive vested participants.

The weighted average retirement age for active participants is 64, based on the active population as of the valuation date.

#### Operating Expenses

Operating expenses are added to the normal cost and assumed to equal the portion of expected operating expenses allocated to the Adjustable Plan, plus anticipated PBGC premiums (\$4,664,812 as of the beginning the year, equivalent to \$4,804,756 as of the middle of the year). Investment counseling fees are not included in assumed operating expenses.

## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

---

#### ***Expected Hours***

For the purpose of projecting future benefit accruals, hours worked per active participant are assumed to be equal to the hours worked in the prior year.

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#### ***Annual Service Accruals***

Future credited service accruals are assumed to be equal the service accruals earned in the prior year for each active participant.

Future vesting service accruals are assumed to be 1.0 per year for each active participant.

---

#### ***Non-Disabled Mortality***

##### ***Participants and Beneficiaries:***

85% of the rates of the Sex Distinct PRI-2012 mortality tables with Blue Collar adjustment, with fully generational projection using projection scale MP-2021.

The non-disabled mortality assumption is based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years, including historical deaths under the Legacy Plan.

---

#### ***Disabled Mortality***

Mortality among disabled lives is assumed to be in accordance with disability experience under Social Security, with no assumed future mortality improvement.

The disabled mortality assumption is based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years, including historical deaths under the Legacy Plan.

---

## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### **Disability**

Illustrations of the annual probabilities of disablement are shown in the table below for selected ages:

*Representative Disability Probabilities*

| Age   | Unisex | Age | Unisex |
|-------|--------|-----|--------|
| 20-30 | 0.025% | 50  | 0.150% |
| 31-33 | 0.030% | 51  | 0.170% |
| 34-35 | 0.035% | 52  | 0.190% |
| 36-37 | 0.040% | 53  | 0.220% |
| 38    | 0.045% | 54  | 0.245% |
| 39    | 0.050% | 55  | 0.280% |
| 40    | 0.055% | 56  | 0.320% |
| 41    | 0.060% | 57  | 0.360% |
| 42    | 0.065% | 58  | 0.400% |
| 43    | 0.070% | 59  | 0.445% |
| 44    | 0.080% | 60  | 0.485% |
| 45    | 0.085% | 61  | 0.535% |
| 46    | 0.095% | 62  | 0.585% |
| 47    | 0.110% | 63  | 0.635% |
| 48    | 0.120% | 64  | 0.690% |
| 49    | 0.135% |     |        |

The disability probabilities 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 and assumed number of disabled retirements over the past several years, including historical disabled retirements under the Legacy Plan.



## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

#### **Withdrawal**

Illustrations of the annual probabilities of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

*Representative Withdrawal Probabilities*

| Age | Service |       |       |       |       |
|-----|---------|-------|-------|-------|-------|
|     | 0-1     | 1-2   | 2-4   | 4-5   | 5+    |
| 20  | 50.0%   | 35.0% | 30.0% | 30.0% | 20.0% |
| 25  | 50.0%   | 35.0% | 30.0% | 30.0% | 25.0% |
| 30  | 45.0%   | 35.0% | 30.0% | 25.0% | 20.0% |
| 35  | 45.0%   | 35.0% | 25.0% | 20.0% | 15.0% |
| 40  | 45.0%   | 35.0% | 25.0% | 20.0% | 10.0% |
| 45  | 45.0%   | 35.0% | 20.0% | 15.0% | 10.0% |
| 50  | 35.0%   | 25.0% | 20.0% | 15.0% | 10.0% |
| 55  | 35.0%   | 25.0% | 20.0% | 15.0% | 0.0%  |
| 60  | 35.0%   | 25.0% | 20.0% | 15.0% | 0.0%  |

The withdrawal probabilities are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of non-disabled terminations over the past several years.

#### **Reemployment**

It is assumed that participants will not be reemployed following a break in service.

#### **Form of Payment**

70% of all non-retired participants are assumed to elect a Single Life Annuity, and 30% are assumed to elect a 50% Joint and Survivor Annuity.

#### **Marriage**

75% of non-retired female participants are assumed to be married. 85% of non-retired male participants are assumed to be married.

#### **Spouse Ages**

Spouses of male participants are assumed to be three years younger than the participant. Spouses of female participants are assumed to be three years older than the participant.

# Schedule MB, Line 6

## Statement of Actuarial Assumptions/Methods

---

### ***Cost Method***

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

---

### ***Asset Valuation Method***

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last three years at the rate of 33-1/3% per year. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions, and operating expenses are weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% or more than 120% of the market value.

---

### ***Participant Data***

Data for the valuation was received from the Plan's administrator, Amalgamated Employee Benefits Administrators (AEBA). Such data included each participant's service as determined by AEBA, where available. AEBA determined, based on reported dates of termination of employment and hours reported for the most recent reporting period, whether participants were active or inactive. To develop individual actuarial costs, data assumptions were made for records with missing information. To the extent that information was missing, the following data values were assumed:

- For records reported without dates of birth that were reported in the prior year valuation, the date of birth assumed in the prior year valuation was used. For participants who were not reported in the prior year valuation, the average age of participants (entry age for active participants) with the same status was assumed.
- For records with missing gender, the assumed gender was based on the gender assumed in the prior year valuation. For participants who were not reported in the prior year valuation, the participant was assumed to be female.

The liabilities were determined from participant data files as of January 1, 2024.

Inactive vested participants over age 76 as of the valuation date were excluded.

---



## Schedule MB, Line 6

### Statement of Actuarial Assumptions/Methods

---

#### ***Working Retirees***

Retirees who earned benefit credit during the prior plan year have been assumed to earn benefit credit during the current plan year. It is assumed that they will work the same number of hours as the prior year. Working retirees are counted as Active participants, their liabilities for benefits earned in the past are included in the Retiree liability and the present value of additional benefits earned during the current plan year has been added to the normal cost.

---

#### ***Financial Information***

Financial information was obtained from the audited financial statements for the plan year ending December 31, 2023, as prepared by Novak Francella, LLC, and provided by AEBA.

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#### ***Nature of Actuarial Calculations***

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

---

#### ***Changes in Assumptions and Methods***

Since the prior valuation, the following assumptions methods have been changed:

- The beginning of year operating expense assumption was changed from \$4,355,835 to \$4,664,812, which is consistent with the budgeted amount provided by Amalgamated Employee Benefits Administrators.
  - For RPA '94 current liability, the interest rate and mortality assumptions were updated in accordance with the changes in the IRS prescribed assumptions. The interest rate is at the high end of the legal range.
-

## Schedule MB, Line 6 - Summary of Plan Provisions

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan.

|                                                        |                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Plan Name</i></b>                                | <b>Adjustable Plan of the National Retirement Fund</b>                                                                                                                                                                                                                                                                          |
| <b><i>Plan Sponsor</i></b>                             | Board of Trustees – Adjustable Plan of the National Retirement Fund                                                                                                                                                                                                                                                             |
| <b><i>EIN / PN</i></b>                                 | 13-6130178 / 002                                                                                                                                                                                                                                                                                                                |
| <b><i>Effective Date and Most Recent Amendment</i></b> | The original effective date of the Plan is January 1, 2015 and the Plan was most recently amended, effective January 1, 2023.                                                                                                                                                                                                   |
| <b><i>Plan Year</i></b>                                | The twelve-month period beginning January 1 and ending December 31.                                                                                                                                                                                                                                                             |
| <b><i>Employers</i></b>                                | A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.                                                                                                  |
| <b><i>Participants</i></b>                             | All employees who completed 800 Hours of Service or 750 Hours of Service if Straight-Time Hours.                                                                                                                                                                                                                                |
| <b><i>Future Credited Service Accrual</i></b>          | 1/10 of one year for each 160 hours worked, with a maximum of one credit per year. At least 500 hours are required to earn a partial year of credited service.                                                                                                                                                                  |
| <b><i>Vesting Service Accrual</i></b>                  | Participants who work at least 800 hours (750 straight-time hours) in a plan year receive 1.0 years of vesting service credit.<br><br>Participants who work at least 500 hours in a plan year receive 0.5 years of vesting service credit.<br><br>A participant must work at least 500 hours to receive vesting service credit. |
| <b><i>Reciprocity</i></b>                              | Vesting service credit shall be given for years of service accrued under the Legacy Plan of the National Retirement Fund for years prior to the January 1, 2015 effective date.                                                                                                                                                 |



## Schedule MB, Line 6 - Summary of Plan Provisions

**Past Credited Service** 2 years of past credited service for each year of future credited service, not to exceed 20 years.

Participants who were accruing Past Credited Service under the Legacy Plan of the National Retirement Fund as of January 1, 2015 are eligible to earn Past Credited Service.

**Normal Retirement Age** A participant attains Normal Retirement Age at the later of attaining age 65 and 5 years of vesting service, or the fifth anniversary of an active Participant's Plan participation.

**Normal Pension Eligibility** Age 65 and either 5 years of Vesting Service or 5th anniversary of participation.

**Normal Pension Amount of Benefit** The monthly amount of the Regular Pension is equal to the following:

Future accruals:

2023:  $46.25 \times \text{Hourly Contribution Rate} \times \text{Future Credited Service}$

All other Plan Years:  $37.00 \times \text{Hourly Contribution Rate} \times \text{Future Credited Service}$

Past accruals:

2023:  $18.50 \times \text{Hourly Contribution Rate} \times \text{Past Credited Service}$

All other Plan Years:  $14.80 \times \text{Hourly Contribution Rate} \times \text{Past Credited Service}$

The multipliers adjust up or down based on the 3-year average investment return, as follows:

| 3-Year Average Investment Return | Future Service Multiplier | Past Service Multiplier |
|----------------------------------|---------------------------|-------------------------|
| Less than 10.5%                  | 37.00                     | 14.80                   |
| 10.5% to 15%                     | 46.25                     | 18.50                   |
| Over 15%                         | 55.50                     | 22.20                   |

Safety Mechanism: If the Funded Percentage (determined using the Actuarial Value of Assets) falls below 90% in the prior year, the following multipliers are used:

| Funded Percentage | Future Service Multiplier | Past Service Multiplier |
|-------------------|---------------------------|-------------------------|
| 85.00% to 89.99%  | 18.50                     | 7.40                    |
| 75.00% to 84.99%  | 9.25                      | 3.70                    |
| Under 75.00%      | 0.00                      | 0.00                    |

Any future adjustment to the multipliers is subject to Trustee discretion.

## Schedule MB, Line 6 - Summary of Plan Provisions

---

### **Early Retirement Pension**

Eligibility: Age 55 with 5 years of Vesting Service.

Benefit: 1/2 of 1% reduction for each month that the Early Retirement Date precedes the Normal Retirement Date.

---

### **Disability Pension**

Eligibility: 10 Years of Vesting Service and awarded a benefit by the Social Security Administration with an onset date within 4 months of last day worked in Covered Employment.

Benefit: Greater of Early Retirement Benefit or 70% of the Normal Retirement Benefit.

---

### **Vested Benefit**

Eligibility: 5 years of Vesting Service.

Benefit: Equal to the Normal Retirement Benefit, reduced for early commencement, if applicable.

---

### **Late Retirement**

Eligibility: Annuity starting date after Normal Retirement Date.

Benefit: Normal Retirement Benefit Actuarially increased, plus benefit earned after Normal Retirement Date.

---

### **Pre-Retirement Death Benefits**

Eligibility: 5 Years of Vesting Service.

Benefit:

*No Spouse Survivor:* No death benefit.

*Spouse Survivor Benefit:* 50% of the benefit the participant would have received had he stopped working at the time of his death and retired under the joint and 50% survivor option on his earliest retirement date. A spouse may begin to receive payment no earlier than the Participant's earliest retirement age.

---

### **Forms of Payment**

*Normal Forms are:*

Single: Life annuity.

Married: Actuarially equivalent 50% J&S.

Actuarially equivalent 75% J&S option is also available.

---

### **Changes in Plan Provisions**

None. The benefit multiplier reverted to 37.00 for future service accruals and 14.80 for past service accruals for the 2024 Plan Year after being 46.25 for future service accruals and 18.50 for past service accruals for the 2023 Plan Year.

---



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

Measurement Date: January 1, 2024

| Plan Year<br>Beginning<br>January 1 | Expected Benefit Payments |                                 |                                              |            |
|-------------------------------------|---------------------------|---------------------------------|----------------------------------------------|------------|
|                                     | Active<br>Participants    | Inactive Vested<br>Participants | Retired<br>Participants and<br>Beneficiaries | Total      |
| 2024                                | 1,013,268                 | 202,038                         | 1,694,839                                    | 2,910,145  |
| 2025                                | 1,784,564                 | 402,088                         | 1,672,451                                    | 3,859,104  |
| 2026                                | 2,480,635                 | 588,876                         | 1,648,535                                    | 4,718,046  |
| 2027                                | 3,098,442                 | 763,131                         | 1,622,966                                    | 5,484,540  |
| 2028                                | 3,650,052                 | 962,456                         | 1,595,615                                    | 6,208,123  |
| 2029                                | 4,133,345                 | 1,182,109                       | 1,566,343                                    | 6,881,797  |
| 2030                                | 4,550,379                 | 1,425,643                       | 1,535,009                                    | 7,511,032  |
| 2031                                | 4,907,758                 | 1,693,037                       | 1,501,470                                    | 8,102,266  |
| 2032                                | 5,204,192                 | 2,011,872                       | 1,465,582                                    | 8,681,645  |
| 2033                                | 5,448,768                 | 2,341,972                       | 1,427,204                                    | 9,217,944  |
| 2034                                | 5,646,492                 | 2,666,940                       | 1,386,209                                    | 9,699,641  |
| 2035                                | 5,839,998                 | 2,927,439                       | 1,342,482                                    | 10,109,918 |
| 2036                                | 6,023,713                 | 3,179,831                       | 1,295,930                                    | 10,499,474 |
| 2037                                | 6,194,132                 | 3,410,462                       | 1,246,489                                    | 10,851,083 |
| 2038                                | 6,353,548                 | 3,608,587                       | 1,194,129                                    | 11,156,263 |
| 2039                                | 6,503,819                 | 3,773,949                       | 1,138,867                                    | 11,416,635 |
| 2040                                | 6,644,177                 | 3,930,463                       | 1,080,790                                    | 11,655,430 |
| 2041                                | 6,741,062                 | 4,057,373                       | 1,020,063                                    | 11,818,498 |
| 2042                                | 6,824,864                 | 4,189,247                       | 956,945                                      | 11,971,056 |
| 2043                                | 6,866,693                 | 4,306,033                       | 891,801                                      | 12,064,526 |
| 2044                                | 6,907,038                 | 4,386,227                       | 825,101                                      | 12,118,367 |
| 2045                                | 6,938,094                 | 4,470,983                       | 757,433                                      | 12,166,509 |
| 2046                                | 6,937,927                 | 4,498,298                       | 689,486                                      | 12,125,710 |
| 2047                                | 6,909,271                 | 4,522,777                       | 622,037                                      | 12,054,084 |
| 2048                                | 6,905,658                 | 4,521,048                       | 555,915                                      | 11,982,621 |



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

Measurement Date: January 1, 2024

| Plan Year<br>Beginning<br>January 1 | Expected Benefit Payments |                                 |                                              |            |
|-------------------------------------|---------------------------|---------------------------------|----------------------------------------------|------------|
|                                     | Active<br>Participants    | Inactive Vested<br>Participants | Retired<br>Participants and<br>Beneficiaries | Total      |
| 2049                                | 6,867,512                 | 4,491,797                       | 491,954                                      | 11,851,264 |
| 2050                                | 6,787,572                 | 4,442,573                       | 430,940                                      | 11,661,085 |
| 2051                                | 6,657,005                 | 4,388,781                       | 373,559                                      | 11,419,344 |
| 2052                                | 6,531,677                 | 4,329,013                       | 320,363                                      | 11,181,053 |
| 2053                                | 6,371,973                 | 4,246,488                       | 271,751                                      | 10,890,212 |
| 2054                                | 6,209,856                 | 4,160,073                       | 227,962                                      | 10,597,891 |
| 2055                                | 6,024,264                 | 4,063,392                       | 189,082                                      | 10,276,738 |
| 2056                                | 5,836,192                 | 3,970,157                       | 155,059                                      | 9,961,407  |
| 2057                                | 5,646,933                 | 3,871,172                       | 125,719                                      | 9,643,825  |
| 2058                                | 5,446,865                 | 3,753,674                       | 100,797                                      | 9,301,335  |
| 2059                                | 5,226,348                 | 3,628,212                       | 79,944                                       | 8,934,504  |
| 2060                                | 5,012,754                 | 3,515,851                       | 62,761                                       | 8,591,366  |
| 2061                                | 4,799,135                 | 3,396,159                       | 48,814                                       | 8,244,109  |
| 2062                                | 4,582,923                 | 3,279,616                       | 37,656                                       | 7,900,196  |
| 2063                                | 4,362,463                 | 3,142,658                       | 28,852                                       | 7,533,973  |
| 2064                                | 4,137,001                 | 3,016,610                       | 21,994                                       | 7,175,604  |
| 2065                                | 3,916,106                 | 2,889,249                       | 16,710                                       | 6,822,065  |
| 2066                                | 3,690,337                 | 2,753,627                       | 12,680                                       | 6,456,643  |
| 2067                                | 3,466,436                 | 2,609,767                       | 9,627                                        | 6,085,830  |
| 2068                                | 3,248,101                 | 2,467,334                       | 7,326                                        | 5,722,761  |
| 2069                                | 3,033,129                 | 2,327,115                       | 5,595                                        | 5,365,840  |
| 2070                                | 2,823,153                 | 2,187,370                       | 4,292                                        | 5,014,815  |
| 2071                                | 2,620,804                 | 2,049,460                       | 3,309                                        | 4,673,572  |
| 2072                                | 2,427,151                 | 1,913,437                       | 2,561                                        | 4,343,149  |
| 2073                                | 2,242,100                 | 1,772,516                       | 1,990                                        | 4,016,606  |

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

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

|          |         | Years of Credited Service |       |        |         |         |         |         |         |         |      |        |
|----------|---------|---------------------------|-------|--------|---------|---------|---------|---------|---------|---------|------|--------|
| Age      | Stat    | Under 1                   | 1 - 4 | 5 - 9  | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 + | Total  |
| Under 25 | Count   | 566                       | 823   | 28     | -       | -       | -       | -       | -       | -       | -    | 1,417  |
|          | Avg Ben | \$5                       | \$21  | \$46   |         |         |         |         |         |         |      | \$15   |
| 25 - 29  | Count   | 370                       | 859   | 295    | -       | -       | -       | -       | -       | -       | -    | 1,524  |
|          | Avg Ben | \$6                       | \$27  | \$52   |         |         |         |         |         |         |      | \$27   |
| 30 - 34  | Count   | 374                       | 818   | 477    | -       | -       | -       | -       | -       | -       | -    | 1,669  |
|          | Avg Ben | \$6                       | \$27  | \$72   |         |         |         |         |         |         |      | \$35   |
| 35 - 39  | Count   | 1,995                     | 1,413 | 754    | -       | -       | -       | -       | -       | -       | -    | 4,162  |
|          | Avg Ben | \$5                       | \$21  | \$71   |         |         |         |         |         |         |      | \$22   |
| 40 - 44  | Count   | 309                       | 1,570 | 1,181  | -       | -       | -       | -       | -       | -       | -    | 3,060  |
|          | Avg Ben | \$5                       | \$23  | \$72   |         |         |         |         |         |         |      | \$40   |
| 45 - 49  | Count   | 262                       | 1,525 | 1,510  | -       | -       | -       | -       | -       | -       | -    | 3,297  |
|          | Avg Ben | \$5                       | \$22  | \$70   |         |         |         |         |         |         |      | \$43   |
| 50 - 54  | Count   | 203                       | 960   | 2,153  | 4       | -       | -       | -       | -       | -       | -    | 3,320  |
|          | Avg Ben | \$5                       | \$23  | \$67   |         |         |         |         |         |         |      | \$51   |
| 55 - 59  | Count   | 163                       | 789   | 2,581  | 12      | 5       | -       | -       | -       | -       | -    | 3,550  |
|          | Avg Ben | \$5                       | \$23  | \$67   |         |         |         |         |         |         |      | \$55   |
| 60 - 64  | Count   | 99                        | 584   | 2,471  | 18      | 19      | -       | -       | -       | -       | -    | 3,191  |
|          | Avg Ben | \$6                       | \$23  | \$70   |         |         |         |         |         |         |      | \$60   |
| 65 - 69  | Count   | 39                        | 243   | 1,055  | 7       | 12      | -       | -       | -       | -       | -    | 1,356  |
|          | Avg Ben | \$4                       | \$25  | \$62   |         |         |         |         |         |         |      | \$54   |
| 70 +     | Count   | 16                        | 133   | 439    | 3       | 1       | 1       | -       | -       | -       | -    | 593    |
|          | Avg Ben |                           | \$20  | \$59   |         |         |         |         |         |         |      | \$49   |
| Total    | Count   | 4,396                     | 9,717 | 12,944 | 44      | 37      | 1       | -       | -       | -       | -    | 27,139 |
|          | Avg Ben | \$5                       | \$23  | \$68   | \$100   | \$121   |         |         |         |         |      | \$42   |

Stat Description:

- Count: Number of active participants as of the valuation date

- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

## Notes

- As of January 1, 2024, there were 4,022 active participants with unknown dates of birth in the data. For active participants reported without dates of birth that were included in the prior year valuation, the date of birth assumed in the prior valuation was used. For participants who were not included in the prior year valuation, the average entry age of active participants was used to determine the participant's date of birth.
- Credited Service includes Past Credited Service and Future Credited Service. Participants who were accruing Past Credited Service under the Legacy Plan of the National Retirement Fund as of January 1, 2015 are eligible to earn years of Past Credited Service under the Adjustable Plan at a rate of 2 years for each year of Future Credited Service, not to exceed 20 years of Past Credited Service.



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

Measurement Date: January 1, 2024

| Plan Year<br>Beginning<br>January 1 | Employer<br>Contributions | Withdrawal<br>Liability Payments | Total      |
|-------------------------------------|---------------------------|----------------------------------|------------|
| 2024                                | 13,913,799                | 0                                | 13,913,799 |
| 2025                                | 13,913,799                | 0                                | 13,913,799 |
| 2026                                | 13,913,799                | 0                                | 13,913,799 |
| 2027                                | 13,913,799                | 0                                | 13,913,799 |
| 2028                                | 13,913,799                | 0                                | 13,913,799 |
| 2029                                | 13,913,799                | 0                                | 13,913,799 |
| 2030                                | 13,913,799                | 0                                | 13,913,799 |
| 2031                                | 13,913,799                | 0                                | 13,913,799 |
| 2032                                | 13,913,799                | 0                                | 13,913,799 |
| 2033                                | 13,913,799                | 0                                | 13,913,799 |

## Notes

- The plan is not required to file an annual certification of status.
- The projection of employer contributions is based on a projection of industry activity (in other words, covered employment levels) for current and succeeding plan years, reflecting the expectations of the Plan Sponsor. Specifically, the active population is assumed to remain level each year.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.



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

### Charges

| Type          | Date<br>Established | Initial<br>Period | Initial<br>Balance | Outstanding at 1/1/2024<br>Period | Balance       | Annual<br>Payment |
|---------------|---------------------|-------------------|--------------------|-----------------------------------|---------------|-------------------|
| Exper Loss    | 1/1/2019            | 15.00             | \$ 1,696,459       | 10.00                             | \$ 1,285,602  | \$ 164,785        |
| Exper Loss    | 1/1/2020            | 15.00             | 3,262,728          | 11.00                             | 2,649,513     | 316,924           |
| Exper Loss    | 1/1/2023            | 15.00             | 3,519,897          | 14.00                             | 3,368,672     | 341,904           |
| Assumption    | 1/1/2023            | 15.00             | 5,048,292          | 14.00                             | 4,831,403     | 490,364           |
| Exper Loss    | 1/1/2024            | 15.00             | 5,212,170          | 15.00                             | 5,212,170     | 506,282           |
| Total Charges |                     |                   |                    |                                   | \$ 17,347,360 | \$ 1,820,259      |

### Credits

| Type          | Date<br>Established | Initial<br>Period | Initial<br>Balance | Outstanding at 1/1/2024<br>Period | Balance       | Annual<br>Payment |
|---------------|---------------------|-------------------|--------------------|-----------------------------------|---------------|-------------------|
| Other         | 1/1/2018            | 15.00             | \$ 14,967,424      | 9.00                              | \$ 10,482,002 | \$ 1,453,856      |
| Assumption    | 1/1/2018            | 15.00             | 1,300,502          | 9.00                              | 910,769       | 126,324           |
| Exper Gain    | 1/1/2021            | 15.00             | 2,583,163          | 12.00                             | 2,229,848     | 250,915           |
| Exper Gain    | 1/1/2022            | 15.00             | 4,503,532          | 13.00                             | 4,104,955     | 437,449           |
| Total Credits |                     |                   |                    |                                   | \$ 17,727,574 | \$ 2,268,544      |

**Net Total** \$ (380,214) \$ (448,285)

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

| Abbreviation | Description                                                   |
|--------------|---------------------------------------------------------------|
| Initial Liab | Initial unfunded actuarial accrued liability                  |
| Exper Loss   | Actuarial experience loss (charge only)                       |
| Exper Gain   | Actuarial experience gain (credit only)                       |
| Amendment    | Plan amendment                                                |
| Assumption   | Change in actuarial assumptions                               |
| Method       | Change in the actuarial cost method or asset valuation method |
| Combined     | Combined charge base or combined credit base                  |
| Offset       | Combined and offset charge and credit base                    |
| Other        | Initial base post-spinoff                                     |

## Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

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The change in the operating expense assumption was made to better reflect anticipated Plan experience.

The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.



PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees – Adjustable Plan of the National  
Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002  
2024 Form 5500

**Schedule R, Line 14 – Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan**

Reasonable Approximation Method

The counts of inactive participants for 2024, 2023, and 2022 were determined based on the most recent employer for those participants for whom the most recent employer was available. Participants for whom the most recent employer was not available were assumed to have worked for employers who no longer contribute to the Plan.

PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                                        | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|--------------------------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                                      |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
|                                                                                      |         |            |                  |              |           |
| <b><u>TJX Controlled Group (dollar amount contributed: 4,753,512)</u></b>            |         |            |                  |              |           |
| Nbc Merchants, Inc. - Evansville, In                                                 | 1001510 | 04-2906444 | 5/31/2017        | 0.31         | Hours     |
| Hg Merchants, Inc. - Brown                                                           | 1001651 | 04-3550298 | 1/31/2021        | 0.16         | Hours     |
| N B C Nevada Merchants Inc                                                           | 1007444 | 04-2207613 | 12/31/2025       | 0.23         | Hours     |
| N B C Charlotte Merchants, Inc                                                       | 1011883 | 04-3187200 | 12/31/2020       | 0.27         | Hours     |
| N B C Philadelphia Merchants                                                         | 1011901 | 04-3523668 | 1/31/2026        | 0.21         | Hours     |
| N B C Pittston Merchants Inc                                                         | 1011903 | 04-3523668 | 1/31/2025        | 0.21         | Hours     |
| N B C Merchants - Manteca                                                            | 1011936 | 04-3061360 | 12/31/2020       | 0.17         | Hours     |
| Marshall Of Ma - Bridgewater Virginia                                                | 1012161 | 04-3438665 | 2/28/2021        | 0.28         | Hours     |
| Marshalls Of Ma, Inc., Decatur Ga                                                    | 1012165 | 04-3438661 | 5/20/2021        | 0.29         | Hours     |
|                                                                                      |         |            |                  |              |           |
| <b><u>Manhattan Beer Controlled Group (dollar amount contributed: 1,539,396)</u></b> |         |            |                  |              |           |
| Manhattan Beer - Drivers                                                             | 1001602 | 13-3992843 | 4/18/2028        | 1.66         | Hours     |
| Manhattan Beer - Forklift Driv                                                       | 1001603 | 13-3992843 | 4/18/2028        | 0.76         | Hours     |
| Manhattan Beer Distributors Llc                                                      | 1001604 | 13-3992843 | 4/18/2028        | 0.53         | Hours     |
| Manhattan Beer - Helpers                                                             | 1002049 | 13-3992843 | 4/18/2028        | 0.70         | Hours     |
|                                                                                      |         |            |                  |              |           |
| <b><u>Vestis Controlled Group (dollar amount contributed: 1,063,598)</u></b>         |         |            |                  |              |           |
| Vestis Services, Llc - Chicago Laundry                                               | 1001528 | 95-3082883 | 10/2/2026        | 11.83        | Weeks     |
| Vestis Services, Llc (Mc 532)                                                        | 1001541 | 23-2151418 | 3/25/2022        | 0.13         | Hours     |
| Vestis Services, Llc- Bowling Green                                                  | 1001619 | 95-3082883 | 2/28/2022        | 30.49        | Months    |
| Vestis Services, Llc - Wixom Plan                                                    | 1001667 | 95-3082883 | 6/2/2017         | 10.84        | Weeks     |
| Vestis Services, Llc - Savannah, Ga                                                  | 1001709 | 95-3082883 | 3/27/2026        | 0.41         | Hours     |
| Vestis Services, Llc - Mc 322 Dayton, Oh                                             | 1001732 | 95-3082883 | 7/30/2014        | 49.70        | Months    |
| Vestis Services, Llc- St Louis, Mo                                                   | 1001735 | 95-3082883 | 3/1/2019         | 0.18         | Hours     |
| Vestis Services, Llc - Mc543 Oh                                                      | 1001736 | 95-3082883 | 3/3/2017         | 48.75        | Months    |
| Vestis Services, Llc - Solvay, Ny                                                    | 1001935 | 61-1437731 | 3/31/2023        | 5.30         | Weeks     |
| Vestis Services, Llc - Rochester                                                     | 1001936 | 75-3102371 | 9/23/2017        | 3.98         | Weeks     |
| Vestis Services, Llc - Phoenix                                                       | 1002054 | 95-3082883 | 3/31/2016        | 0.03         | Hours     |
| Vestis Services, Llc- Caspian                                                        | 1002136 | 95-3082883 | 10/18/2015       | 3.98         | Weeks     |
| Vestis Services, Llc- Stafford, Texas                                                | 1002163 | 95-3082883 | 3/4/2022         | 3.31         | Weeks     |
| Vestis Services, Llc - Sikeston Mo                                                   | 1002164 | 95-3082883 | 2/11/2022        | 3.98         | Weeks     |
| Vestis Services, Llc- Granite                                                        | 1002165 | 95-3082883 | 3/15/2019        | 3.98         | Weeks     |
| Vestis Services, Llc Pine Bluff                                                      | 1002166 | 95-3082883 | 1/4/2016         | 3.98         | Weeks     |
| Vestis Services, Llc - Bayamon Pr                                                    | 1002176 | 23-2062167 | 2/16/2019        | 2.65         | Weeks     |
| Vestis Services, Llc - Dallas, Tx                                                    | 1002305 | 95-3082883 | 8/1/2025         | 2.65         | Weeks     |
| Vestis Oklahoma City, Ok                                                             | 1002306 | 95-3082883 | 7/15/2016        | 2.65         | Weeks     |
| Vestis Services, Llc- Tyler, Tx                                                      | 1002307 | 95-3082883 | 8/5/2016         | 2.65         | Weeks     |
| Vestis Services, Llc - Fulton Mo                                                     | 1002308 | 95-3082883 | 5/10/2019        | 2.65         | Weeks     |
| Vestis Services, Llc - Springfield Mo                                                | 1002310 | 95-3082883 | 2/1/2019         | 2.65         | Weeks     |
| Vestis Services, Llc - Eugene, Or                                                    | 1002380 | 95-3082883 | 4/7/2028         | 30.43        | Months    |
| Vestis Services, Llc - Nw 23Rd Ave, Portland                                         | 1002382 | 95-3082883 | 4/7/2028         | 45.33        | Months    |
| Vestis Services, Llc - Salem, Or                                                     | 1002384 | 95-3082883 | 4/7/2028         | 40.30        | Months    |
| Vestis Services, Llc - Corvallis, Or                                                 | 1002385 | 23-2062167 | 4/7/2028         | 24.75        | Months    |
| Vestis Services, Llc - Madison, Wi                                                   | 1002388 | 95-3082883 | 5/30/2014        | 4.10         | Weeks     |
| Vestis Services, Llc - Mc544 Toledo                                                  | 1012438 | 95-3082883 | 4/1/2022         | 41.46        | Months    |
| Vestis Services, Llc- Cleanroom 513 Los Angeles                                      | 1013109 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc -586 Paramount                                                  | 1013134 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc- #650 - Riverside                                               | 1013174 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc - 501 Los Angeles                                               | 1013175 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc - 502 Sylmar                                                    | 1013176 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc-#589 - Santa Ana                                                | 1013178 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc - Mc 511 - San Jose, Ca                                         | 1013205 | 95-3082883 | 1/14/2028        | 24.48        | Months    |
| Vestis Services, Llc - Mc 518 - Hayward, Ca                                          | 1013206 | 95-3082883 | 1/14/2028        | 24.48        | Months    |
| Vestis Services, Llc - Mc 516 - Oakland, Ca                                          | 1013207 | 95-3082883 | 1/14/2028        | 24.48        | Months    |
| Vestis Services, Llc - #502C -Oxnard                                                 | 1013210 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc- Cherry Hill Nj                                                 | 1013412 | 95-3082883 | 12/31/2020       | 9.44         | Weeks     |
| Vestis Services, Llc - #506 Sacramento                                               | 1015998 | 95-3082883 | 4/9/2027         | 50.85        | Months    |
| Vestis Services, Llc - #505 Redding                                                  | 1016004 | 95-3082883 | 4/9/2027         | 50.85        | Months    |
| Vestis Services, Llc 504 - Modesto                                                   | 1016028 | 95-3082883 | 10/3/2025        | 50.11        | Months    |
| Vestis Services, Llc- #503 - Fresno                                                  | 1016036 | 95-3082883 | 10/3/2025        | 50.11        | Months    |
| Vestis Services, Llc- #522 - San Diego                                               | 1016050 | 95-3082883 | 12/31/2020       | 44.46        | Months    |
| Vestis Services, Llc- Market #517                                                    | 1016055 | 95-3082883 | 5/7/2021         | 56.37        | Months    |
| Vestis Services, Llc-#508 - Novato, Ca                                               | 1016068 | 95-3082883 | 6/23/2028        | 43.84        | Months    |
| Vestis Services, Llc- #515 - So Sf                                                   | 1016069 | 95-3082883 | 6/27/2025        | 43.84        | Months    |
| Vestis Services, Llc- #502B Lompoc                                                   | 1016073 | 95-3082883 | 12/31/2020       | 43.84        | Months    |

PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                        | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|----------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                      |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
| Vestis Services, Llc - Scranton, Pa                                  | 1017283 | 23-2062167 | 5/7/2021         | 0.01         | Wages     |
| Vestis Services, Llc - Birmingham, Al                                | 1028250 | 95-3082883 | 3/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Jacksonville, Fl                              | 1028274 | 95-3082883 | 1/15/2027        | 41.36        | Months    |
| Vestis Services, Llc - Orlando, Fl                                   | 1028275 | 95-3082883 | 3/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Pompano, Fl                                   | 1028289 | 95-3082883 | 2/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Memphis, Tn                                   | 1028292 | 95-3082883 | 3/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Durham, Nc Cr                                 | 1028296 | 23-2062167 | 11/12/2027       | 22.99        | Months    |
| Vestis Services, Llc- Atlanta, Ga - Mc 567                           | 1028300 | 95-3082883 | 1/15/2027        | 41.36        | Months    |
| Vestis Services, Llc - Mc 307 - Charlotte, Nc                        | 1028384 | 95-3082883 | 2/12/2027        | 41.36        | Months    |
| Aramark Educational Svcs., Llc @ Edinboro Univ.                      | 1039512 | 95-2051630 | 6/30/2026        | 0.50         | Hours     |
| Vestis Services, Llc. - Newark/Union, Nj                             | 1039774 | 95-3082883 | 2/20/2026        | 45.00        | Months    |
| <b>AlSCO Controlled Group (dollar amount contributed: 889,061)</b>   |         |            |                  |              |           |
| AlSCO - Chicago                                                      | 1001527 | 87-0252999 | 9/4/2023         | 8.52         | Weeks     |
| AlSCO - Sarasota                                                     | 1001704 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - St. Petersburg Plant                                         | 1001708 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Tallahassee                                                  | 1001710 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Naples (Production)                                          | 1001714 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Naples (Drivers)                                             | 1001715 | 87-0252999 | 5/2/2026         | 42.86        | Months    |
| AlSCO - Jacksonville                                                 | 1001716 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Pensacola                                                    | 1001717 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Orlando                                                      | 1001726 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Tampa                                                        | 1001727 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Atlanta, Ga                                                  | 1001862 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Nashville, Tn                                                | 1001877 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Charleston, Sc                                               | 1001878 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Shreveport, La                                               | 1001879 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Roanoke, Va                                                  | 1001880 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Memphis, Tn                                                  | 1001881 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Charlotte, Nc (South)                                        | 1001883 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Knoxville, Tn                                                | 1001884 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO Inc. - Alexandria, Va                                          | 1001886 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Columbia, Sc                                                 | 1001887 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Lubbock, Tx                                                  | 1001889 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO Inc. - Denver Linen                                            | 1002014 | 87-0252999 | 1/15/2028        | 15.81        | Months    |
| AlSCO - Charlotte, Nc (North)                                        | 1002134 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO Inc. - Salt Lake City, Utah                                    | 1002138 | 87-0252999 | 9/8/2025         | 0.09         | Hours     |
| AlSCO Industrial - Portland, Or                                      | 1002270 | 87-0252999 | 1/31/2027        | 19.82        | Months    |
| AlSCO Inc. - Medford, Oregon                                         | 1002318 | 87-0252999 | 5/31/2027        | 34.66        | Months    |
| AlSCO Inc. - Portland Linen                                          | 1002383 | 87-0252999 | 5/31/2027        | 19.82        | Months    |
| AlSCO Inc. - Washington                                              | 1002618 | N/A        | 12/31/2021       | 5.30         | Weeks     |
| AlSCO Inc. - Wilmington                                              | 1002619 | N/A        | 2/28/2019        | 5.30         | Weeks     |
| AlSCO North American Linen Supply Division - Miami                   | 1002620 | N/A        | 7/17/2022        | 5.30         | Weeks     |
| AlSCO - Richmond                                                     | 1002621 | N/A        | 1/31/2019        | 3.31         | Weeks     |
| American Linen Sply Co. - La                                         | 1013104 | 87-0252999 | 12/31/2020       | 25.99        | Months    |
| AlSCO Anaheim                                                        | 1013185 | 87-0252999 | 6/6/2021         | 25.99        | Months    |
| AlSCO, Inc. American Industrial Serv. Division                       | 1015620 | 87-0252999 | 5/22/2022        | 0.12         | Hours     |
| AlSCO Inc. - San Jose                                                | 1015986 | 87-0252999 | 7/31/2022        | 46.14        | Months    |
| AlSCO Inc. - Sacramento California                                   | 1015996 | 87-0252999 | 12/31/2020       | 44.46        | Months    |
| AlSCO Inc. - San Diego                                               | 1016047 | 87-0252999 | 12/31/2020       | 44.46        | Months    |
| AlSCO Inc. - San Francisco Ca.                                       | 1016151 | 87-0252999 | 12/31/2022       | 44.47        | Months    |
| AlSCO - St. Louis, Mo                                                | 1016374 | 87-0252999 | 5/2/2026         | 31.63        | Months    |
| AlSCO Inc. - Rochester                                               | 1019117 | 87-0252999 | 2/28/2023        | 20.76        | Months    |
| AlSCO Inc. - Durham Servitex                                         | 1028278 | 87-0252999 | 12/31/2020       | 31.31        | Months    |
| AlSCO, Inc. - Raleigh, Nc                                            | 1028293 | 87-0252999 | 1/16/2028        | 22.95        | Months    |
| <b>Levi Controlled Group (dollar amount contributed: 690,276)</b>    |         |            |                  |              |           |
| Levi Strauss & Co                                                    | 1011938 | 94-0905160 | 5/31/2022        | 0.40         | Hours     |
| <b>Mission Controlled Group (dollar amount contributed: 483,031)</b> |         |            |                  |              |           |
| Mission Linen Sply Plnts # 200, 900, 8300-Phx, Az                    | 1001690 | 95-1942549 | 8/20/2014        | 0.26         | Hours     |
| Mission Linen Supply/Flagstaff                                       | 1001909 | 95-1942549 | 8/20/2017        | 0.13         | Hours     |
| Mission Linen Supply #0400                                           | 1013149 | N/A        | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply #1400                                           | 1013151 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply #2600                                           | 1013153 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply # 2400                                          | 1013154 | 95-1942549 | 12/31/2020       | 25.48        | Months    |

PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                               | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|-----------------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                             |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
| Mission Linen Supply #0100                                                  | 1013156 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply - 3400 Chino                                           | 1013191 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply - 105 Chino                                            | 1013192 | N/A        | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply - Plant #4800 - Sacramento                             | 1015991 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #4700 - Sacramento                             | 1015993 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #2500 - Chico                                  | 1016007 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #2300 - Fresno                                 | 1016035 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #700 - Bakersfield                             | 1016041 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #800 - Santa Maria                             | 1016071 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #300 - Salinas                                 | 1016075 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #2100 - Salinas                                | 1016077 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply & Unif Svcs - Cmf Plant# 8400                          | 1016157 | 95-1942549 | 6/30/2024        | 54.55        | Months    |
| <b><u>Aramark Controlled Group (dollar amount contributed: 376,033)</u></b> |         |            |                  |              |           |
| Aramark Ed Svcs Llc @ Indiana Univ Of Penn                                  | 190196  | 23-1354443 | 10/31/2022       | 0.95         | Hours     |
| Aramark Business Svcs. Llc - Huntington Ingalls                             | 540002  | 95-2051630 | 3/31/2025        | 0.51         | Hours     |
| Aramark S & E Svcs Llc Univ. Of Penn Steinberg Ctr                          | 560024  | 95-2051630 | 9/30/2021        | 0.61         | Hours     |
| Aramark Educational Svcs St. Joseph'S University                            | 560077  | 23-2573585 | 6/30/2018        | 0.43         | Hours     |
| Aramark Education Svcs Llc @ Lock Haven Univ.                               | 560104  | 95-2051630 | 2/28/2017        | 0.48         | Hours     |
| Aramark Healthcare Services Llp @ Tewksbury Hosp                            | 1002419 | 95-3082883 | 4/17/2014        | 0.11         | Hours     |
| Aramark Healthcare Services @ Tewksbury Hospital                            | 1002420 | 95-3082883 | 4/17/2014        | 0.11         | Hours     |
| Aramark Education Svcs Llc @ West Chester Univ.                             | 1002587 | 95-3082883 | 11/23/2015       | 0.14         | Hours     |
| Aramark Education Svcs Llc @ Oglethorpe University                          | 1002606 | 95-2051630 | 7/31/2027        | 0.05         | Hours     |
| Aramark S & E Svcs Llc - Penn. Convention Ctr                               | 1019042 | 23-2693517 | 12/31/2020       | 0.17         | Hours     |
| Aramark Bus. And Ind., Llc @ Volvo - Dublin, Va                             | 1038624 | 95-3082883 | 12/31/2024       | 0.11         | Hours     |
| Aramark Educational Svcs. Llc @ Temple University                           | 1038705 | 95-3082883 | 5/31/2024        | 0.38         | Hours     |
| Aramark Education Svcs Llc @ Univ. Of Scranton                              | 1039600 | 95-2051630 | 5/22/2022        | 0.10         | Hours     |
| Aramark Fac. Llc @ Univ. Of Sci'S (St. Joe'S Uc)                            | 1039859 | N/A        | 6/30/2025        | 0.69         | Hours     |
| Aes, Llc @ Towson University                                                | 1039998 | N/A        | 9/30/2027        | 0.12         | Hours     |
| Aramark @ Hollywood Presbyterian Medical Center                             | 1040417 | N/A        | 12/31/2026       | 0.13         | Hours     |
| <b><u>Compass Controlled Group (dollar amount contributed: 363,697)</u></b> |         |            |                  |              |           |
| Eurest Dining Svcs Cat Morton Bldg C                                        | 324089  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar #28548                                       | 324350  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar E.Peoria Bldg. Ad                            | 324351  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat.#28316 Mossville Hose Plant                          | 324354  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #28308 Mossville Proving                             | 324355  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #2834 Mossville Technical C                          | 324367  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar Mossville Bldg G                             | 324376  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #20784 Mossville Technical                           | 324377  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar Bldg Lc                                      | 324551  | 56-1874931 | 10/31/2017       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar Admin. Bldg.                                 | 324554  | 56-1874931 | 11/30/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar E. Peoria Bldg Kk                            | 324556  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #27334 East Peoria Bldg. Ll                          | 324557  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs - Caterpillar Inc, Pontiac, Il                           | 324612  | 56-1874931 | 5/31/2018        | 0.71         | Hours     |
| Eurest Dining Svcs - Caterpillar Inc. Decatur Il                            | 324618  | 56-1874931 | 10/31/2017       | 0.81         | Hours     |
| Eurest Dining Services Caterpillar Edlc                                     | 324667  | 56-1874931 | 11/30/2014       | 0.79         | Hours     |
| Eds, Inc. @ Constellation Braidwood Nuclear Plant                           | 1001868 | 56-2256673 | 9/14/2025        | 0.11         | Hours     |
| Chartwells Sch Dng Svcs @ Muskegon Sch District                             | 1001869 | 56-1874931 | 10/31/2015       | 0.16         | Hours     |
| Morrison Mgmt. Specialist @ Hogan Regional Center                           | 1001942 | 56-1874931 | 6/7/2017         | 0.11         | Hours     |
| Morrison Mgt Svc @ Arizona State Hospital                                   | 1001988 | 63-1053451 | 9/30/2026        | 0.10         | Hours     |
| Morrison Mgmt @ Columbus Twin Valley                                        | 1001993 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Compass- Northcoast Behavioral Health                                       | 1001995 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Morrison Mgmt @ Cambridge Dev Ctr                                           | 1001996 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Morrison-Arizona State Hospital                                             | 1001999 | 63-1155966 | 9/30/2026        | 0.10         | Hours     |
| Morrison Mgmt @ Northcoast Behavioral - Toledo                              | 1002016 | 63-1155966 | 11/30/2018       | 0.12         | Hours     |
| Morrison Mgmt @ Massillon Heartland Behavioral                              | 1002020 | 63-1155966 | 11/30/2018       | 0.11         | Hours     |
| Morrison Mgmt Specialist @ Wrentham Dev Center                              | 1002033 | 63-1155966 | 6/7/2017         | 0.11         | Hours     |
| Eurest Dining Svcs @ Thrivent Fin Svcs - Minn, Mn                           | 1002122 | 56-2256673 | 6/30/2023        | 0.13         | Hours     |
| Chartwells @ Louisburg College                                              | 1002126 | 56-1874931 | 4/30/2028        | 0.12         | Hours     |
| Chartwells Sch. Din. Svcs. @ Biloxi, Ms Sch. Dist.                          | 1002135 | 56-1874931 | 10/31/2027       | 0.10         | Hours     |
| Compass University Of Arizona                                               | 1002147 | 56-1874931 | 10/5/2011        | 0.12         | Hours     |
| Eds - Navy Federal Credit Union                                             | 1002196 | 56-1874931 | 3/9/2025         | 0.09         | Hours     |
| Compass-Stroudsburg School District                                         | 1002200 | 56-1874931 | 9/30/2025        | 0.17         | Hours     |
| Chartwell Campus Dining Svcs @ Suny Plattsburgh Ny                          | 1002214 | 56-1874931 | 5/31/2020        | 0.13         | Hours     |
| Eds @ Sap America - Newtown Square, Pa                                      | 1002218 | 56-1874931 | 10/31/2025       | 0.12         | Hours     |

PLAN NAME: Adjustable Plan of the National Retirement Fund  
 PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
 PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                                     | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|-----------------------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                                   |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
| Bon Appetit Management Co. @ St. Mary'S College                                   | 1002243 | 94-3039662 | 1/31/2027        | 0.14         | Hours     |
| Chartwells Higher Education @ Umhc                                                | 1002249 | 56-1874931 | 1/31/2026        | 0.13         | Hours     |
| Chartwells Dining Svcs @ Lower Dauphin Sch. Dist.                                 | 1002251 | 56-1874931 | 6/30/2026        | 0.11         | Hours     |
| Morrison Mgmt @ Summit Behavioral                                                 | 1002257 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Compass Western State Hospital                                                    | 1002258 | 63-1155966 | 1/27/2017        | 0.12         | Hours     |
| Chartwell Sch Dining Svcs @ Hancock Place Sch Dist                                | 1002296 | 56-1874931 | 7/31/2017        | 0.13         | Hours     |
| Chartwells Sch. Dining @ S. Brunswick Sch. Dist.                                  | 1002298 | 54-2067893 | 9/30/2025        | 0.09         | Hours     |
| Eurest Dining Svcs @ Cuna Mutual - Madison, Wi                                    | 1002370 | 56-1874931 | 8/31/2015        | 0.13         | Hours     |
| Morrison Mgmt @ Appalachian Behavioral - Athens                                   | 1002377 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Bon Appetit Mgmt Company @ Stanford University                                    | 1002397 | 94-3039667 | 8/31/2019        | 0.22         | Hours     |
| Morrison Mgmt Svcs @ Livingston County Home                                       | 1002398 | 63-1155966 | 3/31/2027        | 0.08         | Hours     |
| Compass @ Detroit Edi Nuclear, Newport & Monroe Mi                                | 1002402 | 38-1792419 | 7/31/2017        | 0.13         | Hours     |
| Core Laundry Services - Clermont, Fl                                              | 1002414 | N/A        | 12/31/2024       | 0.10         | Hours     |
| Compass Midland School Dist                                                       | 1002498 | N/A        | 4/17/2016        | 0.17         | Hours     |
| Chartwells School Dining Svcs @ Hitchcock Sch Dist                                | 1002499 | N/A        | 4/5/2024         | 0.05         | Hours     |
| Bon Appetit A Div Of Comp Grp, Inc @ Trine Univ                                   | 1002505 | 94-3039662 | 8/20/2024        | 0.09         | Hours     |
| Morrison Mgmt Services @ Coral Gables Hospital                                    | 1002506 | N/A        | 7/14/2018        | 0.10         | Hours     |
| Canten Dining Services @ Carrier Collierville Tx                                  | 1002514 | 56-1874931 | 6/30/2022        | 0.11         | Hours     |
| Crothall Laundry Services @ La Mirada Laundry                                     | 1013112 | N/A        | 7/5/2022         | 25.48        | Months    |
| Crothall Services @ Ontario Laundry " Cedar Sinai                                 | 1013202 | N/A        | 12/31/2020       | 25.48        | Months    |
| Chartwells @ New Orleans School District                                          | 1037980 | N/A        | 7/31/2024        | 0.07         | Hours     |
| Chartwells Sch. Dining @ Orange Sch. District                                     | 1038047 | N/A        | 9/30/2025        | 0.10         | Hours     |
| Morrison @ North Shore Medical Center                                             | 1038111 | N/A        | 12/2/2021        | 0.09         | Hours     |
| Compass - Colgate University                                                      | 1038289 | N/A        | 6/30/2017        | 0.19         | Hours     |
| Eurest Dining Service @ Boeing Helicopter                                         | 1038422 | N/A        | 10/31/2025       | 0.53         | Hours     |
| Culinart @ Point Park University                                                  | 1038436 | N/A        | 7/31/2026        | 0.70         | Hours     |
| Compass Group Morrison @ Tenet Drs Of Modesto                                     | 1039212 | N/A        | 12/14/2018       | 0.22         | Hours     |
| Chartwells @ Suffolk University                                                   | 1039520 | 56-1874931 | 10/31/2021       | 0.13         | Hours     |
|                                                                                   |         |            |                  |              |           |
| <u>Sealy Mattress Co of Green Island, NY (dollar amount contributed: 296,061)</u> | 1001044 | 34-1439379 | 10/29/2022       | 1.09         | Hours     |
|                                                                                   |         |            |                  |              |           |
| <u>American Greetings Corporation (dollar amount contributed: 281,907)</u>        | 1001165 | 34-1233452 | 10/19/2020       | 0.43         | Hours     |
|                                                                                   |         |            |                  |              |           |

PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                                        | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|--------------------------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                                      |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
|                                                                                      |         |            |                  |              |           |
| <b><u>TJX Controlled Group (dollar amount contributed: 4,753,512)</u></b>            |         |            |                  |              |           |
| Nbc Merchants, Inc. - Evansville, In                                                 | 1001510 | 04-2906444 | 5/31/2017        | 0.31         | Hours     |
| Hg Merchants, Inc. - Brown                                                           | 1001651 | 04-3550298 | 1/31/2021        | 0.16         | Hours     |
| N B C Nevada Merchants Inc                                                           | 1007444 | 04-2207613 | 12/31/2025       | 0.23         | Hours     |
| N B C Charlotte Merchants, Inc                                                       | 1011883 | 04-3187200 | 12/31/2020       | 0.27         | Hours     |
| N B C Philadelphia Merchants                                                         | 1011901 | 04-3523668 | 1/31/2026        | 0.21         | Hours     |
| N B C Pittston Merchants Inc                                                         | 1011903 | 04-3523668 | 1/31/2025        | 0.21         | Hours     |
| N B C Merchants - Manteca                                                            | 1011936 | 04-3061360 | 12/31/2020       | 0.17         | Hours     |
| Marshall Of Ma - Bridgewater Virginia                                                | 1012161 | 04-3438665 | 2/28/2021        | 0.28         | Hours     |
| Marshalls Of Ma, Inc., Decatur Ga                                                    | 1012165 | 04-3438661 | 5/20/2021        | 0.29         | Hours     |
|                                                                                      |         |            |                  |              |           |
| <b><u>Manhattan Beer Controlled Group (dollar amount contributed: 1,539,396)</u></b> |         |            |                  |              |           |
| Manhattan Beer - Drivers                                                             | 1001602 | 13-3992843 | 4/18/2028        | 1.66         | Hours     |
| Manhattan Beer - Forklift Driv                                                       | 1001603 | 13-3992843 | 4/18/2028        | 0.76         | Hours     |
| Manhattan Beer Distributors Llc                                                      | 1001604 | 13-3992843 | 4/18/2028        | 0.53         | Hours     |
| Manhattan Beer - Helpers                                                             | 1002049 | 13-3992843 | 4/18/2028        | 0.70         | Hours     |
|                                                                                      |         |            |                  |              |           |
| <b><u>Vestis Controlled Group (dollar amount contributed: 1,063,598)</u></b>         |         |            |                  |              |           |
| Vestis Services, Llc - Chicago Laundry                                               | 1001528 | 95-3082883 | 10/2/2026        | 11.83        | Weeks     |
| Vestis Services, Llc (Mc 532)                                                        | 1001541 | 23-2151418 | 3/25/2022        | 0.13         | Hours     |
| Vestis Services, Llc- Bowling Green                                                  | 1001619 | 95-3082883 | 2/28/2022        | 30.49        | Months    |
| Vestis Services, Llc - Wixom Plan                                                    | 1001667 | 95-3082883 | 6/2/2017         | 10.84        | Weeks     |
| Vestis Services, Llc - Savannah, Ga                                                  | 1001709 | 95-3082883 | 3/27/2026        | 0.41         | Hours     |
| Vestis Services, Llc - Mc 322 Dayton, Oh                                             | 1001732 | 95-3082883 | 7/30/2014        | 49.70        | Months    |
| Vestis Services, Llc- St Louis, Mo                                                   | 1001735 | 95-3082883 | 3/1/2019         | 0.18         | Hours     |
| Vestis Services, Llc - Mc543 Oh                                                      | 1001736 | 95-3082883 | 3/3/2017         | 48.75        | Months    |
| Vestis Services, Llc - Solvay, Ny                                                    | 1001935 | 61-1437731 | 3/31/2023        | 5.30         | Weeks     |
| Vestis Services, Llc - Rochester                                                     | 1001936 | 75-3102371 | 9/23/2017        | 3.98         | Weeks     |
| Vestis Services, Llc - Phoenix                                                       | 1002054 | 95-3082883 | 3/31/2016        | 0.03         | Hours     |
| Vestis Services, Llc- Caspian                                                        | 1002136 | 95-3082883 | 10/18/2015       | 3.98         | Weeks     |
| Vestis Services, Llc- Stafford, Texas                                                | 1002163 | 95-3082883 | 3/4/2022         | 3.31         | Weeks     |
| Vestis Services, Llc - Sikeston Mo                                                   | 1002164 | 95-3082883 | 2/11/2022        | 3.98         | Weeks     |
| Vestis Services, Llc- Granite                                                        | 1002165 | 95-3082883 | 3/15/2019        | 3.98         | Weeks     |
| Vestis Services, Llc Pine Bluff                                                      | 1002166 | 95-3082883 | 1/4/2016         | 3.98         | Weeks     |
| Vestis Services, Llc - Bayamon Pr                                                    | 1002176 | 23-2062167 | 2/16/2019        | 2.65         | Weeks     |
| Vestis Services, Llc - Dallas, Tx                                                    | 1002305 | 95-3082883 | 8/1/2025         | 2.65         | Weeks     |
| Vestis Oklahoma City, Ok                                                             | 1002306 | 95-3082883 | 7/15/2016        | 2.65         | Weeks     |
| Vestis Services, Llc- Tyler, Tx                                                      | 1002307 | 95-3082883 | 8/5/2016         | 2.65         | Weeks     |
| Vestis Services, Llc - Fulton Mo                                                     | 1002308 | 95-3082883 | 5/10/2019        | 2.65         | Weeks     |
| Vestis Services, Llc - Springfield Mo                                                | 1002310 | 95-3082883 | 2/1/2019         | 2.65         | Weeks     |
| Vestis Services, Llc - Eugene, Or                                                    | 1002380 | 95-3082883 | 4/7/2028         | 30.43        | Months    |
| Vestis Services, Llc - Nw 23Rd Ave, Portland                                         | 1002382 | 95-3082883 | 4/7/2028         | 45.33        | Months    |
| Vestis Services, Llc - Salem, Or                                                     | 1002384 | 95-3082883 | 4/7/2028         | 40.30        | Months    |
| Vestis Services, Llc - Corvallis, Or                                                 | 1002385 | 23-2062167 | 4/7/2028         | 24.75        | Months    |
| Vestis Services, Llc - Madison, Wi                                                   | 1002388 | 95-3082883 | 5/30/2014        | 4.10         | Weeks     |
| Vestis Services, Llc - Mc544 Toledo                                                  | 1012438 | 95-3082883 | 4/1/2022         | 41.46        | Months    |
| Vestis Services, Llc- Cleanroom 513 Los Angeles                                      | 1013109 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc -586 Paramount                                                  | 1013134 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc- #650 - Riverside                                               | 1013174 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc - 501 Los Angeles                                               | 1013175 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc - 502 Sylmar                                                    | 1013176 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc-#589 - Santa Ana                                                | 1013178 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc - Mc 511 - San Jose, Ca                                         | 1013205 | 95-3082883 | 1/14/2028        | 24.48        | Months    |
| Vestis Services, Llc - Mc 518 - Hayward, Ca                                          | 1013206 | 95-3082883 | 1/14/2028        | 24.48        | Months    |
| Vestis Services, Llc - Mc 516 - Oakland, Ca                                          | 1013207 | 95-3082883 | 1/14/2028        | 24.48        | Months    |
| Vestis Services, Llc - #502C -Oxnard                                                 | 1013210 | 95-3082883 | 12/31/2020       | 23.28        | Months    |
| Vestis Services, Llc- Cherry Hill Nj                                                 | 1013412 | 95-3082883 | 12/31/2020       | 9.44         | Weeks     |
| Vestis Services, Llc - #506 Sacramento                                               | 1015998 | 95-3082883 | 4/9/2027         | 50.85        | Months    |
| Vestis Services, Llc - #505 Redding                                                  | 1016004 | 95-3082883 | 4/9/2027         | 50.85        | Months    |
| Vestis Services, Llc 504 - Modesto                                                   | 1016028 | 95-3082883 | 10/3/2025        | 50.11        | Months    |
| Vestis Services, Llc- #503 - Fresno                                                  | 1016036 | 95-3082883 | 10/3/2025        | 50.11        | Months    |
| Vestis Services, Llc- #522 - San Diego                                               | 1016050 | 95-3082883 | 12/31/2020       | 44.46        | Months    |
| Vestis Services, Llc- Market #517                                                    | 1016055 | 95-3082883 | 5/7/2021         | 56.37        | Months    |
| Vestis Services, Llc-#508 - Novato, Ca                                               | 1016068 | 95-3082883 | 6/23/2028        | 43.84        | Months    |
| Vestis Services, Llc- #515 - So Sf                                                   | 1016069 | 95-3082883 | 6/27/2025        | 43.84        | Months    |
| Vestis Services, Llc- #502B Lompoc                                                   | 1016073 | 95-3082883 | 12/31/2020       | 43.84        | Months    |

PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                        | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|----------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                      |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
| Vestis Services, Llc - Scranton, Pa                                  | 1017283 | 23-2062167 | 5/7/2021         | 0.01         | Wages     |
| Vestis Services, Llc - Birmingham, Al                                | 1028250 | 95-3082883 | 3/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Jacksonville, Fl                              | 1028274 | 95-3082883 | 1/15/2027        | 41.36        | Months    |
| Vestis Services, Llc - Orlando, Fl                                   | 1028275 | 95-3082883 | 3/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Pompano, Fl                                   | 1028289 | 95-3082883 | 2/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Memphis, Tn                                   | 1028292 | 95-3082883 | 3/12/2027        | 41.36        | Months    |
| Vestis Services, Llc - Durham, Nc Cr                                 | 1028296 | 23-2062167 | 11/12/2027       | 22.99        | Months    |
| Vestis Services, Llc- Atlanta, Ga - Mc 567                           | 1028300 | 95-3082883 | 1/15/2027        | 41.36        | Months    |
| Vestis Services, Llc - Mc 307 - Charlotte, Nc                        | 1028384 | 95-3082883 | 2/12/2027        | 41.36        | Months    |
| Aramark Educational Svcs., Llc @ Edinboro Univ.                      | 1039512 | 95-2051630 | 6/30/2026        | 0.50         | Hours     |
| Vestis Services, Llc. - Newark/Union, Nj                             | 1039774 | 95-3082883 | 2/20/2026        | 45.00        | Months    |
| <b>AlSCO Controlled Group (dollar amount contributed: 889,061)</b>   |         |            |                  |              |           |
| AlSCO - Chicago                                                      | 1001527 | 87-0252999 | 9/4/2023         | 8.52         | Weeks     |
| AlSCO - Sarasota                                                     | 1001704 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - St. Petersburg Plant                                         | 1001708 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Tallahassee                                                  | 1001710 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Naples (Production)                                          | 1001714 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Naples (Drivers)                                             | 1001715 | 87-0252999 | 5/2/2026         | 42.86        | Months    |
| AlSCO - Jacksonville                                                 | 1001716 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Pensacola                                                    | 1001717 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Orlando                                                      | 1001726 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Tampa                                                        | 1001727 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Atlanta, Ga                                                  | 1001862 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Nashville, Tn                                                | 1001877 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Charleston, Sc                                               | 1001878 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Shreveport, La                                               | 1001879 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Roanoke, Va                                                  | 1001880 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Memphis, Tn                                                  | 1001881 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Charlotte, Nc (South)                                        | 1001883 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Knoxville, Tn                                                | 1001884 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO Inc. - Alexandria, Va                                          | 1001886 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Columbia, Sc                                                 | 1001887 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO - Lubbock, Tx                                                  | 1001889 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO Inc. - Denver Linen                                            | 1002014 | 87-0252999 | 1/15/2028        | 15.81        | Months    |
| AlSCO - Charlotte, Nc (North)                                        | 1002134 | 87-0252999 | 5/2/2026         | 34.24        | Months    |
| AlSCO Inc. - Salt Lake City, Utah                                    | 1002138 | 87-0252999 | 9/8/2025         | 0.09         | Hours     |
| AlSCO Industrial - Portland, Or                                      | 1002270 | 87-0252999 | 1/31/2027        | 19.82        | Months    |
| AlSCO Inc. - Medford, Oregon                                         | 1002318 | 87-0252999 | 5/31/2027        | 34.66        | Months    |
| AlSCO Inc. - Portland Linen                                          | 1002383 | 87-0252999 | 5/31/2027        | 19.82        | Months    |
| AlSCO Inc. - Washington                                              | 1002618 | N/A        | 12/31/2021       | 5.30         | Weeks     |
| AlSCO Inc. - Wilmington                                              | 1002619 | N/A        | 2/28/2019        | 5.30         | Weeks     |
| AlSCO North American Linen Supply Division - Miami                   | 1002620 | N/A        | 7/17/2022        | 5.30         | Weeks     |
| AlSCO - Richmond                                                     | 1002621 | N/A        | 1/31/2019        | 3.31         | Weeks     |
| American Linen Sply Co. - La                                         | 1013104 | 87-0252999 | 12/31/2020       | 25.99        | Months    |
| AlSCO Anaheim                                                        | 1013185 | 87-0252999 | 6/6/2021         | 25.99        | Months    |
| AlSCO, Inc. American Industrial Serv. Division                       | 1015620 | 87-0252999 | 5/22/2022        | 0.12         | Hours     |
| AlSCO Inc. - San Jose                                                | 1015986 | 87-0252999 | 7/31/2022        | 46.14        | Months    |
| AlSCO Inc. - Sacramento California                                   | 1015996 | 87-0252999 | 12/31/2020       | 44.46        | Months    |
| AlSCO Inc. - San Diego                                               | 1016047 | 87-0252999 | 12/31/2020       | 44.46        | Months    |
| AlSCO Inc. - San Francisco Ca.                                       | 1016151 | 87-0252999 | 12/31/2022       | 44.47        | Months    |
| AlSCO - St. Louis, Mo                                                | 1016374 | 87-0252999 | 5/2/2026         | 31.63        | Months    |
| AlSCO Inc. - Rochester                                               | 1019117 | 87-0252999 | 2/28/2023        | 20.76        | Months    |
| AlSCO Inc. - Durham Servitex                                         | 1028278 | 87-0252999 | 12/31/2020       | 31.31        | Months    |
| AlSCO, Inc. - Raleigh, Nc                                            | 1028293 | 87-0252999 | 1/16/2028        | 22.95        | Months    |
| <b>Levi Controlled Group (dollar amount contributed: 690,276)</b>    |         |            |                  |              |           |
| Levi Strauss & Co                                                    | 1011938 | 94-0905160 | 5/31/2022        | 0.40         | Hours     |
| <b>Mission Controlled Group (dollar amount contributed: 483,031)</b> |         |            |                  |              |           |
| Mission Linen Sply Plnts # 200, 900, 8300-Phx, Az                    | 1001690 | 95-1942549 | 8/20/2014        | 0.26         | Hours     |
| Mission Linen Supply/Flagstaff                                       | 1001909 | 95-1942549 | 8/20/2017        | 0.13         | Hours     |
| Mission Linen Supply #0400                                           | 1013149 | N/A        | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply #1400                                           | 1013151 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply #2600                                           | 1013153 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply # 2400                                          | 1013154 | 95-1942549 | 12/31/2020       | 25.48        | Months    |

PLAN NAME: Adjustable Plan of the National Retirement Fund  
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund

EIN #: 13-6130178  
PLAN NUMBER: 002

2024 Form 5500, Schedule R

Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                               | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|-----------------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                             |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
| Mission Linen Supply #0100                                                  | 1013156 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply - 3400 Chino                                           | 1013191 | 95-1942549 | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply - 105 Chino                                            | 1013192 | N/A        | 12/31/2020       | 25.48        | Months    |
| Mission Linen Supply - Plant #4800 - Sacramento                             | 1015991 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #4700 - Sacramento                             | 1015993 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #2500 - Chico                                  | 1016007 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #2300 - Fresno                                 | 1016035 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #700 - Bakersfield                             | 1016041 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #800 - Santa Maria                             | 1016071 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #300 - Salinas                                 | 1016075 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply - Plant #2100 - Salinas                                | 1016077 | 95-1942549 | 6/30/2024        | 43.84        | Months    |
| Mission Linen Supply & Unif Svcs - Cmf Plant# 8400                          | 1016157 | 95-1942549 | 6/30/2024        | 54.55        | Months    |
| <b><u>Aramark Controlled Group (dollar amount contributed: 376,033)</u></b> |         |            |                  |              |           |
| Aramark Ed Svcs Llc @ Indiana Univ Of Penn                                  | 190196  | 23-1354443 | 10/31/2022       | 0.95         | Hours     |
| Aramark Business Svcs. Llc - Huntington Ingalls                             | 540002  | 95-2051630 | 3/31/2025        | 0.51         | Hours     |
| Aramark S & E Svcs Llc Univ. Of Penn Steinberg Ctr                          | 560024  | 95-2051630 | 9/30/2021        | 0.61         | Hours     |
| Aramark Educational Svcs St. Joseph'S University                            | 560077  | 23-2573585 | 6/30/2018        | 0.43         | Hours     |
| Aramark Education Svcs Llc @ Lock Haven Univ.                               | 560104  | 95-2051630 | 2/28/2017        | 0.48         | Hours     |
| Aramark Healthcare Services Llp @ Tewksbury Hosp                            | 1002419 | 95-3082883 | 4/17/2014        | 0.11         | Hours     |
| Aramark Healthcare Services @ Tewksbury Hospital                            | 1002420 | 95-3082883 | 4/17/2014        | 0.11         | Hours     |
| Aramark Education Svcs Llc @ West Chester Univ.                             | 1002587 | 95-3082883 | 11/23/2015       | 0.14         | Hours     |
| Aramark Education Svcs Llc @ Oglethorpe University                          | 1002606 | 95-2051630 | 7/31/2027        | 0.05         | Hours     |
| Aramark S & E Svcs Llc - Penn. Convention Ctr                               | 1019042 | 23-2693517 | 12/31/2020       | 0.17         | Hours     |
| Aramark Bus. And Ind., Llc @ Volvo - Dublin, Va                             | 1038624 | 95-3082883 | 12/31/2024       | 0.11         | Hours     |
| Aramark Educational Svcs. Llc @ Temple University                           | 1038705 | 95-3082883 | 5/31/2024        | 0.38         | Hours     |
| Aramark Education Svcs Llc @ Univ. Of Scranton                              | 1039600 | 95-2051630 | 5/22/2022        | 0.10         | Hours     |
| Aramark Fac. Llc @ Univ. Of Sci'S (St. Joe'S Uc)                            | 1039859 | N/A        | 6/30/2025        | 0.69         | Hours     |
| Aes, Llc @ Towson University                                                | 1039998 | N/A        | 9/30/2027        | 0.12         | Hours     |
| Aramark @ Hollywood Presbyterian Medical Center                             | 1040417 | N/A        | 12/31/2026       | 0.13         | Hours     |
| <b><u>Compass Controlled Group (dollar amount contributed: 363,697)</u></b> |         |            |                  |              |           |
| Eurest Dining Svcs Cat Morton Bldg C                                        | 324089  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar #28548                                       | 324350  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar E.Peoria Bldg. Ad                            | 324351  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat.#28316 Mossville Hose Plant                          | 324354  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #28308 Mossville Proving                             | 324355  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #2834 Mossville Technical C                          | 324367  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar Mossville Bldg G                             | 324376  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #20784 Mossville Technical                           | 324377  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar Bldg Lc                                      | 324551  | 56-1874931 | 10/31/2017       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar Admin. Bldg.                                 | 324554  | 56-1874931 | 11/30/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Caterpillar E. Peoria Bldg Kk                            | 324556  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs Cat #27334 East Peoria Bldg. Ll                          | 324557  | 56-1874931 | 10/31/2014       | 0.79         | Hours     |
| Eurest Dining Svcs - Caterpillar Inc, Pontiac, Il                           | 324612  | 56-1874931 | 5/31/2018        | 0.71         | Hours     |
| Eurest Dining Svcs - Caterpillar Inc. Decatur Il                            | 324618  | 56-1874931 | 10/31/2017       | 0.81         | Hours     |
| Eurest Dining Services Caterpillar Edlc                                     | 324667  | 56-1874931 | 11/30/2014       | 0.79         | Hours     |
| Eds, Inc. @ Constellation Braidwood Nuclear Plant                           | 1001868 | 56-2256673 | 9/14/2025        | 0.11         | Hours     |
| Chartwells Sch Dng Svcs @ Muskegon Sch District                             | 1001869 | 56-1874931 | 10/31/2015       | 0.16         | Hours     |
| Morrison Mgmt. Specialist @ Hogan Regional Center                           | 1001942 | 56-1874931 | 6/7/2017         | 0.11         | Hours     |
| Morrison Mgt Svc @ Arizona State Hospital                                   | 1001988 | 63-1053451 | 9/30/2026        | 0.10         | Hours     |
| Morrison Mgmt @ Columbus Twin Valley                                        | 1001993 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Compass- Northcoast Behavioral Health                                       | 1001995 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Morrison Mgmt @ Cambridge Dev Ctr                                           | 1001996 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Morrison-Arizona State Hospital                                             | 1001999 | 63-1155966 | 9/30/2026        | 0.10         | Hours     |
| Morrison Mgmt @ Northcoast Behavioral - Toledo                              | 1002016 | 63-1155966 | 11/30/2018       | 0.12         | Hours     |
| Morrison Mgmt @ Massillon Heartland Behavioral                              | 1002020 | 63-1155966 | 11/30/2018       | 0.11         | Hours     |
| Morrison Mgmt Specialist @ Wrentham Dev Center                              | 1002033 | 63-1155966 | 6/7/2017         | 0.11         | Hours     |
| Eurest Dining Svcs @ Thrivent Fin Svcs - Minn, Mn                           | 1002122 | 56-2256673 | 6/30/2023        | 0.13         | Hours     |
| Chartwells @ Louisburg College                                              | 1002126 | 56-1874931 | 4/30/2028        | 0.12         | Hours     |
| Chartwells Sch. Din. Svcs. @ Biloxi, Ms Sch. Dist.                          | 1002135 | 56-1874931 | 10/31/2027       | 0.10         | Hours     |
| Compass University Of Arizona                                               | 1002147 | 56-1874931 | 10/5/2011        | 0.12         | Hours     |
| Eds - Navy Federal Credit Union                                             | 1002196 | 56-1874931 | 3/9/2025         | 0.09         | Hours     |
| Compass-Stroudsburg School District                                         | 1002200 | 56-1874931 | 9/30/2025        | 0.17         | Hours     |
| Chartwell Campus Dining Svcs @ Suny Plattsburgh Ny                          | 1002214 | 56-1874931 | 5/31/2020        | 0.13         | Hours     |
| Eds @ Sap America - Newtown Square, Pa                                      | 1002218 | 56-1874931 | 10/31/2025       | 0.12         | Hours     |

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Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

| Name of Contributing Employer                                                     | Shop #  | EIN        | MOST RECENT 2024 |              |           |
|-----------------------------------------------------------------------------------|---------|------------|------------------|--------------|-----------|
|                                                                                   |         |            | CBA EXP DATE     | CONTRIB RATE | BASE UNIT |
| Bon Appetit Management Co. @ St. Mary'S College                                   | 1002243 | 94-3039662 | 1/31/2027        | 0.14         | Hours     |
| Chartwells Higher Education @ Umhc                                                | 1002249 | 56-1874931 | 1/31/2026        | 0.13         | Hours     |
| Chartwells Dining Svcs @ Lower Dauphin Sch. Dist.                                 | 1002251 | 56-1874931 | 6/30/2026        | 0.11         | Hours     |
| Morrison Mgmt @ Summit Behavioral                                                 | 1002257 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Compass Western State Hospital                                                    | 1002258 | 63-1155966 | 1/27/2017        | 0.12         | Hours     |
| Chartwell Sch Dining Svcs @ Hancock Place Sch Dist                                | 1002296 | 56-1874931 | 7/31/2017        | 0.13         | Hours     |
| Chartwells Sch. Dining @ S. Brunswick Sch. Dist.                                  | 1002298 | 54-2067893 | 9/30/2025        | 0.09         | Hours     |
| Eurest Dining Svcs @ Cuna Mutual - Madison, Wi                                    | 1002370 | 56-1874931 | 8/31/2015        | 0.13         | Hours     |
| Morrison Mgmt @ Appalachian Behavioral - Athens                                   | 1002377 | 63-1155966 | 11/30/2018       | 0.10         | Hours     |
| Bon Appetit Mgmt Company @ Stanford University                                    | 1002397 | 94-3039667 | 8/31/2019        | 0.22         | Hours     |
| Morrison Mgmt Svcs @ Livingston County Home                                       | 1002398 | 63-1155966 | 3/31/2027        | 0.08         | Hours     |
| Compass @ Detroit Edi Nuclear, Newport & Monroe Mi                                | 1002402 | 38-1792419 | 7/31/2017        | 0.13         | Hours     |
| Core Laundry Services - Clermont, Fl                                              | 1002414 | N/A        | 12/31/2024       | 0.10         | Hours     |
| Compass Midland School Dist                                                       | 1002498 | N/A        | 4/17/2016        | 0.17         | Hours     |
| Chartwells School Dining Svcs @ Hitchcock Sch Dist                                | 1002499 | N/A        | 4/5/2024         | 0.05         | Hours     |
| Bon Appetit A Div Of Comp Grp, Inc @ Trine Univ                                   | 1002505 | 94-3039662 | 8/20/2024        | 0.09         | Hours     |
| Morrison Mgmt Services @ Coral Gables Hospital                                    | 1002506 | N/A        | 7/14/2018        | 0.10         | Hours     |
| Canten Dining Services @ Carrier Collierville Tx                                  | 1002514 | 56-1874931 | 6/30/2022        | 0.11         | Hours     |
| Crothall Laundry Services @ La Mirada Laundry                                     | 1013112 | N/A        | 7/5/2022         | 25.48        | Months    |
| Crothall Services @ Ontario Laundry " Cedar Sinai                                 | 1013202 | N/A        | 12/31/2020       | 25.48        | Months    |
| Chartwells @ New Orleans School District                                          | 1037980 | N/A        | 7/31/2024        | 0.07         | Hours     |
| Chartwells Sch. Dining @ Orange Sch. District                                     | 1038047 | N/A        | 9/30/2025        | 0.10         | Hours     |
| Morrison @ North Shore Medical Center                                             | 1038111 | N/A        | 12/2/2021        | 0.09         | Hours     |
| Compass - Colgate University                                                      | 1038289 | N/A        | 6/30/2017        | 0.19         | Hours     |
| Eurest Dining Service @ Boeing Helicopter                                         | 1038422 | N/A        | 10/31/2025       | 0.53         | Hours     |
| Culinart @ Point Park University                                                  | 1038436 | N/A        | 7/31/2026        | 0.70         | Hours     |
| Compass Group Morrison @ Tenet Drs Of Modesto                                     | 1039212 | N/A        | 12/14/2018       | 0.22         | Hours     |
| Chartwells @ Suffolk University                                                   | 1039520 | 56-1874931 | 10/31/2021       | 0.13         | Hours     |
|                                                                                   |         |            |                  |              |           |
| <u>Sealy Mattress Co of Green Island, NY (dollar amount contributed: 296,061)</u> | 1001044 | 34-1439379 | 10/29/2022       | 1.09         | Hours     |
|                                                                                   |         |            |                  |              |           |
| <u>American Greetings Corporation (dollar amount contributed: 281,907)</u>        | 1001165 | 34-1233452 | 10/19/2020       | 0.43         | Hours     |
|                                                                                   |         |            |                  |              |           |

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

E.I.N. 13-6130178  
Plan No. 002

| (a) | (b)                                                        | (c)  |                  |                     |                    | (d)                   | (e)                   |
|-----|------------------------------------------------------------|------|------------------|---------------------|--------------------|-----------------------|-----------------------|
|     | Identity of Issuer, Borrower,<br>Lessor or Similar Party   | Type | Maturity<br>Date | Rate of<br>Interest | Value or<br>Shares | Cost                  | Current<br>Value      |
|     | <u>Item 1c(1) Short-term investments:</u>                  |      |                  |                     |                    |                       |                       |
| *   | Amalgamated Bank of NY                                     | MMA  | Demand           | Var                 | % 2,861,516        | \$ 2,861,516          | \$ 2,861,516          |
|     | <u>Item 1c(5) Partnerships/joint ventures:</u>             |      |                  |                     |                    |                       |                       |
|     | Brookfield Super-Core Infra Partners                       |      |                  |                     |                    | 6,638,018             | 7,421,194             |
| *   | Hirtle Callaghan Alt Credit Opp Offshore Port Ltd          |      |                  |                     |                    | 2,276,624             | 3,549,511             |
| *   | Hirtle Callaghan Private Equity Offshore Fund XII Ltd      |      |                  |                     |                    | 8,007,358             | 13,559,120            |
|     | Oaktree Global Credit Fund, LP                             |      |                  |                     |                    | 20,675,000            | 24,610,300            |
|     | PIMCO Tactical Opp Offshore Fund LP                        |      |                  |                     |                    | 7,000,000             | 8,585,197             |
|     | Varde Private Debt Opportunities Fund LP                   |      |                  |                     |                    | 523,768               | 1,122,584             |
|     |                                                            |      |                  |                     |                    | <u>45,120,768</u>     | <u>58,847,906</u>     |
|     | <u>Item 1c(9) Common collective trusts:</u>                |      |                  |                     |                    |                       |                       |
|     | JPMCB Global Allocation Fund                               |      |                  |                     | 528,907            | 10,386,168            | 11,873,965            |
| *   | LongView LargeCap 500 Index Fund                           |      |                  |                     | 11,919             | 17,494,121            | 26,513,997            |
| *   | LongView MidCap 400 Index Fund                             |      |                  |                     | 2,248              | 6,316,052             | 7,852,272             |
| *   | LongView SmallCap 600 Index Fund                           |      |                  |                     | 3,672              | 6,779,181             | 7,685,295             |
|     |                                                            |      |                  |                     |                    | <u>40,975,522</u>     | <u>53,925,529</u>     |
|     | <u>Item 1c(12) 103-12 Investment entities:</u>             |      |                  |                     |                    |                       |                       |
|     | Hardman Johnston Int'l Equity Group Trust                  |      |                  |                     | 233,837            | 10,293,712            | 9,908,262             |
|     | <u>Item 1c(13) Mutual funds and exchange traded funds:</u> |      |                  |                     |                    |                       |                       |
|     | PIMCO Income Inst                                          |      |                  |                     | 2,402,527          | 26,955,915            | 25,274,582            |
|     | <u>Item 1c(15) Other investments:</u>                      |      |                  |                     |                    |                       |                       |
| *   | Hirtle Callaghan Total Return Offshore Fund II Ltd         |      |                  |                     | 393                | 540,248               | 701,926               |
|     | Total investments                                          |      |                  |                     |                    | <u>\$ 126,747,681</u> | <u>\$ 151,519,721</u> |

\* A party-in-interest as defined by ERISA.

# ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

## SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2024

Form 5500 Schedule H, Item 4j

E.I.N. 13-6130178  
Plan No. 002

| (a) | (b)                                                                                                        | (c)            | (d)           | (g)           | (h)                    | (i)                |
|-----|------------------------------------------------------------------------------------------------------------|----------------|---------------|---------------|------------------------|--------------------|
|     | Description of Asset                                                                                       | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset | Net Gain or (Loss) |
|     | Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets: |                |               |               |                        |                    |
| *   | Enhanced Money Market                                                                                      | \$ 18,259,136  | N/A           | \$ 18,259,136 | \$ 18,259,136          | N/A                |
| *   | Enhanced Money Market                                                                                      | N/A            | \$ 16,767,286 | 16,767,286    | 16,767,286             | \$ -               |

\* A party-in-interest as defined by ERISA.