

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

C If the plan is a collectively-bargained plan, check here.

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

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>ALLIED AVIATION NEW YORK SERVICES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALLIED NEW YORK SERVICES, INC.</u> <u>266 WEST 37TH STREET SUITE 302</u> <u>NEW YORK, NY 10018</u>	1c Effective date of plan <u>07/01/1969</u> 2b Employer Identification Number (EIN) <u>11-3666918</u> 2c Plan Sponsor's telephone number <u>212-868-5593</u> 2d Business code (see instructions) <u>488100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2026	ROBERT ROSE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>ALLIED NEW YORK SERVICES, INC.</p> <p>266 WEST 37TH STREET SUITE 302 NEW YORK, NY 10018</p>	<p>3b Administrator's EIN 11-3666918</p> <p>3c Administrator's telephone number 212-868-5593</p>
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<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
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5 Total number of participants at the beginning of the plan year	5	538
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	118
a(2) Total number of active participants at the end of the plan year	6a(2)	108
b Retired or separated participants receiving benefits.....	6b	191
c Other retired or separated participants entitled to future benefits	6c	200
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	499
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	37
f Total. Add lines 6d and 6e	6f	536
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1B 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

A Name of plan <u>ALLIED AVIATION NEW YORK SERVICES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALLIED NEW YORK SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>11-3666918</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>32533064</u>
	b Actuarial value	2b	<u>32533064</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>213</u>	<u>14459220</u>
	b For terminated vested participants	<u>207</u>	<u>5631786</u>
	c For active participants	<u>118</u>	<u>9706295</u>
	d Total	<u>538</u>	<u>29797301</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.38 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>259718</u>
	b Expected plan-related expenses	6b	<u>325832</u>
	c Target normal cost	6c	<u>585550</u>

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

SIGN HERE	
Signature of actuary	<u>09/16/2025</u> Date
<u>GARRETT T. NOROF</u> Type or print name of actuary	<u>23-07808</u> Most recent enrollment number
<u>USI CONSULTING GROUP</u> Firm name	<u>212-878-0466</u> Telephone number (including area code)
<u>600 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10016</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8574141	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	8574141	
10	Interest on line 9 using prior year's actual return of <u>8.22</u> %	704794	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		101946
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		5352
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		107298
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9278935	

Part III Funding Percentages			
14	Funding target attainment percentage	14	78.04 %
15	Adjusted funding target attainment percentage	15	109.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	104.35 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
01/17/2024	135000						
04/14/2025	135000						
07/15/2024	12458						
07/15/2025	135000						
09/11/2025	71000						
10/16/2024	122000						
Totals ▶			18(b)	610458	18(c)		

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	587789

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28**

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30**

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	585550
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	585550
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		Total balance

36 Additional cash requirement (line 34 minus line 35) **36** 585550

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 587789

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	2239
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39**

40 Unpaid minimum required contributions for all years **40**

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

(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)

USI CONSULTING GROUP, INC.

95 GLASTONBURY BOULEVARD STE 102
GLASTONBURY, CT 06033

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	59855	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)

DAVIS, WARD & HOCHMAN, LLP

150 EAST 58TH STREET 20TH FLOOR
NEW YORK, NY 10155

20-0494412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	30316	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)

EXETER TRUST COMPANY

290 WOODCLIFF DRIVE
FAIRPORT, NY 14450

02-0476209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	TRUSTEE	178938	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan ALLIED AVIATION NEW YORK SERVICES PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED NEW YORK SERVICES, INC.	D Employer Identification Number (EIN) 11-3666918

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	117086	123879
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	109542	206000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37357	35284
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	644821	660962
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	31757106	33483613
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	32665912	34509738
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	132633	81766
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	132633	81766
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32533279	34427972

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	610458	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		610458
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1065322	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2056656	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		4788
d Total income. Add all income amounts in column (b) and enter total	2d		3737224

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1508008	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	9900	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1517908
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	178938	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	145685	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		324623
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1842531

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1894693
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DAVIS, WARD & HOCHMAN, LLP**

(2) EIN: **20-0494412**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 565688.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan <u>ALLIED AVIATION NEW YORK SERVICES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED NEW YORK SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>11-3666918</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 02-0476209

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**Allied Aviation New York
Services Pension Plan**

**Financial Statements
and Supplemental Schedule**
Years Ended June 30, 2025 and 2024

Allied Aviation New York Services Pension Plan

INDEX

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	3-5
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of June 30, 2025 and 2024	6
Statements of Changes in Net Assets Available for Benefits for the Years Ended June 30, 2025 and 2024	7
Notes to Financial Statements	8-19
SUPPLEMENTAL SCHEDULE:	
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2025	20-26



Davis, Ward & Hochman, LLP
Certified Public Accountants and Consultants

150 East 58th Street, 20th Floor
New York, NY 10155
Tel: (212) 230-2600
www.dwhllp.com

Independent Auditors' Report

To the Plan Administrator of the
Allied Aviation New York Services Pension Plan
New York, New York

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Allied Aviation New York Services Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Allied Aviation New York Services Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

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 Allied Aviation New York Services Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Allied Aviation New York Services Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Assets (Held at End of Year) as of June 30, 2025 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Davis, Ward & Hochman, LLP

Davis, Ward & Hochman, LLP

New York, New York

December 23, 2025

Allied Aviation New York Services Pension Plan

Statements of Net Assets Available for Benefits

<i>June 30,</i>	2025	2024
Assets		
Investments, at fair value:		
Cash	\$ 123,879	\$ 117,086
Interest-bearing cash	660,962	644,821
Common stocks	9,458,633	8,602,726
Exchange traded funds	24,024,980	23,154,380
Total investments	34,268,454	32,519,013
Receivables:		
Accrued income	35,284	37,357
Employer contributions	206,000	109,542
Total receivables	241,284	146,899
Total assets	34,509,738	32,665,912
Liabilities		
Administrative expenses payable	27,428	49,993
Due to Allied Aviation New York Services, Inc.	54,338	82,640
Total liabilities	81,766	132,633
Net assets available for benefits	\$ 34,427,972	\$ 32,533,279

See accompanying independent auditors' report and notes to financial statements.

Allied Aviation New York Services Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year ended June 30,</i>	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,056,656	\$ 1,505,497
Dividend and interest income	1,065,322	1,007,427
Total net investment income	3,121,978	2,512,924
Contributions:		
Employer	610,458	659,542
Total contributions	610,458	659,542
Other:		
Income	4,788	901
Total additions	3,737,224	3,173,367
Deductions:		
Benefits paid to participants and beneficiaries	1,508,008	1,400,721
Other expenses	9,900	12,243
Administrative expenses	324,623	344,946
Total deductions	1,842,531	1,757,910
Net increase in net assets available for benefits	1,894,693	1,415,457
Net assets available for benefits:		
Beginning of year	32,533,279	31,117,822
End of year	\$ 34,427,972	\$ 32,533,279

See accompanying independent auditors' report and notes to financial statements.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Allied Aviation New York Services Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General Information

The Plan is a noncontributory defined benefit plan maintained by Allied Aviation New York Services, Inc. (the “Plan Sponsor” or “Company”). The Plan and all rights thereunder are governed by, and construed in accordance with, the laws of the State of New York. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan, as amended, is for the benefit of the employees of the Company, whose employment is subject to a collective bargaining agreement, as amended from time to time, between the Company and the Coal, Gasoline and Fuel Oil Teamsters, Chauffeurs, Oil Burner Installation, Maintenance, Servicemen and helpers of New York City and Vicinity, Nassau and Suffolk Counties, New York, Local 553, and affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (the “Union”).

The purpose of the Plan is to provide retirement and certain other benefits for the eligible employees of the Company whose employment continues to be subject to a collective bargaining agreement between the Company and the Union and whose employment is located at the Company’s facilities at the John F. Kennedy International Airport.

The Company has the general responsibility and discretionary authority for the administration, establishment and interpretation of the Plan and its summary plan descriptions and modifications. This includes, but is not limited to, complying with reporting and disclosure requirements, establishing and maintaining Plan records, adopting amendments to the Plan, deciding all questions arising in connection with the Plan, and reviewing the investment performance and methods of the Plan trustee.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

Participation

An eligible employee is defined as any employee of the Company whose employment is subject to a collective bargaining agreement between the Company and the Union and whose place of employment and job is situated at the Company's facilities at John F. Kennedy International Airport. Each eligible employee was automatically enrolled in the Plan upon completion of one year of service and the attainment of age 21. A participant's membership in the Plan ceases upon retirement, death, or any break in service.

Vesting

Generally, participants with five or more years of service (defined as a minimum of 1,000 hours in a Plan year) are eligible for full pension benefits beginning at the normal retirement age of 62.

Pension Benefits

The monthly pension benefit is calculated by multiplying a fixed rate, determined through a collective bargaining agreement renegotiated periodically, times the member's Years of Benefit Credit earned. A Benefit Credit is earned on a graduated scale each year, based on the number of hours worked. The Plan permits early retirement at reduced benefits at age 55 or any month thereafter up to age 62, provided that the employee has ten years of benefit credit.

There are several different forms of benefit payments a participant can choose from under the Plan. All the forms of benefit payments are actuarially equivalent to a pension in the form of a Single Life Annuity with a Five Year Certain, payable monthly to the participant. If a participant terminates for any reason other than death, disability or retirement prior to his completion of five years of service, no benefit shall be payable under the Plan.

Disability Benefits

If an active participant has ten or more years of benefit credit, has not reached age 62 and is eligible to receive disability benefits under the Federal Social Security Act, the participant is entitled to pension benefits as if he applied for normal retirement.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

Death Benefits

No death benefits are payable under the plan in the event of death before the participant is vested. If the participant is vested and dies prior to retirement, the participant's spouse/beneficiary may be entitled to a reduced monthly benefit the participant would have received if the participant had retired on the date of death until a total of 60 monthly pension payments have been made from the date of death. The amount of the benefit will be reduced by half of 1% for each month the benefit is paid prior to the date of the participant's normal retirement had he or she lived. If the participant is vested and dies subsequent to retirement, the participant's spouse/beneficiary may be entitled to the remainder of benefit payments until a total of 60 payments have been made. In addition, the spouse/beneficiary is entitled to either 50% or 75% of the benefit payable to the participant thereafter, provided that the participant has not waived the Qualified Joint and Survivor Annuity.

Plan Expenses

Plan expenses are paid by the Plan unless the Company elects to pay such expenses directly. Plan expenses consist of custody fees, trustee fees, actuarial fees, auditor fees, PBGC fees and legal fees. Plan expenses paid by the Company in fiscal 2025 and 2024 were immaterial. In the prior year, the Company paid the fiscal 2023 fees due to the PBGC in 2024, which were included in due to allied at June 30, 2024 on the statements of net assets available for benefits. The Plan reimbursed the Company for this payment in fiscal 2025.

Plan Modification

Effective as of July 1, 2016, the Plan was modified to restrict entry into the Plan for employees who would have normally met the eligibility requirements on or after August 1, 2016. All employees which were in the Plan as of June 30, 2015 were not affected by this modification. All employees who had a start date after July 1, 2015 are ineligible to participate in the Plan, although are eligible to participate in the Company matched 401(k) plan.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Funds that have been allocated and applied to purchase annuities are excluded from the Plan's assets.

Investment transactions are accounted for on the date purchases or sales are executed. Realized and unrealized gains and losses are determined based on the fair market value of the assets at the beginning of the Plan year. Dividend income is accounted for on the ex-dividend date. Interest income is recorded on the accrual basis as earned. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. See note 7 for a discussion of fair value measurements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees to the valuation date. 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. Benefits payable are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Payment of Benefits

Benefits paid to participants are recorded upon distribution.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

Use of Estimates

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

3. Funding Policy

The Company makes quarterly contributions to the Plan sufficient to provide the Plan with assets with which to pay future pension benefits to Plan participants, as required by ERISA. The contributions of the Company are actuarially determined. The Company met the minimum funding requirements of ERISA for the Plan years ended June 30, 2025 and 2024.

4. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, USI Consulting Group, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment. Benefit payments that are provided by annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits. Effective July 1, 2006, the Plan no longer purchases annuity contracts for retirees.

The significant actuarial assumptions and method used in the July 1, 2024 and 2023 valuations were:

Funding method – Unit Credit Cost Method

Mortality – Pri-2012 Blue Collar Mortality Table with MP-2021 Scaling projected on a fully generational basis

Retirement age - Age 62, or current age, if older

Investment return - 7% per annum (pre-retirement funding)

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

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

The Company selects the expected rate of return on Plan assets in consultation with its investment advisor from Manning and Napier Advisors, LLC and actuary from USI Consulting Group. The expected rate of return on Plan assets was 7% for the July 1, 2024 and 2023 valuations and was based on the composition of Plan assets and anticipated rates of return for current market conditions and future expectations. The expected rate of return is a long-term assumption that generally does not change annually. USI Consulting Group has provided the Plan with the effective interest rate of 5.38% as of July 1, 2024, which was used to calculate targeted funding requirements included in Schedule SB of Form 5500 and was based on IRS mandated rates.

The actuarial present value of the accumulated plan benefits as of July 1, 2024 and 2023 are as follows:

	2024	2023
Retirees and beneficiaries	\$ 12,549,854	\$ 11,853,892
Terminated – vested	4,576,087	4,261,623
Active – vested	8,017,251	8,372,674
Total actuarial present value of accumulated plan benefits	\$ 25,143,192	\$ 24,488,189

The changes in the actuarial present value of the accumulated plan benefits as of July 1, 2024 and 2023 are as follows:

	2024	2023
Present value of the accumulated plan benefits at beginning of period	\$ 24,488,189	\$ 24,142,328
Increase (decrease) during the year due to:		
Benefits paid	(1,400,721)	(1,344,740)
Interest	1,665,977	1,643,693
Benefits accumulated	389,747	46,908
Present value of accumulated plan benefits at July 1	\$ 25,143,192	\$ 24,488,189

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

5. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CRF 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Exeter Trust Company, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Exeter Trust Company is a subsidiary of Manning & Napier, Inc., which has its headquarters in Fairport, New York. The combined consolidated financial statements of Manning & Napier, Inc. were audited by PricewaterhouseCoopers LLP for the years ended December 31, 2024 and 2023.

<i>June 30,</i>	2025	2024
Cash	\$ 123,879	\$ 117,086
Interest-bearing cash	660,962	644,821
Common stocks	9,458,633	8,602,726
Exchange traded funds	24,024,980	23,154,380

<i>Year ended June 30,</i>	2025	2024
Net appreciation in fair value of investments	\$ 2,056,656	\$ 1,505,497
Dividend and interest income	1,065,322	1,007,427

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. Investments

Exeter Trust Company, an independent trustee and investment advisor, manages and controls the Plan investments. In order to reduce the fees charged to the Plan, effective November 2, 2016, the Plan changed its investments in the Manning & Napier Pro-Mix Extended Term Collective Investment Trust fund to the Manning & Napier Global Tactical Portfolio – Moderate Growth Strategy fund and the Disciplined Value Strategy fund, which primarily invest in exchange-traded funds and equity securities, respectively.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

7. 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 for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC Topic 820 are described below:

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

Level 2 – Inputs to the valuation methodology include:

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The valuation methodologies used may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements as of the reporting date.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Cash: Cash is valued at cost, which approximates fair value due to its liquid nature and is protected by the Federal Deposit Insurance Corporation (FDIC).

Interest-bearing cash: Interest-bearing cash is valued at cost plus accrued income, which approximates fair value due to its liquid nature and is protected by the Federal Deposit Insurance Corporation (FDIC).

Common Stocks: Common stocks are valued at the closing price reported on the active market on which the individual securities are traded.

Exchange traded funds: Exchange traded funds are valued using quoted prices listed on nationally recognized securities exchanges.

The following sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024:

	Investment assets at fair value at June 30, 2025			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 123,879	\$ -	\$ -	\$ 123,879
Interest-bearing cash	660,962	-	-	660,962
Common Stocks	9,458,633	-	-	9,458,633
Exchange traded funds	24,024,980	-	-	24,024,980
	<u>\$34,268,454</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$34,268,454</u>

	Investment assets at fair value at June 30, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash	\$ 117,086	\$ -	\$ -	\$ 117,086
Interest-bearing cash	644,821	-	-	644,821
Common Stocks	8,602,726	-	-	8,602,726
Exchange traded funds	23,154,380	-	-	23,154,380
	<u>\$32,519,013</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$32,519,013</u>

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

- 8. Parties-In-Interest Transactions** Plan investments are managed by Manning & Napier Advisors, LLC, an affiliate of Exeter Trust Company. Bank of New York Mellon provides sub-custodian services to Exeter Trust Company and provides all safekeeping and clearing arrangements. Transactions with these entities qualify as party-in-interest transactions.

Exeter Trust Company went through a sub-custodian change from State Street Bank to Bank of New York Mellon as of April 1, 2023.

- 9. Tax Status** The Plan received a determination letter from the Internal Revenue Service dated August 5, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the “IRC”), and, therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter and the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, is exempt from taxation.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended June 30, 2022.

- 10. Plan Termination** Although it has not expressed any intent to do so, the Company has the right at any time to amend, suspend, or terminate the Plan, in whole or in part, and for any reason, without the consent of the Participants or their beneficiaries, subject to the provisions set forth in ERISA.

In the event the Plan is terminated, the net assets of the Plan (except for any benefits purchased through annuity contracts) will be used to pay retirement benefits accrued to the date of termination, but only to the extent that such retirement benefits have been funded by contributions made prior to the date of termination. The Plan net assets will be allocated to the Participants in the following order:

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that participants eligible to retire for that three-year period would have been receiving if they had retired with benefits paid in the form of an annuity under the Plan.

The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All non-vested benefits.

Any net assets of the Plan remaining after the payment of all expenses of final administration, and after payment of all liabilities accrued to the termination date, shall be paid to the Company.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Allied Aviation New York Services Pension Plan

Notes to Financial Statements

11. Risks And Uncertainties

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

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

12. Subsequent Events

The Company has evaluated subsequent events from July 1, 2025 through December 23, 2025, the date the financial statements were available to be issued, and has determined that there are no events to disclose.

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
*	Cash held at BNY Mellon	Cash	\$ 123,879	\$ 123,879
Interest-Bearing Cash:				
*	BNY Mellon Insured Deposit Account	Interest-Bearing Cash Account	521,458	521,458
*	BNY Mellon Insured Deposit Account	Interest-Bearing Cash Account	139,504	139,504
Exchange Traded Funds:				
	Goldman Sachs	TR ActiveBeta INT – 12,851 units	362,063	509,671
	Goldman Sachs	TR Access INVT GR ETF – 17,958 units	935,850	826,427
	Invesco Exchange	Traded Fd Tr S&P Equal Weight Etf– 5,619 units	887,590	1,021,197
	Ishares	Gold TR ISHARES New ETF – 9,521 units	957,475	958,669
	Schwab	US DVD Equity – 20,055 units	399,605	531,458
	SPDR	Portfolio Intrm Term Treasury ETF – 142,211 units	4,373,015	4,091,410
	SPDR	Series Trust Bloomberg Barclays – 63,098 units	1,862,442	1,848,140
	Vanguard	Index FDS – 28,883 units	1,879,233	1,758,505
	Vanguard	FTSE Developed Markets ETF – 23,701 units	976,993	1,351,194
	Vanguard	FTSE Emerging Markets ETF – 18,115 units	754,952	895,968
	Vanguard	INT Term Corporate Bond ETF – 4,353 units	347,068	346,064
	Vanguard	Mortgage backed securities– 53,547 units	2,796,715	2,481,368
	Vanguard	Long Term Corporate Bond – 2,377 units	217,032	180,414
	Vanguard	Long-Term Treasury Index – 23,567 units	1,908,400	1,322,580
	Vanguard	S&P 500 ETF – 7,418 units	3,137,923	4,213,647
	Vanguard	Intermediate-Term Corporate Bond – 6.654 Units	562,452	551,750

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Vanguard	Mid Cap ETF – 1,455 units	219,255	407,153	
Vanguard	Small Cap ETF – 1,701 units	249,878	403,103	
Vanguard	Index FDS Vanguard Value ETF – 1,846 units	325,914	326,262	
Common Stocks:				
Allstate Corp.	Common Stock – 410 shares	77,756	82,537	
Ambev S A Sponsored ADR	Common Stock – 22,545 shares	54,620	54,333	
American Movil Sponsored ADR	Common Stock – 3,845 shares	62,411	68,979	
Avery Dennison Corp.	Common Stock – 190 shares	31,920	33,339	
Baker Hughes Co.	Common Stock – 1,696 shares	64,751	65,025	
Bank Amer Corp.	Common Stock – 6,705 shares	212,267	317,281	
Barrick Mining Corp.	Common Stock – 2,568 shares	52,854	53,466	
Becton Dickinson & Co.	Common Stock – 431 shares	97,612	74,240	
Berkley W R Corp.	Common Stock – 735 shares	40,764	54,000	
BHP Group LTD Sponsored ADR	Common Stock – 2,479 shares	116,013	119,215	
Booz Allen Hamilton HLDG Corp.	Common Stock – 299 shares	33,535	31,135	
Bristol Myers Squibb Co Com	Common Stock – 2,537 shares	134,874	117,438	
British Amern Tob PLC Sponsored	Common Stock – 2,336 shares	81,299	110,563	
Brown Forman Corp CL B	Common Stock – 1,069 shares	35,916	28,767	
Canadian Nat Res Ltd	Common Stock – 2,603 shares	81,062	81,734	
Caterpillar Inc.	Common Stock – 536 shares	113,387	208,081	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
CDW Corp Com	Common Stock – 279 shares	41,481	49,827	
Cenovus Energy Inc.	Common Stock – 3,170 shares	53,411	43,112	
Cincinnati Finl Corp Com	Common Stock – 311 shares	42,577	49,293	
Citigroup Inc.	Common Stock – 2,182 shares	121,431	185,732	
Coca-Cola Europacific Partners PLC	Common Stock – 643 shares	39,204	59,619	
Cognizant technology Solutions Corp.	Common Stock – 881 shares	56,222	68,744	
ConocoPhillips	Common Stock – 1,516 shares	155,035	136,046	
Constellation Brands Inc.	Common Stock – 319 shares	58,670	51,895	
Coterra Energy Inc Co	Common Stock – 1,657 shares	43,915	42,055	
CSX Corp	Common Stock – 2,878 shares	78,331	93,909	
Cummins Inc.	Common Stock – 240 shares	51,114	78,600	
Diageo Plc Spon Adr	Common Stock – 683 shares	89,663	68,874	
Dicks Sporting Goods Inc.	Common Stock – 189 shares	33,724	37,386	
eBay Inc.	Common Stock – 1,044 shares	42,485	63,365	
Ecopetrol S A Spon Ads	Common Stock – 3,779 shares	40,953	33,444	
Elevance Health Inc Com	Common Stock – 291 shares	119,909	113,187	
Emerson Elec Co Com	Common Stock – 855 shares	82,377	113,997	
ENI Spa Sponsored ADR	Common Stock – 2,168 shares	63,663	70,287	
EOG RES Inc Com	Common Stock – 813 shares	88,315	97,243	
Ericsson L M TEL Co	Common Stock – 5,325 shares	44,005	45,156	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Everest Group LTD SHS	Common Stock – 90 shares	31,121	30,587	
Exxon Mobil Corp.	Common Stock – 2,907 shares	334,932	313,375	
Fedex Corp.	Common Stock – 374 shares	90,637	85,014	
Ferguson Plc	Common Stock – 357 shares	69,852	77,737	
Fifth Third Bancorp	Common Stock – 1,362 shares	41,373	56,019	
Fomento Economico Mex	Common Stock – 464 shares	46,491	47,783	
Freeport-McMoran Inc	Common Stock – 2,292 shares	74,656	99,358	
General Mills Inc.	Common Stock – 982 shares	59,945	50,877	
Genuine Parts Co.	Common Stock – 314 shares	35,873	38,091	
Gilead Sciences Inc.	Common Stock – 1,419 shares	96,773	157,325	
Gold Fields Ltd.	Common Stock – 1,559 shares	37,509	36,902	
Haleon Plc Adr	Common Stock – 6,117 shares	50,975	63,433	
Halliburton Co.	Common Stock – 1,832 shares	59,826	37,336	
Hartford Finl Svcs Group	Common Stock – 511 shares	50,357	64,831	
Hershey Co.	Common Stock – 355 shares	64,351	58,912	
Honda MTR LTD	Common Stock – 2,254 shares	63,845	64,983	
Huntington Bancshares Inc.	Common Stock – 3,073 shares	40,200	51,503	
Imperial Oil Ltd.	Common Stock – 763 shares	43,697	60,643	
International Flavors & Fragrances	Common Stock – 552 shares	40,110	40,600	
JD Com Inc.	Common Stock – 2,146 shares	71,734	70,045	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Johnson & Johnson	Common Stock – 1,878 shares	251,669	286,865	
JPMorgan Chase & Co.	Common Stock – 1,319 shares	122,327	382,388	
Kraft Heinz Co.	Common Stock – 2,058 shares	76,820	53,138	
Kroger Co Com	Common Stock – 1,021 shares	73,384	73,236	
Lennar Corp Cl A	Common Stock – 493 shares	50,935	54,531	
Lockheed Martin Corp.	Common Stock – 289 shares	98,834	133,847	
L3Harris Technologies Inc Com	Common Stock – 317 shares	68,122	79,516	
Marathon Petroleum Corp.	Common Stock – 529 shares	57,815	87,872	
Medtronic PLC	Common Stock – 1,313 shares	128,209	114,454	
Merck & Co Inc New Com	Common Stock – 2,469 shares	191,190	195,446	
Mondelez Intl	Common Stock – 1,662 shares	112,305	112,085	
NetEase Inc Spon Adr	Common Stock – 766 shares	70,223	103,088	
Newmont Corp Com	Common Stock – 1,624 shares	89,977	94,614	
Novartis Ag Spon Adr	Common Stock – 1,652 shares	137,576	199,909	
NOVO Nordisk	Common Stock – 3,647 shares	209,694	251,716	
Nucor Corp Com	Common Stock – 453 shares	48,470	58,682	
Nutrien LTD Com	Common Stock – 811 shares	69,707	47,169	
NXP Semiconductors	Common Stock – 351 shares	64,062	76,690	
Occidental Pete Corp Com	Common Stock – 1,630 shares	63,197	68,476	
Omnicon Group Inc Com	Common Stock – 457 shares	33,091	32,877	
PNC Finl Svcs Group Inc.	Common Stock – 582 shares	85,712	108,496	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
PPG INDS Inc.	Common Stock – 454 shares	60,423	51,643	
Progressive Corp Oh Com	Common Stock – 644 shares	167,642	171,858	
Qualcomm Inc.	Common Stock – 1,206 shares	161,592	192,068	
Quest Diagnostics Inc.	Common Stock – 245 shares	39,665	44,009	
Reliance Inc.	Common Stock – 123 shares	33,507	38,610	
Schlumberger Ltd.	Common Stock – 2,156 shares	104,302	72,873	
Shell PLC SPON Adr	Common Stock – 2,524 shares	143,716	177,715	
Smurfit Westrock Ltd.	Common Stock – 910 shares	37,228	39,267	
Snap Co Inc.	Common Stock – 126 shares	37,920	39,209	
Southern Copper Corp.	Common Stock – 1,116 shares	94,659	112,906	
Suncor Energy Inc.	Common Stock – 1,701 shares	54,947	63,702	
Sysco Corp.	Common Stock – 850 shares	65,306	64,379	
Takeda Pharmaceutical Co.	Common Stock – 4,208 shares	72,729	65,056	
Tapestry Inc.	Common Stock – 512 shares	32,163	44,959	
TE Connectivity Ltd Red Shs	Common Stock – 429 shares	56,095	72,359	
Tenaris S A Spon Adr	Common Stock – 1,058 shares	38,906	39,569	
TotalEnergies Se Sponsored Adr	Common Stock – 2,173 shares	116,528	133,400	
The Travelers Companies Inc.	Common Stock – 333 shares	55,394	89,091	
Truist Final Corp.	Common Stock – 2,109 shares	72,970	90,666	
Unilever PLC ADR AMER SHS Spon	Common Stock – 2,195 shares	105,855	134,268	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
US Bancorp Del Co.	Common Stock – 2,295 shares	99,642	103,849	
Vale S A Adr	Common Stock – 6,293 shares	84,177	61,105	
Valero Energy Corp.	Common Stock – 559 shares	77,993	75,141	
Wells Fargo & Co.	Common Stock – 3,134 shares	140,433	251,096	
Williams Sonoma Inc.	Common Stock – 277 shares	37,742	45,253	
Yum China Hldgs Inc.	Common Stock – 759 shares	31,454	33,935	
ZTO Express Cayman Inc Spons	Common Stock – 1,594 shares	29,730	28,294	
			\$32,136,516	\$34,268,454

* Party-in-interest as defined by ERISA.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**


▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Allied Aviation New York Services Pension Plan	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Allied New York Services, Inc.	D Employer Identification Number (EIN) 11-3666918	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	32,533,064
	b Actuarial value	2b	32,533,064
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	213	14,459,220
	b For terminated vested participants	207	5,631,786
	c For active participants	118	9,706,295
	d Total	538	29,797,301
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.38 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	259,718
	b Expected plan-related expenses	6b	325,832
	c Target normal cost	6c	585,550

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/16/2025</u> Date
	GARRETT T. NOROF Type or print name of actuary	<u>23-07808</u> Most recent enrollment number
	USI CONSULTING GROUP Firm name	<u>(212) 878-0446</u> Telephone number (including area code)
	600 THIRD AVENUE 3RD FLOOR NEW YORK NY 10016 Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8,574,141	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	8,574,141	0
10	Interest on line 9 using prior year's actual return of <u>8.22%</u>	704,794	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		101,946
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25%</u>		5,352
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		107,298
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	9,278,935	0

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	78.04%
15	Adjusted funding target attainment percentage	15	109.18%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	104.35%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls						
18	Contributions made to the plan for the plan year by employer(s) and employees:						
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	07/15/2024	12,458					
	10/16/2024	122,000					
	01/17/2024	135,000					
	04/14/2025	135,000					
	07/15/2025	135,000					
	09/11/2025	71,000					
	Totals ▶			18(b)	610,458	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	587,789

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.99 %	2nd segment: 5.29 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29**

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	585,550
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	585,550
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 585,550

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 587,789

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	2,239
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Actuarial Methods & Assumptions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS

COST METHOD

In accordance with the Pension Protection Act of 2006 (PPA), the annual cost is equal to the target normal cost plus the shortfall amortization charge minus any prefunding and carryover balances.

Unit Credit method. The normal cost is the sum of the individual normal costs for active participants. The normal cost for an individual is the present value, as of the valuation date, of the participant's retirement, death, and withdrawal benefits which he is expected to accrue during the current plan year.

The actuarial accrued liability is the sum of the individual present values, for all participants, of the benefits accrued, based on service to the valuation date.

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities specific to your pension plan. These inputs include economic and non-economic assumptions, plan provisions and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

ACTUARIAL ASSUMPTIONS

Interest Rate (as prescribed by PPA and modified by MAP-21, HATFA, BBA, ARPA and IJJA)

Without Adjusted Interest Rates:

Liabilities are valued using the three segment rates based on the 24-month average of the corporate bond yield curve published by the Secretary of the Treasury for the applicable month of July 2024.

With Adjusted Interest Rates:

The interest rates are the adjusted 24-month segment rates using 25-year average segment rate corridors of 95% to 105% per Funding Relief.

PBGC Premiums:

The Plan Sponsor is using the Standard Method to determine the Variable Rate Premium.

	Without Adjusted Interest Rates	With Adjusted Interest Rates	PBGC Premiums
Segment 1 (0 to 5 years)	4.00%	4.99%	5.09%
Segment 2 (5 to 20 years)	5.29%	5.29%	5.28%
Segment 3 (20+ years)	5.29%	5.59%	5.52%
Effective Rate	5.27%	5.38%	5.36%

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Actuarial Methods & Assumptions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Mortality Assumption

Non-Disabled – 2024 Annuitant and Non-annuitant Mortality Tables provided in IRC Regulation §1.430(h)(3)-1(e)

Disabled – 2024 Annuitant and Non-annuitant Mortality Tables provided in IRC Regulation §1.430(h)(3)-1(e)

Salary Projection – N/A

Social Security Wage Base Increases – N/A

Retirement Age - Age 62 for all participants.

- Actuarial increases are reflected for active employees past age 62.

- Missed payments past age 62 are included in the benefit obligation for terminated vested participants.

Turnover Rates-

Age	Rate
25	0.21600
30	0.13900
35	0.07900
40	0.05000
45	0.03400
50	0.02010
55	0.00620
56	0.00400
57	0.02200
58	0.00090
59	0.00030
60+	0.00000

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Actuarial Methods & Assumptions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

Disability rates – 1977 Railroad Retirement Board Table

Age	Rate
25	0.00010
30	0.00010
35	0.00080
40	0.00150
45	0.00400
50	0.00730
55	0.01400
60	0.02480
61	0.02920
62	0.03450
63	0.03400
64	0.03000

Credit Balances – Excess contributions plus interest for the 2023 plan year in the amount of \$0 were elected to be added to the prefunding balance.

The voluntary/deemed reduction of the funding standard carryover balance was \$0.

The voluntary reduction of the prefunding balance \$0.

Expense Load – An expense load of \$325,832 has been included in the Target Normal Cost to reflect expected administrative expenses to be paid from the Plan Trust.

Forms of Payment – 5 Year Certain and Life Annuity

Expected Return on Assets for FASB ASC 960 – 7.00%

RATIONALE FOR ASSUMPTIONS

1. Prescribed Assumptions: The Interest Rates and Mortality Assumptions are prescribed by the IRS and/or Plan Sponsor elections.
2. The Retirement, Withdrawal, and Disability Assumptions were chosen based on standard industry tables.
3. The Expected Return on Plan Assets assumption was chosen based on guidance from the Plan's Investment Advisor and Plan Sponsor.

ASSET VALUATION

Current market value of plan assets as reported by the trustee, plus accrued contributions.

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Actuarial Methods & Assumptions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF ACTUARIAL METHODS AND ASSUMPTIONS
(continued)

PLAN SPONSOR ELECTIONS

The plan sponsor elected to use the Standard method to value liabilities for the variable premium calculation during the 2018 premium payment year. This election cannot be changed until the 2023 premium payment year.

ACCRUED AND VESTED BENEFITS

Vested benefits are based on the plan document's vesting schedule based on years of service. Please refer to the Summary of Plan Provisions section of this report for requirements for particular benefits.

Disability and death benefits (other than the qualified pre-retirement survivor annuity) are not treated as vested benefits for liability calculation purposes.

Allied Aviation New York Services Pension Plan
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

The Plan assumes that 100% of all active employees will retire at age 62.

Allied Aviation New York Services Pension Plan
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 - 06/30/2025

Years of Credited Service:

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	2	0	0	0	0	0	0	0	2
35 to 39	0	0	2	4	1	0	0	0	0	0	7
40 to 44	0	0	0	0	5	0	0	0	0	0	5
45 to 49	0	0	0	2	2	8	0	0	0	0	12
50 to 54	0	0	1	3	6	3	3	1	0	0	17
55 to 59	0	0	0	1	6	9	5	4	0	0	25
60 to 64	0	0	1	5	5	6	7	5	0	0	29
65 to 69	0	0	0	0	1	4	4	3	0	1	13
70 & up	0	0	2	0	1	1	3	0	1	0	8
Total	0	0	8	15	27	31	22	13	1	1	118

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Plan Provisions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF PLAN PROVISIONS

Effective Date: July 1, 1969; restated July 1, 2013; last amended June 16, 2016.

Eligibility: All employees who are members of a bargaining unit represented by union.

Any person who initially satisfies the eligibility and entry date requirements to become a Member on or after August 1, 2016 shall not be an Eligible Employee.

Employees hired on or after September 1, 2014 will not receive further Benefit Credit for service on or after August 1, 2016.

Credited Service: Benefit credit as of the plan restatement date. For each plan year on and after the plan restatement date, participant will receive benefit credit in accordance with the following table:

Hours Worked	Benefit Credit
1800 or More	1.0
1620 - 1799	0.9
1440 - 1619	0.8
1249 - 1439	0.7
1041 - 1248	0.6
900 - 1040	0.5
720 - 899	0.4
540 - 719	0.3
360 - 539	0.2
Less Than 360	0.0

For those hired after the restatement date, Credited Service is accrued from the date of participation.

Retirement Dates:

Normal: First of the month coincident with or next following age 62.

Early: Age 55 with 10 years of service.

Disability: 10 years of service and eligible for Social Security disability benefits.

Deferred Vested: 5 Years of Vesting Service.

Preretirement Death: 5 Years of Vesting Service.

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Plan Provisions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF PLAN PROVISIONS
(continued)

Retirement Benefits:

Normal:

For participants hired before July 1, 1990:

- (a) \$516 per Year of Benefit Credit completed as of June 30, 2005, plus
- (b) \$552 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2008 for participants that terminate prior to July 1, 2008 or \$600 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2011 for participants that terminate on or after July 1, 2008, plus
- (c) \$660 per Year of Benefit Credit completed after July 1, 2011, plus
- (d) \$696 per Year of Benefit Credit completed after July 1, 2017

For participants hired on or after July 1, 1990:

- (a) \$228 per Year of Benefit Credit completed as of June 30, 2005, plus
- (b) \$276 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2008 for participants that terminate prior to July 1, 2008 or \$324 per Year of Benefit Credit completed after July 1, 2005 but prior to July 1, 2011 for participants that terminate on or after July 1, 2008, plus
- (c) \$384 per Year of Benefit Credit completed after July 1, 2011, plus
- (d) \$420 per Year of Benefit Credit completed after July 1, 2017

The accrued benefit values are based on the ultimate negotiated multipliers.

Early:

Benefit accrued to date of retirement reduced by 1/2 of 1% for each month that the date of retirement precedes the normal retirement date.

Disability:

Benefit accrued to date of disability payable immediately.

Deferred Vested:

Accrued normal retirement benefit. Benefit payment commences at Normal Retirement Age or at early retirement with reductions.

Preretirement Death:

An annuity for the spouse equal to the benefit the spouse would have received if the participant had survived to earliest retirement date with a benefit frozen at date of death, retired with a 50% Joint and Survivor annuity, and then died.

Allied Aviation New York Services Pension Plan
Schedule SB, Part V – Summary of Plan Provisions
EIN/PN: 11-3666918/004
Plan Year: 07/01/2024 – 06/30/2025

SUMMARY OF PLAN PROVISIONS
(continued)

Termination of Employment:

Vesting: Credited Service as of the plan restatement date. For each plan year beginning on or after the plan restatement date in which an employee completes at least 1,000 hours of service, an employee will be credited with a year of Vesting Service.

Normal Form of Benefits:

Married Employees: Actuarially reduced 50% Joint and Survivor Annuity with 5-year period certain.

Single Employees: 5-year period certain and life annuity.

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
*	Cash held at BNY Mellon	Cash	\$ 123,879	\$ 123,879
Interest-Bearing Cash:				
*	BNY Mellon Insured Deposit Account	Interest-Bearing Cash Account	521,458	521,458
*	BNY Mellon Insured Deposit Account	Interest-Bearing Cash Account	139,504	139,504
Exchange Traded Funds:				
	Goldman Sachs	TR ActiveBeta INT – 12,851 units	362,063	509,671
	Goldman Sachs	TR Access INVT GR ETF – 17,958 units	935,850	826,427
	Invesco Exchange	Traded Fd Tr S&P Equal Weight Etf– 5,619 units	887,590	1,021,197
	Ishares	Gold TR ISHARES New ETF – 9,521 units	957,475	958,669
	Schwab	US DVD Equity – 20,055 units	399,605	531,458
	SPDR	Portfolio Intrm Term Treasury ETF – 142,211 units	4,373,015	4,091,410
	SPDR	Series Trust Bloomberg Barclays – 63,098 units	1,862,442	1,848,140
	Vanguard	Index FDS – 28,883 units	1,879,233	1,758,505
	Vanguard	FTSE Developed Markets ETF – 23,701 units	976,993	1,351,194
	Vanguard	FTSE Emerging Markets ETF – 18,115 units	754,952	895,968
	Vanguard	INT Term Corporate Bond ETF – 4,353 units	347,068	346,064
	Vanguard	Mortgage backed securities– 53,547 units	2,796,715	2,481,368
	Vanguard	Long Term Corporate Bond – 2,377 units	217,032	180,414
	Vanguard	Long-Term Treasury Index – 23,567 units	1,908,400	1,322,580
	Vanguard	S&P 500 ETF – 7,418 units	3,137,923	4,213,647
	Vanguard	Intermediate-Term Corporate Bond – 6.654 Units	562,452	551,750

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Vanguard	Mid Cap ETF – 1,455 units	219,255	407,153	
Vanguard	Small Cap ETF – 1,701 units	249,878	403,103	
Vanguard	Index FDS Vanguard Value ETF – 1,846 units	325,914	326,262	
Common Stocks:				
Allstate Corp.	Common Stock – 410 shares	77,756	82,537	
Ambev S A Sponsored ADR	Common Stock – 22,545 shares	54,620	54,333	
American Movil Sponsored ADR	Common Stock – 3,845 shares	62,411	68,979	
Avery Dennison Corp.	Common Stock – 190 shares	31,920	33,339	
Baker Hughes Co.	Common Stock – 1,696 shares	64,751	65,025	
Bank Amer Corp.	Common Stock – 6,705 shares	212,267	317,281	
Barrick Mining Corp.	Common Stock – 2,568 shares	52,854	53,466	
Becton Dickinson & Co.	Common Stock – 431 shares	97,612	74,240	
Berkley W R Corp.	Common Stock – 735 shares	40,764	54,000	
BHP Group LTD Sponsored ADR	Common Stock – 2,479 shares	116,013	119,215	
Booz Allen Hamilton HLDG Corp.	Common Stock – 299 shares	33,535	31,135	
Bristol Myers Squibb Co Com	Common Stock – 2,537 shares	134,874	117,438	
British Amern Tob PLC Sponsored	Common Stock – 2,336 shares	81,299	110,563	
Brown Forman Corp CL B	Common Stock – 1,069 shares	35,916	28,767	
Canadian Nat Res Ltd	Common Stock – 2,603 shares	81,062	81,734	
Caterpillar Inc.	Common Stock – 536 shares	113,387	208,081	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
CDW Corp Com	Common Stock – 279 shares	41,481	49,827	
Cenovus Energy Inc.	Common Stock – 3,170 shares	53,411	43,112	
Cincinnati Finl Corp Com	Common Stock – 311 shares	42,577	49,293	
Citigroup Inc.	Common Stock – 2,182 shares	121,431	185,732	
Coca-Cola Europacific Partners PLC	Common Stock – 643 shares	39,204	59,619	
Cognizant technology Solutions Corp.	Common Stock – 881 shares	56,222	68,744	
ConocoPhillips	Common Stock – 1,516 shares	155,035	136,046	
Constellation Brands Inc.	Common Stock – 319 shares	58,670	51,895	
Coterra Energy Inc Co	Common Stock – 1,657 shares	43,915	42,055	
CSX Corp	Common Stock – 2,878 shares	78,331	93,909	
Cummins Inc.	Common Stock – 240 shares	51,114	78,600	
Diageo Plc Spon Adr	Common Stock – 683 shares	89,663	68,874	
Dicks Sporting Goods Inc.	Common Stock – 189 shares	33,724	37,386	
eBay Inc.	Common Stock – 1,044 shares	42,485	63,365	
Ecopetrol S A Spon Ads	Common Stock – 3,779 shares	40,953	33,444	
Elevance Health Inc Com	Common Stock – 291 shares	119,909	113,187	
Emerson Elec Co Com	Common Stock – 855 shares	82,377	113,997	
ENI Spa Sponsored ADR	Common Stock – 2,168 shares	63,663	70,287	
EOG RES Inc Com	Common Stock – 813 shares	88,315	97,243	
Ericsson L M TEL Co	Common Stock – 5,325 shares	44,005	45,156	

Allied Aviation New York Services Pension Plan

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

EIN: 11-3666918

Plan No. 004

June 30, 2025

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Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Everest Group LTD SHS	Common Stock – 90 shares	31,121	30,587	
Exxon Mobil Corp.	Common Stock – 2,907 shares	334,932	313,375	
Fedex Corp.	Common Stock – 374 shares	90,637	85,014	
Ferguson Plc	Common Stock – 357 shares	69,852	77,737	
Fifth Third Bancorp	Common Stock – 1,362 shares	41,373	56,019	
Fomento Economico Mex	Common Stock – 464 shares	46,491	47,783	
Freeport-McMoran Inc	Common Stock – 2,292 shares	74,656	99,358	
General Mills Inc.	Common Stock – 982 shares	59,945	50,877	
Genuine Parts Co.	Common Stock – 314 shares	35,873	38,091	
Gilead Sciences Inc.	Common Stock – 1,419 shares	96,773	157,325	
Gold Fields Ltd.	Common Stock – 1,559 shares	37,509	36,902	
Haleon Plc Adr	Common Stock – 6,117 shares	50,975	63,433	
Halliburton Co.	Common Stock – 1,832 shares	59,826	37,336	
Hartford Finl Svcs Group	Common Stock – 511 shares	50,357	64,831	
Hershey Co.	Common Stock – 355 shares	64,351	58,912	
Honda MTR LTD	Common Stock – 2,254 shares	63,845	64,983	
Huntington Bancshares Inc.	Common Stock – 3,073 shares	40,200	51,503	
Imperial Oil Ltd.	Common Stock – 763 shares	43,697	60,643	
International Flavors & Fragrances	Common Stock – 552 shares	40,110	40,600	
JD Com Inc.	Common Stock – 2,146 shares	71,734	70,045	

Allied Aviation New York Services Pension Plan

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

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Plan No. 004

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Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
Johnson & Johnson	Common Stock – 1,878 shares	251,669	286,865	
JPMorgan Chase & Co.	Common Stock – 1,319 shares	122,327	382,388	
Kraft Heinz Co.	Common Stock – 2,058 shares	76,820	53,138	
Kroger Co Com	Common Stock – 1,021 shares	73,384	73,236	
Lennar Corp Cl A	Common Stock – 493 shares	50,935	54,531	
Lockheed Martin Corp.	Common Stock – 289 shares	98,834	133,847	
L3Harris Technologies Inc Com	Common Stock – 317 shares	68,122	79,516	
Marathon Petroleum Corp.	Common Stock – 529 shares	57,815	87,872	
Medtronic PLC	Common Stock – 1,313 shares	128,209	114,454	
Merck & Co Inc New Com	Common Stock – 2,469 shares	191,190	195,446	
Mondelez Intl	Common Stock – 1,662 shares	112,305	112,085	
NetEase Inc Spon Adr	Common Stock – 766 shares	70,223	103,088	
Newmont Corp Com	Common Stock – 1,624 shares	89,977	94,614	
Novartis Ag Spon Adr	Common Stock – 1,652 shares	137,576	199,909	
NOVO Nordisk	Common Stock – 3,647 shares	209,694	251,716	
Nucor Corp Com	Common Stock – 453 shares	48,470	58,682	
Nutrien LTD Com	Common Stock – 811 shares	69,707	47,169	
NXP Semiconductors	Common Stock – 351 shares	64,062	76,690	
Occidental Pete Corp Com	Common Stock – 1,630 shares	63,197	68,476	
Omnicon Group Inc Com	Common Stock – 457 shares	33,091	32,877	
PNC Finl Svcs Group Inc.	Common Stock – 582 shares	85,712	108,496	

Allied Aviation New York Services Pension Plan

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

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June 30, 2025

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Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
PPG INDS Inc.	Common Stock – 454 shares	60,423	51,643	
Progressive Corp Oh Com	Common Stock – 644 shares	167,642	171,858	
Qualcomm Inc.	Common Stock – 1,206 shares	161,592	192,068	
Quest Diagnostics Inc.	Common Stock – 245 shares	39,665	44,009	
Reliance Inc.	Common Stock – 123 shares	33,507	38,610	
Schlumberger Ltd.	Common Stock – 2,156 shares	104,302	72,873	
Shell PLC SPON Adr	Common Stock – 2,524 shares	143,716	177,715	
Smurfit Westrock Ltd.	Common Stock – 910 shares	37,228	39,267	
Snap Co Inc.	Common Stock – 126 shares	37,920	39,209	
Southern Copper Corp.	Common Stock – 1,116 shares	94,659	112,906	
Suncor Energy Inc.	Common Stock – 1,701 shares	54,947	63,702	
Sysco Corp.	Common Stock – 850 shares	65,306	64,379	
Takeda Pharmaceutical Co.	Common Stock – 4,208 shares	72,729	65,056	
Tapestry Inc.	Common Stock – 512 shares	32,163	44,959	
TE Connectivity Ltd Red Shs	Common Stock – 429 shares	56,095	72,359	
Tenaris S A Spon Adr	Common Stock – 1,058 shares	38,906	39,569	
TotalEnergies Se Sponsored Adr	Common Stock – 2,173 shares	116,528	133,400	
The Travelers Companies Inc.	Common Stock – 333 shares	55,394	89,091	
Truist Final Corp.	Common Stock – 2,109 shares	72,970	90,666	
Unilever PLC ADR AMER SHS Spon	Common Stock – 2,195 shares	105,855	134,268	

Allied Aviation New York Services Pension Plan

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June 30, 2025

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Identity of issue, borrower, lessor or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
US Bancorp Del Co.	Common Stock – 2,295 shares	99,642	103,849	
Vale S A Adr	Common Stock – 6,293 shares	84,177	61,105	
Valero Energy Corp.	Common Stock – 559 shares	77,993	75,141	
Wells Fargo & Co.	Common Stock – 3,134 shares	140,433	251,096	
Williams Sonoma Inc.	Common Stock – 277 shares	37,742	45,253	
Yum China Hldgs Inc.	Common Stock – 759 shares	31,454	33,935	
ZTO Expresswayman Inc Spons	Common Stock – 1,594 shares	29,730	28,294	
			\$32,136,516	\$34,268,454

* Party-in-interest as defined by ERISA.