

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025	
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
1a	Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 11/01/2006
2a	Plan sponsor's name (employer, if for a single-employer plan) 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) SSOBA DEFINED CONTRIBUTION RETIREMENT FUND 800 SUNRISE HIGHWAY WEST BABYLON, NY 11704
2b	Employer Identification Number (EIN) 26-0584149
2c	Plan Sponsor's telephone number
2d	Business code (see instructions) 561600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2026	RONALD A. FEDRIZZI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/11/2026	SHARIKA GORDON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor RONALD A. FEDRIZZI 800 SUNRISE HIGHWAY WEST BABYLON, NY 11704-0181	3b Administrator's EIN 26-0584149 3c Administrator's telephone number 631-587-9170
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 614 6a(2) 674 6b 522 6c 6d 1196 6e 6 6f 1202 6g(1) 6g(2) 1202 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 17

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

2E 2G

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	D Employer Identification Number (EIN) 26-0584149	

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	935007-000		09/01/2024	08/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	139590
c Additions: (1) Contributions deposited during the year	7c(1)	45617
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	2448
(4) Transferred from separate account	7c(4)	206122
(5) Other (specify below).....	7c(5)	8076
▶ FORFEITURE CREDIT & LOAN PRINCIPAL		
(6) Total additions	7c(6)	262263
d Total of balance and additions (add lines 7b and 7c(6))	7d	401853
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18302
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	161077
(4) Other (specify below).....	7e(4)	12758
▶ TOTAL OTHER DEDUCITONS		
(5) Total deductions	7e(5)	192137
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	209716

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS,
13-3689044

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS,

440 MAMARONECK AVENUE
HARRISON, NY 10528

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 62 64 67	RECORDKEEPER	115008	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JAMES R. GRISI, LLC

800 SUNRISE HIGHWAY
WEST BABYLON, NY 11704

83-2921602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL SERVICES	43200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALERA INVESTMENT ADVISORS

82-1301070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY-PLAN	25276	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

CITRIN COOPERMAN ADVISORS LLC

50 ROCKEFELLER PLAZA
NEW YORK, NY 11753

22-2428965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	ACCOUNTANT	21000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PEAK RETIREMENT GROUP, LLC

2870 HEMPSTEAD TURNPIKE, SUITE 102
LEVITTOWN, NY 11756

13-3859124

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 62 64 67	THIRD PARTY ADMINISTRATOR	10557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIEL H COOK ASSOCIATES

1040 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

11-2424843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 15 50	CONTRIBUTIONS PROCESSING	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND	D Employer Identification Number (EIN) 26-0584149	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	295692	237319
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		20044
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108389	212920
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1076962	1169772
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15515584	18816357
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	142687	212929
(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	17139314	20669341
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	20270	27099
i Acquisition indebtedness	1i		
j Other liabilities	1j	127303	90867
k Total liabilities (add all amounts in lines 1g through 1j)	1k	147573	117966
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	16991741	20551375

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)	2898601	
(B) Participants	2a(1)(B)	573204	
(C) Others (including rollovers)	2a(1)(C)	3627	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3475432
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)	71871	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		71871
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	319850	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		319850
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1733639
c Other income	2c		214885
d Total income. Add all income amounts in column (b) and enter total	2d		5815677

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1757856	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1757856
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)	34962	
(2) Contract administrator fees	2i(2)	127944	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21000	
(5) Investment advisory and investment management fees	2i(5)	241016	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	43200	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	30065	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		498187
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2256043

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3559634
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CITRIN COOPERMAN & COMPANY LLP

(2) EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	50645
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☒	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025					
A Name of plan SSOBA DEFINED CONTRIBUTION RETIREMENT FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SSOBA DEFINED CONTRIBUTION RETIREMENT FUND				D Employer Identification Number (EIN) 26-0584149	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	75
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

14b

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

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Financial Statements and
Supplemental Schedules

August 31, 2025 and 2024

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

August 31, 2025 and 2024

Table of Contents

Independent Auditor's Report 1

Statements of Net Assets Available for Benefits 4

Statements of Changes in Net Assets Available for Benefits 5

Notes to the Financial Statements 6

Schedules of Administration Expenses 16

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions 17

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 18

Independent Auditor's Report

To the Board of Trustees

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Opinion

We have audited the financial statements of Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund as of August 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Management's Responsibility 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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

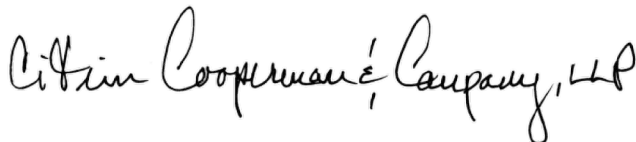
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of schedule H line 4a - schedule of delinquent participant contributions and schedule H, line 4i - schedule of assets (held at end of year) as of or for the year ended August 31, 2025, are presented for purpose of additional analysis and is 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Other Matter - Discretionary Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The information contained in the Schedules of Administration Expenses is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.



Jericho, New York
June 10, 2026

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Statements of Net Assets Available for Benefits

August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value		
Mutual funds	\$ 18,816,357	\$ 15,515,584
Investments at contract value		
Group annuity contract	212,929	142,687
 Receivables		
Notes receivable from participants - net	1,169,772	1,076,962
Employer contributions	237,319	295,692
Due from SSOBA Union	20,044	-
Total receivables	<u>1,427,135</u>	<u>1,372,654</u>
 Cash	<u>212,920</u>	<u>108,389</u>
Total assets	<u>20,669,341</u>	<u>17,139,314</u>
 Liabilities		
Due to SSOBA Union	-	73,004
Due to SSOBA Welfare Fund	90,867	54,299
Accrued expenses payable	<u>27,099</u>	<u>20,270</u>
Total liabilities	117,966	147,573
 Net assets available for benefits	<u><u>\$ 20,551,375</u></u>	<u><u>\$ 16,991,741</u></u>

See accompanying notes to the financial statements.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Statements of Changes in Net Assets Available for Benefits

For the Years Ended August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets attributed to		
Investment income		
Interest and dividends	\$ 319,850	\$ 277,615
Net appreciation in fair value of investments	1,733,639	2,110,410
Total investment income	2,053,489	2,388,025
Less: investment expenses	(241,016)	(207,872)
Investment income, net	1,812,473	2,180,153
 Contributions		
Employers	2,898,601	2,636,691
Participants	573,204	426,834
Rollovers	3,627	27,426
	3,475,432	3,090,951
 Fee reimbursements	214,885	206,134
Interest income on notes receivable from participants	71,871	52,998
Total additions	5,574,661	5,530,236
 Deductions from net assets attributed to		
Benefits paid to participants	1,757,856	1,494,632
Administrative expenses	257,171	190,680
Total deductions	2,015,027	1,685,312
 Net increase	3,559,634	3,844,924
 Net assets available for benefits at beginning of year	16,991,741	13,146,817
Net assets available for benefits at end of year	<u>\$ 20,551,375</u>	<u>\$ 16,991,741</u>

See accompanying notes to the financial statements.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

1. DESCRIPTION OF PLAN

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

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

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

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

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

Participant accounts - Each participant's account is credited with the contributions made on his/her behalf and net earnings on those contributions less any withdrawals and administrative expenses. A participant's account may include, but is not limited to, the following sub-accounts: 401(k) contribution account, matching contribution account, profit sharing account and rollover contribution account. A participant is eligible to make salary deferrals if the CBA signed by his/her employer allows for salary deferrals. The annual dollar limit a participant could defer for the calendar years ended December 31, 2025 and 2024, was \$23,500 and \$23,000, respectively.

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

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

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

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

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

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

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

- (1) Early retirement is the later of the date a participant reaches the age 55 and is credited with at least five years of service.
- (2) Normal retirement is the later of the date a participant reaches the age 65 and is credited with at least five years of service.
- (3) Death of the participant.
- (4) The participant becomes totally and permanently disabled.
- (5) The participant's employment terminates for any reason other than death or disability and the participant has not reached the age of 55. The participant's vested interest will not be paid until the participant has not worked for a contributing employer for at least 60 consecutive days.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

(6) Actively employed participants who have reached the age of 59 ½ are eligible to receive in-service distributions once every 12 months.

(7) A participant requests benefits pursuant to a Qualified Domestic Relations Order.

IRS rules and regulations require that certain minimum distributions be made from the Plan of individual accounts commence once a participant attains the age of 73 or in the year of retirement, whichever occurs later.

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

(1) A single life annuity or a qualified joint survivor annuity.

(2) One lump sum.

(3) A participant may also elect to have a portion of an eligible rollover distribution paid directly to an eligible retirement account in a direct rollover.

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

Forfeited accounts - At August 31, 2025 and 2024, forfeited nonvested accounts totaled \$739 and \$141, respectively. During 2025 and 2024, no amounts were applied to plan activities from forfeited nonvested accounts.

2. SUMMARY OF ACCOUNTING POLICIES

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

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

Cash and cash equivalents - The Plan considers all highly liquid instruments with original maturities of three months or less when purchased to be cash equivalents. At August 31, 2025 and 2024, the Plan had no cash equivalents.

Benefits - Benefits are recorded when paid.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

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

Investment valuation and income recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's realized gains and losses on investments sold during the year and on unrealized gains and losses on investments held at the end of the year. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Employer and participant contributions receivable - Contributions receivable are stated at the amount the Plan expects to collect from participants and employers pursuant to collective bargaining agreements. As of August 31, 2025 and 2024, there was no allowance for doubtful accounts.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid balance plus any accrued interest but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of August 31, 2025 and 2024. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default pursuant to the terms of the Plan document, the participant loan balance is reduced, and a benefit payment is recorded.

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

Uncertain tax positions - The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of August 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in process. Additionally, Plan management believes that the Plan's returns for the years prior to the year ended August 31, 2022, are no longer open to examination, based on the statutory period for years subject to audit.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

Change in presentation - Certain items in the August 31, 2024, financial statements have been reclassified to conform with the August 31, 2025, financial statement presentation. The reclassifications had no effect on the reported results of operations.

Subsequent events - The Plan has evaluated events and transactions that occurred through June 10, 2026, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

3. FAIR VALUE MEASUREMENTS

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

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

The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of August 31, 2025 and 2024:

Assets at fair value as of August 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 18,816,357	\$ -	\$ -	\$ 18,816,357
	<u>\$ 18,816,357</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 18,816,357</u>

Assets at fair value as of August 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,515,584	\$ -	\$ -	\$ 15,515,584
	<u>\$ 15,515,584</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 15,515,584</u>

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds a traditional fully benefit-responsive guaranteed investment contract, for which contributions are maintained in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the sponsoring trustee, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The traditional investment contract held by the Plan is a guaranteed group annuity contract. The contract issuer is contractually obligated to repay the principal and interest at the specified interest rate that is guaranteed to the Plan. Interest is credited based upon the daily balance, at a rate that is the daily equivalent of the effective annual rate of interest. The effective annual interest rate is established prior to January 1 and July 1 for the corresponding six-month period. There is no stated minimum or maximum interest rate. The crediting rate is reviewed on a semi-annual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. These events may be different under each contract. Such events include:

1. amendments to the Plan documents (including complete or partial Plan termination or merger with another plan);
2. changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions;
3. bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan;
4. the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA; or,
5. premature termination of the contract.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers that also would limit the ability of the Plan to transact at contract value with the participants.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. These events may be different under each contract. Such events include:

1. an uncured violation of the Plan's investment guidelines;
2. a breach of material obligation under the contract;
3. a material misrepresentation; or,
4. a material amendment to the agreement without the consent of the issuer.

5. PLAN TERMINATION

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

6. 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 that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The Plan maintains cash balances at large national and regional banks. Cash accounts at the banks are insured by the Federal Deposit Insurance Corporation (FDIC), subject to certain limits. At times, such cash balances may be in excess of the insured limits. As of August 31, 2025 and 2024, there were no amounts in excess of the FDIC limit. The Plan has not experienced any losses in such accounts.

For the years ended August 31, 2025 and 2024, approximately 48% and 59% of employer contributions were received from two and three employers, respectively. A change in the financial condition of these employers could have an impact on the future funding of the Plan.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

7. FEE REIMBURSEMENTS

The Plan has an agreement with Transamerica Retirement Solutions (Transamerica), which stipulates that Transamerica shall remit to the Plan fee reimbursements received from the investment options offered. The fee reimbursements received are included in fee reimbursements in the Statements of Changes in Net Assets Available for Benefits. For the years ended August 31, 2025 and 2024, fees collected and remitted to the Plan were \$214,885 and \$206,134, respectively.

8. RELATED-PARTY TRANSACTIONS

The administrative office is occupied by the Plan, the Union and the Welfare Fund, related organizations due to common sponsorship, management and oversight. Shared administrative and personnel expenses are initially paid by the Union and then billed to the Plans pursuant to a joint cost sharing agreement between this Fund, the Welfare Fund, and the Union. The percentages are determined by a utilization study that is approved by the Trustees. Personnel, and administrative costs allocated to the Plan by the Union was \$8,599 and \$11,313 for the years ended August 31, 2025 and 2024, respectively.

In May 2022, the Plan moved to an office space in Freeport, New York, which is leased by the Union. The monthly rent allocated to the Plan by the Union is based on a space allocation study. The Plan reimburses the Union \$392 per month for its share for the rent. Rent expense reimbursed to the Union for the years ended August 31, 2025 and 2024, was \$3,535 in each year, respectively. The amount due from or (to) the Union for rent and shared administrative and allocated expenses as of August 31, 2025 and 2024, was \$20,044 and \$(73,004), respectively.

The Welfare Fund also pays shared personnel expenses and then bills the Union and DCR Fund pursuant to a joint cost sharing agreement between the Plan, the Welfare Fund, and the Union. Personnel costs allocated to the DCR Fund for the years ended August 31, 2025 and 2024, were \$39,265 and \$30,983, respectively. The amount due by the Plan to the Welfare Fund for shared administrative expenses as of August 31, 2025 and 2024, was \$90,867 and \$54,299, respectively.

9. PARTY IN INTEREST TRANSACTIONS

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

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Notes to the Financial Statements

August 31, 2025 and 2024

10. DELINQUENT PARTICIPANT CONTRIBUTIONS

For the years ended August 31, 2025 and 2024, certain participating employers failed to remit certain participant contributions and loan repayments aggregating to \$50,645 and \$85,848, respectively, to the Plan on a timely basis as prescribed in the applicable Department of Labor regulations. Defined contribution plans, participating employers, must remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. The Plan sponsor computed the lost earnings on these deferrals and loan repayments and contributed for the lost earnings to the Plan in 2025.

Supplemental Schedules

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

Schedules of Administration Expenses

For the Years Ended August 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Administration expenses		
Office expense	\$ 3,389	\$ 3,633
Legal fees	43,200	42,943
Accounting fees	21,000	21,005
Insurance	4,239	-
Consulting	12,936	9,679
Payroll	34,962	27,391
Payroll taxes	2,765	2,181
Employee benefits	1,538	1,411
Benefits administrator fees	115,008	61,589
Third-party administrator fees	6,000	6,000
Rent	3,535	3,535
Allocated shared administrative expenses	8,599	11,313
Total administrative expenses	<u><u>\$ 257,171</u></u>	<u><u>\$ 190,680</u></u>

See independent auditor's report.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

EIN: 26-0584149

Plan Number: 001

For the Year Ended August 31, 2025

Total that Constitutes Nonexempt Prohibited Transactions

Participant Contributions Transferred Late to Plan (1)	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 50,645	\$ -	\$ -	\$ 50,645	\$ 50,645

(1) Amount includes participant loan repayments.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 26-0584149 Plan Number: 001

August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AB Small Cap Growth Z	Mutual Fund 1,281.77 Shares	**	\$ 9,593
	American Funds New Perspective R6	Mutual Fund 140.64 Shares	**	10,070
	Calvert Equity R6	Mutual Fund 896.83 Shares	**	88,589
	DFA Inflation-Protected Securities I	Mutual Fund 1,140.86 Shares	**	12,915
	Fidelity 500 Index	Mutual Fund 3,801.59 Shares	**	854,446
	Fidelity Advisor Focus Emerging Markets Z	Mutual Fund 190.26 Shares	**	7,256
	Great Gray Trust Capital Group 2010 R1	Mutual Fund 16,235.25 Shares	**	177,734
	Great Gray Trust Capital Group 2015 R1	Mutual Fund 52,678.90 Shares	**	577,566
	Great Gray Trust Capital Group 2020 R1	Mutual Fund 100,781.76 Shares	**	1,109,678
	Great Gray Trust Capital Group 2025 R1	Mutual Fund 197,365.77 Shares	**	2,175,148
	Great Gray Trust Capital Group 2030 R1	Mutual Fund 302,213.12 Shares	**	3,347,010
	Great Gray Trust Capital Group 2035 R1	Mutual Fund 228,707.51 Shares	**	2,552,399
	Great Gray Trust Capital Group 2040 R1	Mutual Fund 170,276.87 Shares	**	1,919,616
	Great Gray Trust Capital Group 2045 R1	Mutual Fund 130,074.73 Shares	**	1,471,184
	Great Gray Trust Capital Group 2050 R1	Mutual Fund 127,519.45 Shares	**	1,437,107
	Great Gray Trust Capital Group 2055 R1	Mutual Fund 122,087.37 Shares	**	1,381,529
	Great Gray Trust Capital Group 2060 R1	Mutual Fund 82,962.43 Shares	**	938,662
	Great Gray Trust Capital Group 2065 R1	Mutual Fund 33,892.85 Shares	**	383,504
	Great Gray Trust Capital Group 2070 R1	Mutual Fund 49.40 Shares	**	594
	JHancock Bond R6	Mutual Fund 11.02 Shares	**	150
	JHancock Disciplined Value Mid Cap R6	Mutual Fund 486.32 Shares	**	14,541
	MFS International Diversification R6	Mutual Fund 14.07 Shares	**	386
	MFS Mid Cap Growth R6	Mutual Fund 13.59 Shares	**	465
	Principal Real Estate Securities R6	Mutual Fund 183.91 Shares	**	5,298
	Vanguard Equity-Income Adm	Mutual Fund 1,114.93 Shares	**	108,661
	Vanguard High-Yield Corporate Adm	Mutual Fund 3,067.37Sshares	**	17,024
	Vanguard Interm-Term Bond Index Adm	Mutual Fund 1,342.52 Shares	**	14,110
	Vanguard International Growth Adm	Mutual Fund 20.40 Shares	**	2,420
	Vanguard International Value Inv	Mutual Fund 260.77 Shares	**	11,806
	Vanguard Mid Cap Index Adm	Mutual Fund 322.48 Shares	**	115,851
	Vanguard Small Cap Value Index Admiral	Mutual Fund 610.32 shares	**	54,740
	iShares Russell 2000 Small Cap Index K	Mutual Fund 622.34 shares	**	16,305
	Total mutual funds			18,816,357
*	Transamerica Stable Value Core Account	Group Annuity Contract 18,095 shares	**	212,929
	Total Group Annuity Contract		**	212,929
	Total investments			19,029,286
*	Notes receivable with interest rates of 4.25% to 9.50% and with maturity dates from 9/15/2025 to 07/31/2030	Participant loans		\$ 1,169,772
	Total assets			\$ 19,986,129

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

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

See independent auditor's report.

Special and Superior Officers Benevolent Association Defined Contribution Retirement Fund

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 26-0584149 Plan Number: 001

August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	AB Small Cap Growth Z	Mutual Fund 1,281.77 Shares	**	\$ 9,593
	American Funds New Perspective R6	Mutual Fund 140.64 Shares	**	10,070
	Calvert Equity R6	Mutual Fund 896.83 Shares	**	88,589
	DFA Inflation-Protected Securities I	Mutual Fund 1,140.86 Shares	**	12,915
	Fidelity 500 Index	Mutual Fund 3,801.59 Shares	**	854,446
	Fidelity Advisor Focus Emerging Markets Z	Mutual Fund 190.26 Shares	**	7,256
	Great Gray Trust Capital Group 2010 R1	Mutual Fund 16,235.25 Shares	**	177,734
	Great Gray Trust Capital Group 2015 R1	Mutual Fund 52,678.90 Shares	**	577,566
	Great Gray Trust Capital Group 2020 R1	Mutual Fund 100,781.76 Shares	**	1,109,678
	Great Gray Trust Capital Group 2025 R1	Mutual Fund 197,365.77 Shares	**	2,175,148
	Great Gray Trust Capital Group 2030 R1	Mutual Fund 302,213.12 Shares	**	3,347,010
	Great Gray Trust Capital Group 2035 R1	Mutual Fund 228,707.51 Shares	**	2,552,399
	Great Gray Trust Capital Group 2040 R1	Mutual Fund 170,276.87 Shares	**	1,919,616
	Great Gray Trust Capital Group 2045 R1	Mutual Fund 130,074.73 Shares	**	1,471,184
	Great Gray Trust Capital Group 2050 R1	Mutual Fund 127,519.45 Shares	**	1,437,107
	Great Gray Trust Capital Group 2055 R1	Mutual Fund 122,087.37 Shares	**	1,381,529
	Great Gray Trust Capital Group 2060 R1	Mutual Fund 82,962.43 Shares	**	938,662
	Great Gray Trust Capital Group 2065 R1	Mutual Fund 33,892.85 Shares	**	383,504
	Great Gray Trust Capital Group 2070 R1	Mutual Fund 49.40 Shares	**	594
	JHancock Bond R6	Mutual Fund 11.02 Shares	**	150
	JHancock Disciplined Value Mid Cap R6	Mutual Fund 486.32 Shares	**	14,541
	MFS International Diversification R6	Mutual Fund 14.07 Shares	**	386
	MFS Mid Cap Growth R6	Mutual Fund 13.59 Shares	**	465
	Principal Real Estate Securities R6	Mutual Fund 183.91 Shares	**	5,298
	Vanguard Equity-Income Adm	Mutual Fund 1,114.93 Shares	**	108,661
	Vanguard High-Yield Corporate Adm	Mutual Fund 3,067.37 Sshares	**	17,024
	Vanguard Inter-Term Bond Index Adm	Mutual Fund 1,342.52 Shares	**	14,110
	Vanguard International Growth Adm	Mutual Fund 20.40 Shares	**	2,420
	Vanguard International Value Inv	Mutual Fund 260.77 Shares	**	11,806
	Vanguard Mid Cap Index Adm	Mutual Fund 322.48 Shares	**	115,851
	Vanguard Small Cap Value Index Admiral	Mutual Fund 610.32 shares	**	54,740
	iShares Russell 2000 Small Cap Index K	Mutual Fund 622.34 shares	**	16,305
	Total mutual funds			18,816,357
*	Transamerica Stable Value Core Account	Group Annuity Contract 18,095 shares	**	212,929
	Total Group Annuity Contract		**	212,929
	Total investments			19,029,286

See independent auditor's report.

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

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 26-0584149 Plan Number: 001

August 31, 2025

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
*	Notes receivable with interest rates of 4.25% to 9.50% and with maturity dates from 9/15/2025 to 07/31/2030	Participant loans		\$ 1,169,772
Total assets				<u>\$ 19,986,129</u>

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

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

See independent auditor's report.

Special and Superior Officers Benevolent Association Defined Contribution
Retirement Fund

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

EIN: 26-0584149

Plan Number: 001

For the Year Ended August 31, 2025

**Total that Constitute Nonexempt Prohibited
Transactions**

Participant		Contributions		Contributions		Contributions		Contributions	
Contributions		Contributions		Contributions		Pending		Total Fully Corrected	
Transferred Late to		Contributions		Corrected		Correction in		Under VFCP and PTE	
Plan (1)		Not Corrected		Outside VFCP		VFCP		2002-51	
\$	50,645	\$	-	\$	-	\$	50,645	\$	50,645

(1) Amount includes participant loan repayments.