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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A This return/report is for:
- [X] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOCAL 1964 ILA RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/07/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LOCAL 1964 ILA RETIREMENT FUND

11 TEANECK ROAD
RIDGEFIELD PARK, NJ 07660-2327

2b Employer Identification Number (EIN) 22-6244648

2c Plan Sponsor's telephone number 201-440-6599

2d Business code (see instructions) 488990

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.	07/06/2026	ADAM HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1732
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	377
a(2) Total number of active participants at the end of the plan year	**6a(2)**	432
b Retired or separated participants receiving benefits	**6b**	570
c Other retired or separated participants entitled to future benefits	**6c**	737
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1739
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	88
f Total. Add lines **6d** and **6e**.	**6f**	1827
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	5

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

1B

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

A Name of plan
LOCAL 1964 ILA RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOCAL 1964 ILA RETIREMENT FUND

D Employer Identification Number (EIN)
22-6244648

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 10 Day 01 Year 2024		
b	Assets		
(1)	Current value of assets	**1b(1)**	47071130
(2)	Actuarial value of assets for funding standard account	**1b(2)**	46568219
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	44474120
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	44474120
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	73703667
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	1177336
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	3876820
(3)	Expected plan disbursements for the plan year	**1d(3)**	3853037

Statement by Enrolled Actuary

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

SIGN HERE

	06/11/2026
Signature of actuary	Date
ALAN T NAHOUM	26-02343
Type or print name of actuary	Most recent enrollment number
BACK NINE CONSULTING LLC	561-701-0729
Firm name	Telephone number (including area code)
41 DUNBAR ROAD PALM BEACH GARDENS, FL 33418	
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	47071130
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		813	40590188
(2) For terminated vested participants		612	17098314
(3) For active participants:			
(a) Non-vested benefits			5835918
(b) Vested benefits			10179247
(c) Total active		368	16015165
(4) Total		1793	73703667
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.87 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
04/01/2025	1860825				
			Totals ► **3(b)**	1860825	**3(c)**

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	104.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	3.85 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	8	8
(2) Females	**6c(2)**	8	8
d Valuation liability interest rate	**6d**	7.50 %	7.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	10.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.2 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	650000	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-129201	-13616

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	1288068

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	13700344		2148328
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	257729
e Total charges. Add lines 9a through 9d			**9e**	3694125
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	35253
g Employer contributions. Total from column (b) of line 3			**9g**	1860825
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	13700344		2106726
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	229168
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	0		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	21035467		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	4231972
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	537847
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
(3) Total as of valuation date			**9o(3)**	
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
LOCAL 1964 ILA RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 1964 ILA RETIREMENT FUND

D Employer Identification Number (EIN)
22-6244648

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

LOOMIS SAYLES & CO

04-3200030

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

MASSACHUSETTS FINANCIAL SERVICES CO

04-2747644

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

WISDOMTREE ASSET MANAGEMENT INC

13-3487784

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

DOUBLELINE CAPITAL LP

30-0596331

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

THE VANGUARD GROUP INC

23-1945930

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

LORD ABBETT & CO LLC

13-5620131

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

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

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

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

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

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

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

NUCLEUS ADVISORS

512 W 22ND ST, 7TH FLR
NEW YORK, NY 10011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	163387	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADAM HARRIS

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	100966	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVID HARRIS

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	95549	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RICHARD GALLO

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	94632	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(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	NONE	39429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC M HARRIS, ESQ. P.C.

485 UNDERHILL BLVD. STE 203
SYOSSET, NY 11791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BACK NINE CONSULTING, LLC

99-2224713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	21300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELIANCE TRUST CO

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	13280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED LABOR SYSTEMS

360 E PARK AVE
LONG BEACH, NY 11561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OPTIMUM TECHNOLOGIES, INC.

20-1460608

(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?
49 99 50	NONE	9600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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 10/01/2024 and ending 09/30/2025

A Name of plan
LOCAL 1964 ILA RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 1964 ILA RETIREMENT FUND

D Employer Identification Number (EIN)
22-6244648

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	64315	84880
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	128006	167537
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	69378	3117386
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1099963	1897872
(2) U.S. Government securities	1c(2)	5809403	6346333
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2628467	2331815
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1674689	2754989
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	35593699	36323184
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	47067920	53023996
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	17756	14824
i Acquisition indebtedness	1i		
j Other liabilities	1j	51692	3679064
k Total liabilities (add all amounts in lines 1g through1j)	1k	69448	3693888
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	46998472	49330108

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)	1933483	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1933483
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10341	
(B) U.S. Government securities	2b(1)(B)	221093	
(C) Corporate debt instruments	2b(1)(C)	103238	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		334672
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	11224	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1081408	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1092632
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	13109598	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13174839	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-65241
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	100065	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		100065

		(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)		2963395
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6359006
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3219167	
(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)		3219167
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)	385645	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	3935	
(4) IQPA audit fees	2i(4)	35494	
(5) Investment advisory and investment management fees	2i(5)	167387	
(6) Bank or trust company trustee/custodial fees	2i(6)	13280	
(7) Actuarial fees	2i(7)	21300	
(8) Legal fees	2i(8)	24000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	157162	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		808203
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4027370
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2331636
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: NOVAK FRANCELLA, LLC **(2)** EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570258.

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 10/01/2024 and ending 09/30/2025

A Name of plan
LOCAL 1964 ILA RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 1964 ILA RETIREMENT FUND

D Employer Identification Number (EIN)
22-6244648

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): 22-6244648

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer KEYSTONE FREIGHT/NRT (WALSH)

b EIN 23-2248967 **c** Dollar amount contributed by employer 1841961

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 15 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 3.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer KINGS HARBOR CARE CENTER

b EIN 13-3772916 **c** Dollar amount contributed by employer 17711

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 07 Day 11 Year 2028

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 0.75
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer KINGS HARBOR DIALYSIS CENTER

b EIN 13-4138854 **c** Dollar amount contributed by employer 9197

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 10 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1.00
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer COMPREHENSIVE CLEANING

b EIN 22-2376088 **c** Dollar amount contributed by employer 13863

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 10 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1.60
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer SANS SOUCI REHAB & NURSING CENTER

b EIN 26-2661137 **c** Dollar amount contributed by employer 43652

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 10 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1.60
(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**	0.99
b The corresponding number for the second preceding plan year	**15b**	0.81

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: 57.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.6 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.8 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2025

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2025 AND 2024

CONTENTS

Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Board of Trustees of the
Local 1964 I.L.A. Retirement Fund

Opinion

We have audited the financial statements of the Local 1964 I.L.A. 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 September 30, 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 the Plan as of September 30, 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 Local 1964 I.L.A. Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Local 1964 I.L.A. Retirement Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
June 29, 2026

Local 1964 I.L.A. Retirement Fund

Statements of Net Assets Available for Benefits

September 30, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
United States Government and Government Agency obligations	$ 6,346,333	$ 5,809,403
Corporate obligations	2,331,815	2,628,467
Common stock	2,754,989	1,674,689
Mutual funds and exchange traded funds	36,323,184	35,593,699
Short-term investments	1,897,872	1,099,963
Total investments	49,654,193	46,806,221
Receivables		
Employer contributions	167,537	128,006
Due from related entities	19,972	10,302
Accrued interest and dividends	67,676	58,191
Securities sold and not settled	3,026,937	-
Total receivables	3,282,122	196,499
Other assets		
Cash	84,880	64,315
Security deposits	2,801	885
Total other assets	87,681	65,200
Total assets	53,023,996	47,067,920
Liabilities and Net Assets		
Liabilities		
Accrued expenses	14,824	17,756
Securities purchased and not settled	3,679,064	51,692
Total liabilities	3,693,888	69,448
Net assets available for benefits	$ 49,330,108	$ 46,998,472

See accompanying notes to financial statements.

Local 1964 I.L.A. Retirement Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	$ 2,998,219	$ 7,786,787
Interest and dividends	1,427,304	1,404,033
	4,425,523	9,190,820
Less investment expenses	(180,667)	(211,309)
Investment income - net	4,244,856	8,979,511
Contribution income		
Employer contributions	1,933,483	1,587,923
Other income		
Class action settlement	-	410
Total additions	6,178,339	10,567,844
Deductions		
Pension benefits	3,219,167	3,148,695
Administrative expenses	627,536	641,855
Total deductions	3,846,703	3,790,550
Net increase	2,331,636	6,777,294
Net assets available for benefits		
Beginning of year	46,998,472	40,221,178
End of year	$ 49,330,108	$ 46,998,472

See accompanying notes to financial statements.

LOCAL 1964 I.L.A. RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2025 AND 2024

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Local 1964 I.L.A. Retirement Fund (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General - The Plan was established during 1972 as a result of collective bargaining agreements between the Local 1964 I.L.A. (the Local) union and various employers to provide retirement, death and disability benefits for eligible participants. The Plan is financed by employer contributions as specified in the collective bargaining agreements. The Plan is a multi-employer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was amended, effective July 15, 2020 to be in compliance with the qualification requirements under the Internal Revenue Service.

Pension Benefits - Under current provisions of the Plan, an employee is eligible for a normal retirement pension upon attaining age 65 with 5 years of credit service. Members are eligible for early retirement benefits, at a reduced rate, upon attaining age 55 and 15 years of credit service. Members are eligible for disability pension benefits at age 55 with 10 or 15 years of service depending on whether the member became disabled during employment or was given a social security award. Effective October 1, 2019 the Plan was amended to the monthly benefit payable at the participant's normal retirement date which reduces the percentage of all employer contributions required to be made of a participant's account on or after October 1, 2019.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments are carried at fair value. The valuations for U.S. Treasuries, common stock, mutual funds and exchange traded funds are generally based on quoted market prices or the net asset value of the funds as of the last business day of the fiscal year as provided by the custodian. Government agencies and corporate obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The short-term investment is valued at cost, which approximates fair value.

Purchases and sales are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer Contributions - Employer contributions due but not paid at year end are recorded as contributions receivable. Allowance for credit losses is considered unnecessary and is not provided. Contributions are accounted for as exchange transactions.

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

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

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

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. For the year ended September 30, 2025, employer contributions ranged from $0.75 to $3.00 per hour. For the year ended September 30, 2024, employer contributions ranged from $0.75 to $2.80 per hour.

The Plan's actuary has advised that the minimum funding requirements of ERISA have been met as of October 1, 2024.

NOTE 4. PRIORITIES UPON 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 to 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 pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

NOTE 4. PRIORITIES UPON TERMINATION (continued)

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on March 23, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's Trustees and Counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

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

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

For the years ended September 30, 2025 and 2024, there were no transfers in or out of levels 1, 2, or 3.

The following tables set fourth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

	Fair Value Measurements at September 30, 2025			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	$ 6,346,333	$ 3,876,575	$ 2,469,758	$ -
Corporate obligations	2,331,815	-	2,331,815	-
Common stock	2,754,989	2,754,989	-	-
Mutual funds and exchange traded funds**	36,323,184	36,323,184	-	-
Short-term investments	1,897,872	1,897,872	-	-
	$ 49,654,193	$ 44,852,620	$ 4,801,573	$ -

** Two funds account for 36.70% of net assets available for benefit as of September 30, 2025.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 30, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	$ 5,809,403	$ 3,530,835	$ 2,278,568	$ -
Corporate obligations	2,628,467	-	2,628,467	-
Common stock	1,674,689	1,674,689	-	-
Mutual funds and exchange traded funds	35,593,699	35,593,699	-	-
Short-term investments	1,099,963	1,099,963	-	-
	$ 46,806,221	$ 41,899,186	$ 4,907,035	$ -

NOTE 7. RELATED PARTIES

The Plan has three related organizations, Local 1964 I.L.A. (Local), Local 1964 I.L.A. Health & Insurance Fund (Health Fund) and Local 1964 I.L.A. Staff Plan and Trust (Staff Plan). The Plan shares facilities, equipment and staff with these related organizations.

The Plan sub-leases office space and equipment from the Health Fund on a year to year basis. Office and equipment rent are based upon allocated occupancy as approved by the Trustees. Office rent paid to the Health Fund totaled $17,386 and $10,410 for years ended September 30, 2025 and 2024, respectively. Furniture and equipment rental allocated from the Health Fund totaled $1,439 and $1,512 for the years ended September 30, 2025 and 2024, respectively. As of September 30, 2025 and 2024, the Plan owed $2,952 and $1,512 to the Health Fund, respectively, for the Plan's portion of furniture and equipment rental.

The Health Fund pays personnel and certain administration expenses on behalf of the Plan. These expenses are reimbursed monthly by the Plan based on an allocation approved by the Trustees. The Plan was allocated $362,295 and $421,590 from the Health Fund for payroll related expenses for the years ended September 30, 2025 and 2024, respectively. As of September 30, 2025 and 2024, the Plan was due $22,924 and $11,815, respectively from the Health Fund for payroll related expenses.

Certain Plan investments are short-term investments managed by Fidelity through Reliance Trust, a Fidelity Information Service, LLC company. Reliance Trust is the custodian, as defined by the Plan, therefore these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

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

NOTE 8. BENEFIT PLANS

Substantially all of the Plan's full-time employees who have completed one year of service are covered by a single-employer defined contribution pension plan (Local 1964 I.L.A. Staff Plan and Trust, a related party).

The Plan contributes 10% of an eligible employee's annual salary. The vesting periods are the following:

First year	20%
Second year	40%
Third year	60%
Fourth year	80%
Fifth year	100%

During the years ended September 30, 2025 and 2024, the Plan contributed $28,187 and $28,102, respectively, to the Staff Plan.

The Plan's full-time employees are covered by a multiemployer defined benefit health plan (Management - I.L.A. Managed Care Trust Fund). The total of health and welfare contributions for the year ended September 30, 2025 was $34,687 and $53,288 for 2024.

NOTE 9. ACTUARIAL INFORMATION

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

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	$ 24,761,854
Other vested benefits	16,682,102
	41,443,956
Non-vested benefits	3,030,164
Total actuarial present value of accumulated plan benefits	$ 44,474,120

NOTE 9. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 42,003,522
Increase (decrease) during the year attributable to:	
Benefits accumulated, actuarial gains or losses, and changes in valuation method	2,584,970
Interest	3,034,323
Benefits paid	(3,148,695)
Net increase	2,470,598
Actuarial present value of accumulated plan benefits at end of year	$ 44,474,120

The actuarial cost method used was the Accrued Benefit Cost Method (Unit Credit). Some of the more significant actuarial assumptions used in the valuation as of September 30, 2024 were:

Mortality rates: Valuation rates - 1994 Uninsured Pensioner, unprojected
Disabled rates - 1964 OASDI Table
RPA rates - IRS 2024 Static Table

Normal retirement age: 67

Net investment return: 7.5%

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

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2025 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2025. The complete financial status is presented as of September 30, 2024.

As of October 1, 2025, the actuary reported that the Plan is not expected to be in endangered or critical status as identified under the Pension Protection Act of 2006.

As of October 1, 2024, the actuary reported that the Plan is not expected to be in endangered or critical status as identified under the Pension Protection Act of 2006.

NOTE 10. RISKS AND UNCERTAINTIES

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

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

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through June 29, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Local 1964 I.L.A. Retirement Fund

Schedules of Administrative Expenses

Years Ended September 30, 2025 and 2024

	2025	2024
Salaries and payroll taxes	$ 317,420	$ 311,098
Employee benefits	68,225	86,457
Pension Benefit Guaranty Corporation	65,009	73,185
Audit and accounting fees	39,429	33,758
Office and printing expenses	26,810	27,895
Other professional fees	25,460	27,745
Legal fees	24,000	25,238
Office rent, storage, utilities and maintenance	22,766	15,717
Actuarial and consulting fees	21,300	18,800
Insurance expense	17,117	21,962
Total	$ 627,536	$ 641,855

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2025

E.I.N. 22-6244648
Form 5500, Schedule H, Item 4i — Plan No. 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	1c(1) - Short-term investments:						
	Chase Interest Bearing Account	IBA	Demand	Var %	584,447	$ 584,447	$ 584,447
*	Fidelity Cash	IBA	Demand	Var	62,127	62,127	62,127
*	Fidelity Inv Money Mkts Treasury	STIF	Demand	Var	90,415	90,415	90,415
*	Fidelity Cash Management Funds Treasu	STIF	Demand	Var	1,160,883	1,160,883	1,160,883
	Total short-term investments					1,897,872	1,897,872
	1c(2) - United States Government & Agency obligations:						
	Federal Home Loan Mortgage	Pool	02/01/55	5.500	134,362	131,541	135,520
	Federal Home Loan Mortgage	Pool	04/01/33	3.000	1	1	1
	Federal Home Loan Mortgage	Pool	06/01/34	3.500	506	514	498
	Federal Home Loan Mortgage	Pool	09/01/37	3.500	22	21	22
	Federal Home Loan Mortgage	Pool	11/01/40	4.000	985	974	961
	Federal Home Loan Mortgage	Pool	12/01/40	4.000	2,350	2,357	2,292
	Federal Home Loan Mortgage	Pool	01/01/41	4.000	3,550	3,526	3,444
	Federal Home Loan Mortgage	Pool	07/01/44	4.500	31,620	25,542	31,421
	Federal Home Loan Mortgage	Pool	02/01/45	4.000	9,879	10,715	9,613
	Federal Home Loan Mortgage	Pool	12/01/45	3.000	12,259	12,528	11,115
	Federal Home Loan Mortgage	Pool	12/01/45	3.500	16,266	16,967	15,284
	Federal Home Loan Mortgage	Pool	02/01/46	4.000	25,292	27,039	24,153
	Federal Home Loan Mortgage	Pool	03/01/46	3.000	4,382	4,476	3,971
	Federal Home Loan Mortgage	Pool	09/01/46	3.000	24,035	23,287	21,747
	Federal Home Loan Mortgage	Pool	09/01/46	3.500	29,835	31,699	28,083
	Federal Home Loan Mortgage	Pool	01/01/47	3.000	8,372	8,494	7,575
	Federal Home Loan Mortgage	Pool	10/01/48	4.000	13,135	13,165	12,627
	Federal Home Loan Mortgage	Pool	07/01/49	3.500	347	354	321
	Federal Home Loan Mortgage	Pool	08/01/49	4.000	17,696	18,368	16,953
	Federal Home Loan Mortgage	Pool	02/01/50	3.000	24,857	25,354	22,099
	Federal Home Loan Mortgage	Pool	02/01/50	2.500	35,082	35,068	29,953
	Federal Home Loan Mortgage	Pool	09/01/50	2.000	50,900	52,439	41,453
	Federal Home Loan Mortgage	Pool	11/01/51	2.500	102,034	104,370	86,474
	Federal Home Loan Mortgage	Pool	03/01/52	2.000	72,627	57,534	58,809
	Federal Home Loan Mortgage	Pool	03/01/52	2.500	315,080	271,855	266,447
	Federal Home Loan Mortgage	Pool	04/01/52	3.000	97,704	87,753	86,031
	Federal Home Loan Mortgage	Pool	05/01/52	3.500	87,950	81,367	80,497
	Federal Home Loan Mortgage	Pool	07/01/52	3.000	123,379	92,877	108,444
	Federal Home Loan Mortgage	Pool	07/01/52	3.500	82,185	75,829	75,584
	Federal Home Loan Mortgage	Pool	10/01/52	4.500	20,215	19,725	19,699
	Federal Home Loan Mortgage	Pool	07/01/53	5.000	77,036	75,471	76,715
	Federal Home Loan Mortgage	Pool	07/01/53	4.500	33,569	32,250	32,662

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest		Par/Maturity Value or Shares	Cost	Current Value
1c(2) - United States Government & Agency obligations (continued):							
Federal National Mortgage Association	Pool	09/01/42	4.500	%	3,191	$ 3,460	$ 3,200
Federal National Mortgage Association	Pool	09/01/54	6.000		153,966	156,907	159,558
Federal National Mortgage Association	Pool	12/01/54	5.000		108,246	104,178	107,642
Federal National Mortgage Association	Pool	01/01/55	5.000		50,444	47,759	50,054
Federal National Mortgage Association	Pool	07/01/55	6.000		114,598	116,308	117,116
Federal National Mortgage Association	Pool	04/01/24	3.500		572	776	563
Federal National Mortgage Association	Pool	06/01/33	3.000		6,444	6,607	6,223
Federal National Mortgage Association	Pool	07/01/33	3.000		3,577	3,600	3,455
Federal National Mortgage Association	Pool	09/01/33	3.000		5,880	6,066	5,675
Federal National Mortgage Association	Pool	02/01/41	4.000		8,444	8,936	8,230
Federal National Mortgage Association	Pool	05/01/41	4.500		15,435	16,916	15,439
Federal National Mortgage Association	Pool	08/01/41	4.500		1,954	2,098	1,955
Federal National Mortgage Association	Pool	05/01/42	3.500		15,297	14,431	14,505
Federal National Mortgage Association	Pool	08/01/43	3.500		9,645	9,525	9,100
Federal National Mortgage Association	Pool	10/01/46	3.000		46,088	47,743	41,669
Federal National Mortgage Association	Pool	02/01/47	3.500		16,640	17,173	15,549
Federal National Mortgage Association	Pool	08/01/47	4.000		8,727	8,945	8,390
Federal National Mortgage Association	Pool	07/01/48	4.500		1,606	1,699	1,586
Federal National Mortgage Association	Pool	09/01/50	2.500		40,630	42,682	34,546
Federal National Mortgage Association	Pool	07/01/51	2.000		240,755	242,899	195,493
Federal National Mortgage Association	Pool	07/01/51	2.500		189,687	196,170	160,843
Federal National Mortgage Association	Pool	06/01/52	4.000		56,055	53,603	53,097
Federal National Mortgage Association	Pool	12/01/52	5.500		80,959	81,693	82,107
Federal National Mortgage Association	Note	11/15/30	6.625		56,000	79,727	63,295
United States Treasury	Note	01/31/30	4.250		146,000	146,320	149,091
United States Treasury	Note	03/31/30	4.000		165,000	166,160	166,889
United States Treasury	Note	08/31/30	4.125		186,000	189,698	189,117
United States Treasury	Note	06/30/31	4.250		363,000	368,209	370,913
United States Treasury	Note	12/31/31	4.500		166,000	168,730	171,759
United States Treasury	Note	05/15/34	4.375		121,000	124,011	123,799
United States Treasury	Note	02/15/35	4.625		214,000	220,897	222,393
United States Treasury	Note	05/15/35	4.250		126,000	123,721	127,162
United States Treasury	Note	11/30/26	1.250		168,000	164,108	163,308
United States Treasury	Note	05/31/27	2.625		553,000	538,738	543,842
United States Treasury	Note	02/15/28	4.250		233,000	234,539	236,304
United States Treasury	Note	09/30/28	4.625		269,000	268,899	276,567
United States Treasury	Note	11/30/28	4.375		175,000	174,371	178,780
United States Treasury	Note	02/28/29	4.250		242,000	242,709	246,603
United States Treasury	Bond	02/15/41	1.875		282,000	231,605	198,249
United States Treasury	Bond	02/15/42	2.375		94,000	82,352	69,656
United States Treasury	Bond	11/15/42	4.000		193,000	186,809	178,434
United States Treasury	Bond	05/15/46	2.500		228,000	223,786	160,320
United States Treasury	Bond	02/15/51	1.875		181,000	140,929	103,389
Total United States Government and Agency obligations						6,609,952	6,346,333
1c(3) - Corporate obligations:							
AbbVie Inc	Note	11/21/49	4.250		74,000	85,654	62,344
Amgen Inc	Bond	02/21/30	2.450		107,000	106,851	99,115
Bank of America Corp	Note	07/22/27	1.734		134,000	131,596	131,324
Broadcom Inc	Note	04/15/32	5.200		93,000	93,293	96,828
Capital One Financial Corp	Note	02/01/34	5.817		87,000	84,420	91,238
Citigroup Inc	Note	06/03/31	2.572		121,000	122,783	111,331
Comcast Corp	Bond	02/01/50	3.450		101,000	97,800	70,606
Elevance Inc	Bond	06/15/34	5.375		101,000	102,585	104,150
Enbridge Inc	Bond	11/15/53	6.700		67,000	68,729	74,822
Enterprise Products Operating LLC	Bond	02/15/43	4.450		54,000	49,261	47,675
Fiserv Inc	Bond	07/01/29	3.500		101,000	100,830	98,166

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest		Par/Maturity Value or Shares	Cost	Current Value
1c(3) - Corporate obligations (continued):							
General Motors Financial	Bond	01/07/34	6.100	%	101,000	$ 103,463	$ 106,181
JPMorgan Chase & Co	Note	05/01/28	3.540		74,000	73,457	73,353
JPMorgan Chase & Co	Note	07/23/36	5.575		87,000	90,540	90,191
Lowes Companies Inc	Note	10/15/30	1.700		101,000	96,996	88,886
Morgan Stanley	Note	01/15/31	5.230		93,000	93,486	95,990
Morgan Stanley	Note	01/22/47	4.375		60,000	58,883	52,618
OracleCorp	Note	04/01/30	2.950		128,000	132,481	120,607
Rogers Communications Inc	Bond	03/15/52	4.550		81,000	57,165	67,143
RTX Corp	Bond	03/15/54	6.400		87,000	89,587	97,336
T Mobile USA	Note	07/15/33	5.050		101,000	98,440	103,167
Truist Finl Corp	Bond	06/08/34	5.867		114,000	104,042	120,786
U S Bancorp	Bond	01/23/30	5.384		81,000	81,259	83,748
United Health Group	Bond	05/15/30	2.000		87,000	86,785	78,861
Verizon Communications Inc	Note	11/20/50	2.875		94,000	89,605	59,996
Wells Fargo & Co	Note	01/23/35	5.499		101,000	101,983	105,353
Total corporate obligations						2,401,974	2,331,815
1c(4)(B) - Common stock:							
Appfolio Inc					147	34,986	40,522
Applied Industrial Technologies Inc					157	36,888	40,985
Argenx Se					117	46,239	86,295
Avient Corporation					535	24,111	17,628
Avidity Biosciences Inc					942	33,661	41,043
Biohaven Ltd					560	13,533	8,406
Boot Barn Hldgs Inc					175	17,176	29,001
Bright Horizons Fam					303	37,018	32,897
Builders Firstsource inc					365	51,879	44,256
BWX Technologies Inc					453	37,012	83,520
Cabot Corp					87	7,902	6,616
Chewy Inc					1,313	43,306	53,111
Comfort Systems USA Inc					52	28,478	42,909
Confluent Inc					852	24,401	16,870
Crinetics Pharmaceuticals Inc					202	7,590	8,413
Cullen Frost Bankers Inc					213	28,994	27,002
Curtiss-Wright Corp					117	28,415	63,524
Docusign Inc					498	38,797	35,901
Dolby Laboratories Inc					584	40,118	42,264
Dorman Products Inc					249	31,007	38,814
Elastic N V					299	32,467	25,263
East West Bancorp Inc					288	31,253	30,658
EMCOR Group Inc					79	14,999	51,314
Entegris Inc					501	35,282	46,322
Epam Sys Inc					165	42,005	24,880
Equitable Hldgs Inc					549	29,943	27,878
EQT Corporation					997	46,407	54,267
Etsy Inc					568	42,207	37,710
Expedia Inc					244	40,762	52,155
Frontdoor Inc					627	36,915	42,191
Gitlab Inc					968	55,401	43,637
GoDaddy Inc					196	24,677	26,819
Houlihan Lokey Inc					202	33,396	41,475

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
1c(4)(B) - Common stock (continued):							
	Hubbell Inc				119	$ 42,489	$ 51,207
	Hyatt Hotels				253	25,055	35,908
	Ideaya Biosciences Inc				1,562	48,425	42,502
	Immunocore Hldgs Plc				695	31,344	25,249
	Insmed Inc				508	35,821	73,157
	JFrog Ltd				1,304	36,661	61,718
	Klaviyo Inc				1,048	33,164	29,019
	Knight Swift Transh Hldgs Inc				370	19,636	14,619
	Lattice Semiconductor Corp				671	37,475	49,198
	Lennox International Inc				78	43,859	41,290
	Lincoln Electric Holdings Inc				213	43,166	50,232
	Macom Technology Solutions				252	34,412	31,371
	Madrigal Pharmaceuticals Inc				87	24,334	39,903
	Modine Manufacturing Co				236	24,120	33,550
	Molina Healthcare Inc				194	51,278	37,124
	Monday Com Ltd				115	32,397	22,274
	MongoDB Inc				119	30,885	36,935
	Mueller Industries Inc				396	29,202	40,040
	Murphy USA Inc				87	42,863	33,779
	National Vison Hldgs Inc				981	22,618	28,635
	Neurocrine Biosciences Inc				374	42,310	52,502
	Nordsoncorpcom				178	23,465	40,397
	On Hldg Ag Namen				460	17,669	19,481
	Patrick Industries Inc				229	21,939	23,685
	Payoneer Global Inc				930	9,165	5,627
	Pegasystems Inc				672	32,510	38,640
	Piper Jaffray				70	21,644	24,289
	Planet Fitness Inc				305	31,213	31,659
	Power Integrations Inc				406	18,284	16,325
	Procore Technologies Inc				587	44,113	42,804
	Procept Biorobotics Corp				101	7,441	3,605
	Rubrik Inc				349	23,685	28,705
	Sprouts Fmrs Mkt Inc				138	17,397	15,014
	Stifel Financial Corp				486	40,412	55,146
	Stride Inc				209	25,210	31,128
	Summit Therapeutics Inc				1,029	24,796	21,259
	Toast Inc				899	29,418	32,822
	The Baldwin Insurance Grp Inc				699	29,561	19,719
	Topbuild Corp				110	25,116	42,995
	Tyler Technologies Inc				89	39,986	46,561
	Upwork Inc				595	9,325	11,049
	Vaxcyte Inc				328	24,722	11,815
	Viking Therapeutics Inc				138	8,766	3,627
	Wingstop Inc				171	38,657	43,037
	Wintrust Financial Corp				299	31,474	39,600
	Xenon Pharmaceuticals Inc				280	11,975	11,242
	Total common stock					2,416,682	2,754,989

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
1c(13) - Mutual funds and exchange traded funds:							
	Artisan International				75,682	$ 3,572,062	$ 4,140,547
	Doubleline Total Return Bond				533,103	5,558,383	4,749,944
	Loomis Sayles Investment Grade Bond				229,668	2,565,461	2,285,199
	Lord Abbett Short Duration				878,624	3,455,248	3,417,847
	MFS International Value				73,031	2,760,355	3,615,047
	Vanguard Russell 1000 Growth Index				71,530	3,923,377	8,619,365
	WisdomTree US Dividend Growth				106,736	7,811,901	9,495,235
	Total mutual funds and exchange traded funds					29,646,787	36,323,184
	Total investments					$ 42,973,267	$ 49,654,193

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

Local 1964 I.L.A. Retirement Fund

Schedule of Reportable Transactions

Year Ended September 30, 2025

Form 5500, Schedule H, Item 4j

E.I.N. 22-6244648
Plan No. 001

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain or (Loss)
*	Fidelity Cash Management	$ 10,148,690	N/A	$ 10,148,690	$ 10,148,690	N/A
	Funds Treasury	N/A	$ 9,239,780	9,239,780	9,239,780	$ -

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

Attachment to Schedule MB Line 6
Summary of Plan Provisions
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

1. Effective Date: November 1, 1972

2. Eligibility Requirements: Each employee of an Employer who contributes to the Fund in a classification covered by a Collective Bargaining Agreement is eligible to participate in the fund on the first day of the month following the Employer's obligation to contribute.

2. Year of Pension Eligibility: An Employee will receive 1 year of Pension credit for each Plan Year in Covered Employment that he/she works 800 hours.

3. Year of Vesting Credit: An Employee will receive 1 year of Pension credit for each Plan Year in Covered Employment that he/she works 800 hours [1/2 year for each 400 hours].

4. Normal Retirement Date: The later of the attainment of age 65 and the completion 5 Years of Participation.

5. Regular Pension: The monthly benefit payable at Normal Retirement Date in the form of a life annuity is equal to the sum of:

a) 7.75% multiplied by the participant's pre-9/30/88 contributions;
b) 3.50% multiplied by the participant's post 9/30/88 contributions prior to 10/1/09; and
c) 1.00% multiplied by the participant's 10/1/09 thru 9/30/14 contributions
d) 2.00% multiplied by the participant's post 9/30/14 contributions
e) 1.00% multiplied by the participants contributions after 9/30/18

6. Early Retirement Pension: A Participant who has not attained age 65, but is at least age 55 and has completed 5 years of service may receive an Early Retirement Benefit under the Plan. The amount of the Early Service Retirement Pension is the Normal Service Retirement Pension actuarially reduced by 6% for each year the Early Retirement Date precedes age 65.

7. Disability Benefit #1: A participant who becomes disabled during Covered Employment and who has attained age 55 with 5 years of pension credits will be eligible to receive a Disability Benefit equal to the accrued Normal Retirement Pension as of the date of disability actuarially reduced in the same manner as Early Retirement.

8. Disability Benefit #2: A participant who becomes disabled during Covered Employment, who is eligible for Social Security Disability benefits, and who has attained age 55 with 10 years of pension credits will be eligible to receive a Disability Benefit equal to the accrued Normal Retirement Pension as of the date of disability without actuarial reduction.

9. Deferred Pension: A participant who terminates Covered Employment with at least 5 years of vesting credits will be eligible to receive a vested pension beginning on or after his Early Retirement Age.

The Deferred Pension Benefit payable is the accrued Normal (or Early) Service Pension payable calculated as of the date the participant terminates Covered employment.

10. Pre-Retirement Survivor Benefit: In the event an active participant dies after becoming eligible for Normal or Early Retirement Age under the plan, the Participant's Surviving Spouse would receive the same benefit that would be payable if the participant had:

a. separated service on the date of death;
b. retired with an immediate Joint and 50% Survivor annuity at the Earliest Retirement Age;
c. died on the next day.

11. Post-Retirement Death Benefit: All retirement benefits are payable in the form of a 50% Joint and Survivor Annuity unless this form is rejected by the Participant.

Normal Retirement benefits are actuarially reduced to reflect the Joint and Survivor coverage. If the Participant rejects the Joint and Survivor coverage, benefits will be payable for the remainder of the participant's lifetime without reduction.

12. Contributions: All contributions are made by the participating Employers. No participant contributions are required under the Plan.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S ASSOCIATION RETIREMENT PLAN
EIN/PN 22-6244648/001
Attachment to Form 5500 Schedule MB, Line 6

SCHEDULE OF ACTIVE MEMBERSHIP OF THE FUND

Age	0-4	5-9	10-14	15-19	20-24	25-29	30 +	Total
20-24	*7*	*0*	*0*	*0*	*0*	*0*	*0*	*7*
25-29	*8*	*1*	*0*	*0*	*0*	*0*	*0*	*9*
30-34	*11*	*4*	*1*	*0*	*0*	*0*	*0*	*16*
35-39	*9*	*3*	*1*	*3*	*0*	*0*	*0*	*16*
40-44	*23*	*2*	*1*	*0*	*0*	*0*	*0*	*26*
45-49	*19*	*2*	*3*	*1*	*3*	*1*	*0*	*29*
50-54	*31*	*6*	*9*	*2*	*4*	*2*	*0*	*54*
55-59	*38*	*9*	*3*	*0*	*9*	*4*	*2*	*65*
60-64	*40*	*10*	*10*	*8*	*5*	*6*	*3*	*82*
65-69	*19*	*6*	*2*	*4*	*4*	*3*	*1*	*39*
70 +	*11*	*2*	*2*	*3*	*2*	*0*	*5*	*25*
Totals	*216*	*45*	*32*	*21*	*27*	*16*	*11*	*368*

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S ASSOCIATION RETIREMENT PLAN
EIN/PN 22-6244648/001
Attachment to Form 5500 Schedule MB, Line 9(c)

SUMMARY OF AMORTIZATION BASES
CHARGE BASES

Type of Base	Years Remaining	Minimum Annual Payment	10/1/24 Beginning of Year Balance
Amendment	*5*	*5,318*	*23,125*
Assumption	*1*	*7,748*	*7,748*
Assumption	*3*	*22,344*	*62,461*
Assumption	*4*	*5,353*	*19,268*
Loss	*8*	*7,730*	*48,671*
Loss	*1*	*49,246*	*49,246*
Loss	*2*	*203,799*	*393,377*
Loss	*4*	*281,105*	*1,012,126*
Loss	*6*	*296,225*	*1,494,724*
Loss	*8*	*29,886*	*188,182*
Loss	*0*	*90,933*	*623,553*
Loss	*10*	*92,649*	*683,644*
Loss	*11*	*99,640*	*783,584*
Loss	*12*	*103,325*	*859,197*
Loss	*13*	*853,027*	*7,451,438*
Total Charge Bases		*2,148,328*	*13,700,343*

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S ASSOCIATION RETIREMENT PLAN
EIN/PN 22-6244648/001
Attachment to Form 5500 Schedule MB, Line 9(h)

SUMMARY OF AMORTIZATION BASES
CREDIT BASES

Type of Base	Date Began	Minimum Annual Payment	10/1/24 Beginning of Year Balance
Assumption	*2*	*65,784*	*126,978*
Assumption	*5*	*6,258*	*27,213*
Gain	*3*	*469,910*	*1,313,667*
Gain	*5*	*211,800*	*921,183*
Gain	*7*	*88,374*	*503,191*
Assumption	*8*	*188,985*	*1,189,970*
Assumption	*12*	*250,110*	*2,079,768*
Gain	*14*	*811,889*	*7,409,173*
Gain	*15*	*13,616*	*129,201*
Total Credit Bases		*2,106,726*	*13,700,344*

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S ASSOCIATION RETIREMENT PLAN

EIN/PN: 22-6244648/001
Attachment to Form 5500 Schedule MB, Line 11
Justification for Change in Actuarial Assumptions

Actuarial assumption as to Current Liability Interest was changed so that rate remained in statutory range.

Attachment to Schedule MB Line 6
Actuarial Assumptions and Methods
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

The cost estimates are based on the Accrued Benefit (Unit Credit) Cost Method (an immediate gain cost method) which is described in Part IIIC of the Bureau Bulletin on Section 23(p)(1)(A) and (B) of the 1939 Internal Revenue Code.

Initial Valuation

A normal cost estimate is determined by calculating the present value of the benefit earned by each employee's during the year and summing the results.

The initial accrued liability is the actuarial present value of all benefits accrued as of the initial valuation date.

Subsequent Valuations

After the initial valuation, the normal cost is recalculated each year to take into account the benefits accrued by all employees during the year. Thereby, the normal cost is not affected by any actuarial gains and/or losses which arise from the previous years' experience. Such actuarial gains and/or losses are determined as a dollar amount each year, by comparing the expected unfunded accrued liability with the actual unfunded accrued liability and are amortized over 15 years for minimum funding purposes. Hence any contributions made in excess of the normal cost estimate are designated as contributions to reduce the unfunded accrued liability and/or contributions to amortize actuarial losses (the plan's funding standard account will receive credits for amortized actuarial gains, if any).

Stability and Flexibility of Cost Method

This cost method splits the total liability of the plan benefits into three components - a normal cost estimate, an unfunded accrued liability amount and a net total of actuarial gains and losses.

The normal cost estimate will remain relatively level, except for changes due to new entrants, terminations, retirements, deaths, etc. to the active participant life count.

The amount of accrued liability contribution in any given plan year may vary within a relatively broad band sufficient to amortize this liability over 15 years. This flexibility in accrued liability contribution provides the ability to stabilize the total level of contributions.

The actuarial gains and/or losses that arise due to the experience under the plan are required to be amortized over 15 years. It is anticipated that the net actuarial gains and/or losses based on the actuarial assumptions as stated on page 5 will be negligible so that this element will not affect the stability of the cost method.

Unlike other methods, this method provides for splitting future plan changes between the accrued liability and the normal cost estimate thereby dampening the fluctuation in the annual contributions.

ACTUARIAL ASSUMPTIONS

1. Valuation Date: October 1, 2024

2. Actuarial Cost Method: Accrued Benefit

3. Assumed Normal Retirement Age: Age 67

4. Future Increases in Compensation: N/A

5. Withdrawals: Illustrative rates are as follows:

Age	1 Year
25	0.2760
30	0.2558
35	0.2352
40	0.2139
45	0.1913
50	0.1669
55	0.1455

6. Mortality:

Valuation Rates	1994 Uninsured Pensioner - unprojected
Disabled Rates	1964 OASDI Table
RPA Rates	IRS 2022 Static Table

7. Valuation Interest: 7.5% per year

8. RPA Current Liability Interest: 3.85% per year

9. RPA Maximum Interest Rate: 3.85% per year

10. Marriage Rate: 100%

11. Asset Valuation Method: 5 Year Smoothed Method with phase-in, described as Method 16 in IRS Revenue Procedure 2000-40. Under this method, a gain or loss is calculated each year equal to the difference between the expected

assets and the actual market value of assets. The expected assets are calculated by taking the prior year market value, adjusted by cash flow (contributions less benefit payments and investment expenses), and increased by the expected rate of return.

Under the five year phase-in method, the actuarial asset value is equal to the market value of the assets in the first year the method is used. In subsequent years, gains are subtracted (or losses added) to the adjusted assets in accordance with the following schedule:

Year Two: 80% of the prior year gain is subtracted from the adjusted assets

Year Three: 80% of the prior year gain plus 60% of the second prior year gain is subtracted

Year Four: 80% of the prior year gain plus 60% of the second prior year gain plus 40% of the third prior year gain is subtracted

Year Five 80% of the prior year gain plus 60% of the second prior year gain plus 40% of the third prior year gain plus 20% of the fourth prior year gain is subtracted.

The actuarial value of assets is then adjusted to fit within an 90% to 110% corridor of Market Value.

Attachment to Form 5500 Schedule MB, line 8(b)(1)
Projection of Expected Benefit Payments
Local 1964 ILA Retirement Plan
EIN/PN 22-6244648/001

Year	Total Projected Benefits	Year	Total Projected Benefits
1	3,853,037	26	2,320,706
2	3,878,965	27	2,128,344
3	3,830,868	28	1,960,445
4	3,798,595	29	1,795,703
5	3,852,202	30	1,656,446
6	4,023,927	31	1,510,950
7	4,094,307	32	1,359,349
8	4,195,007	33	1,231,026
9	4,200,884	34	1,105,129
10	4,183,931	35	997,445
11	4,262,360	36	890,186
12	4,265,542	37	785,569
13	4,288,991	38	695,634
14	4,310,695	39	610,078
15	4,182,998	40	534,776
16	4,016,897	41	464,891
17	3,942,769	42	404,065
18	3,808,385	43	351,855
19	3,643,217	44	308,003
20	3,450,613	45	266,793
21	3,269,171	46	229,727
22	3,083,791	47	197,401
23	2,915,634	48	169,269
24	2,708,091	49	144,822
25	2,518,629	50	123,596

Attachment to Schedule MB, line 8(b)(3)
Projection of Employer Contributions and Withdrawal Liability Payments
Local 1964 ILA Retirement Plan
EIN/PN 22-6244648/001

Plan Year	Employer Contribution Projected	Withdrawal Liability Payments
2024	1,860,825	0
2025	1,338,898	0
2026	1,347,607	0
2027	1,358,070	0
2028	1,362,317	0
2029	1,368,781	0
2030	1,383,047	0
2031	1,395,893	0
2032	1,399,107	0
2033	1,401,976	0

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A This return/report is for: [X] 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 ▶ [X]

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan
LOCAL 1964 ILA RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/07/1972

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LOCAL 1964 ILA RETIREMENT FUND

11 TEANECK ROAD

RIDGEFIELD PARK NJ 07660-2327

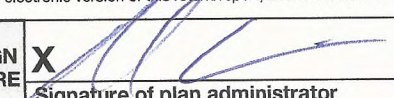
2b Employer Identification Number (EIN) 22-6244648

2c Plan Sponsor's telephone number 201-440-6599

2d Business code (see instructions) 488990

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	X  Signature of plan administrator	X 7/6/2026 Date	ADAM HARRIS Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	1732
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	**6a(1)**	377
a (2) Total number of active participants at the end of the plan year	**6a(2)**	384
b Retired or separated participants receiving benefits	**6b**	512
c Other retired or separated participants entitled to future benefits	**6c**	733
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	1629
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	81
f Total. Add lines **6d** and **6e**	**6f**	1710
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	5

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules
- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [X] **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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

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

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

A Name of plan
Local 1964 ILA Retirement Fund

B Three-digit plan number (PN) ► 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Trustees of Local 1964 ILA Retirement Fund

D Employer Identification Number (EIN)
22-6244648

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 10 Day 01 Year 2024

b	Assets		
	(1) Current value of assets	1b(1)	47,071,130
	(2) Actuarial value of assets for funding standard account	1b(2)	46,568,219
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	44,474,120
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	1c(2)(a)	
	(b) Accrued liability under entry age normal method	1c(2)(b)	
	(c) Normal cost under entry age normal method	1c(2)(c)	
	(3) Accrued liability under unit credit cost method	1c(3)	44,474,120
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
	(2) "RPA '94" information:		
	(a) Current liability	1d(2)(a)	73,703,667
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,177,336
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,876,820
	(3) Expected plan disbursements for the plan year	1d(3)	3,853,037

Statement by Enrolled Actuary

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

SIGN HERE

ATN

Signature of actuary

07/06/2026
Date

Alan T Nahoum
Type or print name of actuary

26-02343
Most recent enrollment number

Back Nine Consulting, LLC
Firm name

(561) 701-0729
Telephone number (including area code)

41 Dunbar Road
US Palm Beach Gardens FL 33418
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	47,071,130
b "RPA '94" current liability/participant count breakdown:	**(1)** Number of participants	**(2)** Current liability	
(1) For retired participants and beneficiaries receiving payment	813	40,590,188	
(2) For terminated vested participants	612	17,098,314	
(3) For active participants:			
(a) Non-vested benefits		5,835,918	
(b) Vested benefits		10,179,247	
(c) Total active	368	16,015,165	
(4) Total	1,793	73,703,667	
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	63.87 %

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

(a) Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM-DD-YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees
04/01/2025	1,860,825				
			Totals ► **3(b)**	1,860,825	**3(c)**

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	104.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	

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

a ☐ Attained age normal **b** ☐ Entry age normal **c** ☒ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 3.85 %

		Pre-retirement	Post-retirement
b	Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c	Mortality table code for validation purposes:		
	(1) Males	**6c(1)** 8	8
	(2) Females	**6c(2)** 8	8
d	Valuation liability interest rate	**6d** 7.50 %	7.50 %
e	Salary scale	**6e** % ☒ N/A	
f	Withdrawal liability interest rate:		
	(1) Type of interest rate	**6f(1)** ☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
	(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.50 %
g	Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	10.1 %
h	Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.2 %
i	Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
	(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
	(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	650,000
	(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	(129,201)	(13,616)

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ..... ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ..... ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ..... ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..... **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ..... ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) ..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the ruling letter approving the extension ..... **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ..... ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) **8e**

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any **9a** 0

b Employer's normal cost for plan year as of valuation date **9b** 1,288,068

c	Amortization charges as of valuation date:		Outstanding balance		
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	13,700,344		2,148,328
	(2) Funding waivers	**9c(2)**	0		0
	(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d	Interest as applicable on lines 9a, 9b, and 9c			**9d**	257,729
e	Total changes. Add lines 9a through 9d			**9e**	3,694,125
	Credits to funding standard account:				
f	Prior year credit balance, if any			**9f**	35,253
g	Employer contributions. Total from column (b) of line 3			**9g**	1,860,825
			Outstanding balance		
h	Amortization credits as of valuation date	**9h**	13,700,344		2,106,726
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	229,168
j	Full funding limitation (FFL) and credits:				
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	0		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	21,035,467		
	(3) FFL credit			**9j(3)**	0
k	**(1)** Waived funding deficiency			**9k(1)**	0
	(2) Other credits			**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	4,231,972
m	Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	537,847
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o	Current year's accumulated reconciliation account:				
	(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
	(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	
	(3) Total as of valuation date			**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)			**10**	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No