

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LOCAL 808 IBT PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1974
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) JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND 9 HUNTS LANE CHAPPAQUA, NY 10514
2b	Employer Identification Number (EIN) 11-6204268
2c	Plan Sponsor's telephone number 914-458-5371
2d	Business code (see instructions) 333900

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.	07/09/2026	PAUL DEMASI
	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 ☒ 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 1743
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 618 6a(2) 664 6b 651 6c 350 6d 1665 6e 119 6f 1784 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 18

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	5-26021	0	10/01/2024	09/30/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	2520702

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 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 808 IBT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268

E Type of plan: (1) ☒ 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) 70588115
(2) Actuarial value of assets for funding standard account	1b(2) 68348575
c (1) Accrued liability for plan using immediate gain methods	1c(1) 66097223
(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) 66097223
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) 102480602
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2948130
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6598694
(3) Expected plan disbursements for the plan year	1d(3) 6252007

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	05/12/2026
Signature of actuary BENJAMIN P. ABLIN	Date 26-07725
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 240-247-4542
Firm name 8601 GEORGIA AVENUE SUITE 905 SILVER SPRING, MD 20910	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	70588115
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	766	48314176
(2) For terminated vested participants	359	16036274
(3) For active participants:		
(a) Non-vested benefits		1715042
(b) Vested benefits		36415110
(c) Total active	618	38130152
(4) Total	1743	102480602
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	68.88 %

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	2221513				
Totals ►			3(b)	2221513	3(c) 0
(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	103.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a		3.07 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9P	9P	
(2) Females	6c(2)	9FP	9FP	
d Valuation liability interest rate	6d	7.50 %	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)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	19.9 %		
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)	790000		
(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	1840430	193951
4	354153	37322
5	-3778620	-512085

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	1796160

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	24802008	5335053
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 534841**e** Total charges. Add lines 9a through 9d.....**9e** 7666054**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 15851119**g** Employer contributions. Total from column (b) of line 3.....**9g** 2221513**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	11202241	1961092

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1419223**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

9j(1) 16550622

(2) "RPA '94" override (90% current liability FFL)

9j(2) 25846329

(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** 21452947**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 13786893**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

9o(1) 0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a) 0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b) 0

(3) Total as of valuation date

9o(3) 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ASB CAPITAL MANAGEMENT
80-0618452

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL TRUST COMPANY
23-6994310

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

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

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

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

EMPLOYEES

23-7218454

(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	EMPLOYEES	172265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVASTA & COMPANY, INC.

13-3879959

(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 13 16 50	NONE	85208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, P.C.

22-2027092

(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	64235	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)

COHEN,WEISS AND SIMON, LLP

13-1592323

(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	58352	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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 49 50	NONE	57698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITESTAR ADVISORS, LLC

03-0496641

(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 50	NONE	43864	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)

HORIZON ACTUARIAL SERVICES, LLC

990 HAMMOND DRIVE
SUITE 300
ATLANTA, GA 30328

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 50	NONE	40663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PREMIER TECHNOLOGY SOLUTIONS, INC

13-3933805

(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 49 50 70	NONE	35117	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANDERBILT AVENUE ASSET MGMT, LLC

26-1889409

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	33228	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)

QUAN-VEST CONSULTANTS, INC.

11-2559669

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	32500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION INSURANCE GROUP

303 W. ERIE ST
STE 310
CHICAGO, IL 60654

(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 50	NONE	32426	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL MOVING & STORAGE CO.

11-2849919

(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 50	NONE	12060	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)

AMTRUST NORTH AMERICA

59 MAIDEN LANE
NEW YORK, NY 10038

(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 50	NONE	11306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON

23-2259884

(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 50	NONE	6704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAUL DEMASI

11-6204268

(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?
20 50	TRUSTEE	5500	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)

QUILL

300 TRI STATE INTERNATIONAL DRIVE
SUITE 300
LINCOLNSHIRE, IL 60069

(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?
36 50	NONE	5010	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:	SING LEE	b EIN:	13-3879959
c Position:	ENROLLED ACTUARY		
d Address:	655 THIRD AVENUE SUITE 1200 NEW YORK, NY 10017	e Telephone:	212-308-4200

Explanation: HORIZON ACTUARIAL SERVICES HAS REPLACED SAVASTA. BENJAMIN P. ABLIN (ENROLLMENT NUMBER: 26-07725) REPLACES SING LEE (23-05385) AS THE ENROLLED ACTUARY DUE TO A TRANSITION OF ACTUARIAL FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan LOCAL 808 IBT PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND				D Employer Identification Number (EIN) 11-6204268	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND					
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY					
c EIN-PN 27-3350609-010		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38713610	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND					
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY					
c EIN-PN 23-6994310-165		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10514634	
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED-RISK ALLOCATION					
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY					
c EIN-PN 26-6399613-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3568110	
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SEPARATE ACCT					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-027		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2520702	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan LOCAL 808 IBT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268

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	446569	589487
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	177228	171889
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	58651	88643
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	96560	50379
(2) U.S. Government securities	1c(2)	6115198	7121913
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	852552
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4369772	4535765
(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)	51590385	52796354
(10) Value of interest in pooled separate accounts	1c(10)	4196983	2520702
(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)	234670	689098
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	3664407	762279
f Total assets (add all amounts in lines 1a through 1e)	1f	70950423	70179061
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	33027	45671
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	26086
k Total liabilities (add all amounts in lines 1g through 1j)	1k	33027	71757
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	70917396	70107304

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)	2358655	
(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)		2358655
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6033	
(B) U.S. Government securities	2b(1)(B)	191533	
(C) Corporate debt instruments	2b(1)(C)	10336	
(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)		207902
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	261627	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		261627
(3) Rents	2b(3)		-1611405
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	11560584	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11559094	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	-3056703	
(B) Other	2b(5)(B)	-77852	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6486580
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		421678
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4991972

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4613687	
(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)		4613687
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)	242316	
(2) Contract administrator fees	2i(2)	37500	
(3) Recordkeeping fees	2i(3)	4716	
(4) IQPA audit fees	2i(4)	58000	
(5) Investment advisory and investment management fees	2i(5)	188438	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	86170	
(8) Legal fees	2i(8)	58352	
(9) Valuation/appraisal fees	2i(9)	43864	
(10) Other trustee fees and expenses	2i(10)	9928	
(11) Other expenses	2i(11)	459093	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1188377
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5802064

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-810092
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, P.C.

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		59852821
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 574310.

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 808 IBT PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND				D Employer Identification Number (EIN) 11-6204268	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CRRE

b EIN 27-2821312

c Dollar amount contributed by employer 823143

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 2.33

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

a Name of contributing employer PARKCHESTER SOUTH CONDO

b EIN 13-3175324

c Dollar amount contributed by employer 491465

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 15 Year 2029

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

(1) Contribution rate (in dollars and cents) 2.18

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

a Name of contributing employer ABM / DFS

b EIN 94-1369354

c Dollar amount contributed by employer 293903

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 1.05

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

a Name of contributing employer PARKCHESTER NORTH CONDO

b EIN 13-2756317

c Dollar amount contributed by employer 218924

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 29 Year 2029

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

(1) Contribution rate (in dollars and cents) 2.17

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

a Name of contributing employer ABM/JCM

b EIN 61-1600949

c Dollar amount contributed by employer 172850

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 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) 2.18

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

a Name of contributing employer PARKCHESTER PRESERVATION MANAGEMENT

b EIN 13-3995230

c Dollar amount contributed by employer 86021

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 11 Day 15 Year 2025

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

(1) Contribution rate (in dollars and cents) 2.18

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **THE WOODLAWN CEMETERY**

b EIN **13-5670057**

c Dollar amount contributed by employer **54228**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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) **2.15**

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

a Name of contributing employer **AAH CONSTRUCTION CORP.**

b EIN **11-2304499**

c Dollar amount contributed by employer **15336**

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 **02** Day **28** 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) **2.75**

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

a Name of contributing employer **ASTOR INDUSTRIES CORP.**

b EIN **11-3596952**

c Dollar amount contributed by employer **14591**

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 **02** Day **28** 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) **2.75**

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

a Name of contributing employer **SAFEGUARD CHEMICAL CORP**

b EIN **13-2576181**

c Dollar amount contributed by employer **11520**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **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

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	481
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	489
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	509
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	0.98
b The corresponding number for the second preceding plan year.....	15b	0.94
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	0
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: 57.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.00 %

High-Yield Debt: 2.00 % Real Assets: 10.00 % Cash or Cash Equivalents: 0.00 % Other: 5.00 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**Local 808 I.B.T. Pension Fund
Consolidated Financial Statements
September 30, 2025 and 2024
With Independent Auditor's Report**

Local 808 I.B.T. Pension Fund
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Independent Auditor's Report

To the Trustees and Participants of
Local 808 I.B.T. Pension Fund:

Opinion

We have audited the consolidated financial statements of Local 808 I.B.T. Pension Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the consolidated statements of net assets available for benefits as of September 30, 2025 and 2024 and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated net assets available for benefits as of September 30, 2025 and 2024 and the consolidated changes in 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 Consolidated Financial Statements section of our report. We are required to be independent of Local 808 I.B.T. Pension 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 808 I.B.T. Pension Fund's ability to continue as a going concern for at least one year following the date that the consolidated 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 consolidated 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 Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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 consolidated 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 consolidated 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 Local 808 I.B.T. Pension Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 808 I.B.T Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Withum Smith & Brown, PC

July 9, 2026

Local 808 I.B.T. Pension Fund
Consolidated Statements of Net Assets Available for Benefits
September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments		
Investments - at fair value	\$ 68,566,763	\$ 66,575,390
Receivables		
Employer contributions	171,889	177,228
Accrued interest and dividends	41,055	30,524
Other receivables	6,351	6,613
Due from Local 808 I.B.T. Health and Welfare Fund	35,863	19,654
Due from Building Maintenance and Service Workers Local Union 808 I.B.T.	5,374	1,860
Total receivables	<u>260,532</u>	<u>235,879</u>
Fixed assets		
Land	340,000	530,000
Buildings and improvements	1,505,772	3,402,760
Furniture and fixtures	113,602	110,426
	<u>1,959,374</u>	<u>4,043,186</u>
Accumulated depreciation	(834,627)	(727,484)
Total fixed assets	<u>1,124,747</u>	<u>3,315,702</u>
Other assets		
Cash and cash equivalents	589,487	474,747
Prepaid expenses	37,261	19,424
Other current assets	2,693	-
Asset held for sale	2,325,000	-
Total other assets	<u>2,954,441</u>	<u>494,171</u>
Total assets	<u>72,906,483</u>	<u>70,621,142</u>
Liabilities		
Due to related parties	5,290	-
Accounts payable and accrued expenses	45,671	33,027
Other liabilities	20,796	-
Total liabilities	<u>71,757</u>	<u>33,027</u>
Net assets available for benefits	<u>\$ 72,834,726</u>	<u>\$ 70,588,115</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Local 808 I.B.T. Pension Fund
Consolidated Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income, net		
Net appreciation in fair value of investments	\$ 6,831,896	\$ 11,855,708
Interest and dividends	261,627	273,644
Other interest income	207,902	141,634
Investment expenses	(188,438)	(178,726)
Total investment income, net	<u>7,112,987</u>	<u>12,092,260</u>
Employer contributions	2,221,513	2,060,343
Loss on sale of building	(1,611,405)	-
Rental income	137,142	116,957
Total other revenue	<u>(1,474,263)</u>	<u>116,957</u>
Total additions	<u>7,860,237</u>	<u>14,269,560</u>
Deductions		
Benefits paid	4,613,687	4,449,576
Professional fees	248,458	344,834
Administrative expenses	474,919	438,296
Building expenses	276,562	221,526
Total deductions	<u>5,613,626</u>	<u>5,454,232</u>
Net change in net assets available for benefits	<u>2,246,611</u>	<u>8,815,328</u>
Net assets available for benefits		
Beginning of year	70,588,115	61,772,787
End of year	<u>\$ 72,834,726</u>	<u>\$ 70,588,115</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Local 808 I.B.T. Pension Fund

Notes to Consolidated Financial Statements

September 30, 2025 and 2024

1. Plan Description and Funding

General

The Plan is a multiemployer collectively bargained defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan operates as a trust to provide retirement benefits to retirees who, during active employment, were covered employees of participating employers under collectively bargained agreements with the Building Maintenance and Service Workers Local Union 808 I.B.T. (the "Local Union"). Participants should refer to the Summary Plan Description for a more complete description on the Plan's provisions.

Administration of the Plan

The Board of Trustees (the "Trustees") of the Plan, which is comprised of a union representative and a contributing employer representative with equal voting power, is the Plan Administrator.

Employer Contributions

Employer contributions by participating employers are determined subject to the provisions of collective bargained agreements or resolutions and agreements with the Local Union.

Benefits

The Plan provides for retirement and disability pensions and death benefits. Each participant's age and years of service and the related employer contribution rates determine the amount of pension benefit. A more complete description of these benefits, together with eligibility and vesting requirements, is contained in the Summary Plan Description.

Vesting

Vesting in the employer contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after six years of credited service.

Funding Policy

The Plan's funding policy is for the participating employers to make contributions on behalf of covered employees in amounts determined by the CBAs and subject to minimum funding requirements of ERISA and maximum deductibility of contributions by participating employers under the Internal Revenue Code. Hourly contribution rates vary by CBA from \$1.15 to \$2.75. The Plan's actuary has certified that the minimum funding requirements of ERISA were met in 2025 and 2024.

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding status certifications. The certifications were based on projections using the actuarial present value of accumulated benefit obligations as of October 1, 2025 and 2024, and audited financial information as of September 30, 2025 and 2024, as well as other financial information. The funded (zone) status provides an indication of the financial health of the Plan.

For the years beginning October 1, 2025 and 2024, based on actuarial assumptions, participant and financial data, and Plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Unless otherwise elected in an individual CBA or participation agreement, participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to their participating employer's contributions. The Normal Retirement Benefit is the total number of pension credits earned, multiplied by the highest contribution rate at which the employee earned at least 6/12ths of a pension credit. For employees who retire on or after January 1, 2018 and earned at least 6/12ths of a pension credit on or after January 1, 2017, the monthly amount of the Normal Retirement Benefit is based on the number of years of pension credit and the highest contribution rate at which you earned at least 6/12ths of a pension credit on or after January 1, 2017. For employees who are active on or after January 1, 2001 but before June 1, 2014, the monthly amount of the Normal Retirement Benefit is calculated based on years of pension credit and the employer's hourly contribution rate as of January 1, 2000 under which the employee has earned at least 6/12ths of a pension credit to determine the pension amount. The Plan has three separate schedules of retirement benefits for participants who left Covered Employment before January 1, 2001. These schedules are the result of benefit improvements approved by the Board of Trustees between October 1992 and January 1997.

The monthly amount of the Early Retirement Benefit is calculated the same way as the Normal Retirement Benefit, and then, it is reduced by one-half of one percent (.005) for each month that the employee's pension starts before Normal Retirement Age.

The monthly amount of the Disability Pension is calculated the same way as a Normal Retirement Benefit based on the number of pension credits. There is no reduction for commencement prior to Normal Retirement Age.

The monthly amount of the Vested Retirement Benefit is calculated the same way as a Normal Retirement Benefit based on the number of pension credits. However, effective December 1, 2015, if the employee has at least 5 years of pension credits when the employee terminates employment with a contributing employer and chooses to start receiving the Vested Retirement Benefit before Normal Retirement Age but not before age 55, the monthly amount of the Normal Retirement Benefit will be reduced by one-half of one percent (0.005) for each month that your pension starts before the Normal Retirement Age.

If the employee qualifies for any of the benefits listed above, the benefit will be at least \$100 per month even if, applying the formulas above, the employee would otherwise have a lower benefit. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

Beneficiaries of participants are eligible to receive a death benefit. When a participant dies following retirement, the death benefits available are based on the benefit option selected at the time of retirement. Pre-retirement death benefits are based on the participant's years of covered employment, marital status, and disability status. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until the earlier of normal retirement age, recovery, or death.

2. Summary of Accounting Policies

Basis of Accounting

The consolidated financial statements of the Plan are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Principles of Consolidation

The consolidated financial statements include the accounts of the Plan, Thomas Seay Realty, LLC ("TSR LLC") and Gary J Schnetzler LLC. All significant intercompany accounts and transactions have been eliminated in consolidation.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are presented at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment consultant determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In accordance with the policy of presenting investments at fair value, net appreciation (depreciation) in fair value presented on the statements of changes in net assets available for benefits includes gains and losses on investments bought and sold, as well as held, during the year.

Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Management of the Plan allocates certain administrative and recordkeeping costs to the Plan including computer consulting, insurance, and other professional fees, in addition to the cost of payroll and related payroll benefits directly attributable to the Plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the various other entities administered by the Plan Administrator (Note 7). Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Employers' Contributions Receivable

Employer contributions are accrued based upon an analysis of employer remittance reports and subsequent cash receipts. No allowance for uncollectible accounts has been established, as management believes all receivables are collectible.

Management of the Plan, in the normal course of business, contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligations to make required contributions to the Plan. Any additional employer contributions that are due to the Plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.

The Plan received contributions for the years ended September 30, 2025 and 2024, in excess of the minimum funding requirements of ERISA.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Fixed Assets and Depreciation

Fixed assets are carried at cost, net of an allowance for depreciation.

Depreciation of furniture and equipment is computed using the straight-line method and is based on estimated useful lives of three to ten years. Depreciation expense for furniture and equipment for the years ended September 30, 2025 and 2024, was \$3,240 and \$984, respectively, and is included in administrative expenses on the consolidated statements of changes in net assets available for benefits.

Buildings and improvements are depreciated over their estimated useful lives of 15-40 years using the straight-line method. Depreciation expense for buildings and improvements was \$84,070 and \$84,070, respectively, for the years ended September 30, 2025 and 2024, and is included in building expenses on the consolidated statements of changes in net assets available for benefits.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

Cash Equivalents

Cash equivalents consist of money market funds with original maturities of three months or less maintained for use in operations and not included in investments and are carried at cost which approximates fair value.

Subsequent Events

In preparing these consolidated financial statements, management of the Plan has evaluated events and transactions that occurred after September 30, 2025, for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through July 9, 2026, the date that the consolidated financial statements were available to be issued.

3. 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 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. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

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

The computations of the actuarial present value of accumulated plan benefits were made as of September 30, 2025 and 2024.

Actuarial present value of accumulated plan benefits as of the most recent actuarial valuation dates are as follows at September 30, 2025 and 2024:

	2025	2024
Vested benefits		
Retired participants and beneficiaries	\$ 37,329,039	\$ 35,757,145
Inactive vested participants	8,714,365	9,155,589
Active vested participants	21,267,428	20,290,473
Total vested benefits	67,310,832	65,203,207
Nonvested accumulated benefits	1,196,687	894,016
Operating expenses	9,735,884	10,029,971
Total actuarial present value of accumulated plan benefits	\$ 78,243,403	\$ 76,127,194

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

The change in the actuarial present value of accumulated plan benefits during the years ended September 30, 2025 and 2024, was calculated as follows:

	<u>2025</u>	<u>2024</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 76,127,194	\$ 72,644,242
Increase (decrease) during the year attributable to		
Benefits accumulated and actuarial (gains)/losses	(352,977)	1,981,117
Change(s) to actuarial assumptions	1,546,347	669,952
Increase due to decrease in the discount period	5,536,526	5,281,459
Benefits paid	(4,613,687)	(4,449,576)
Net change	<u>2,116,209</u>	<u>3,482,952</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 78,243,403</u></u>	<u><u>\$ 76,127,194</u></u>

Significant assumptions underlying the actuarial computations for the years ended September 30, 2025 and 2024, are as follows:

- Actuarial method - Entry age normal.
- Net investment return - 7.25% compounded annually.
- Non-Disabled mortality - The sex-distinct Pri-2012 Amount Weighted Blue Collar Mortality Tables, with separate rates for employees, annuitants, and contingent survivors, and with 50% of Scale MP-2021 Generational Projection.
- Disabled mortality - The sex-distinct Pri-2012 Amount Weighted Disabled Mortality Tables with 50% of Scale MP-2021 Generational Projection.
- Disability rates

<u>Age</u>	<u>Rate</u>
20	0.00090
25	0.00100
30	0.00110
35	0.00130
40	0.00150
45	0.00240
50	0.00330
55	0.00755
60	0.01180

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

- Withdrawal

<u>Age</u>	<u>Rate</u>
20	0.0800
25	0.0600
30	0.0400
35	0.0275
40	0.0150
45	0.0103
50	0.0057
55	0.0010

- Retirement Age -
 - Active participants: 25% per year from age 62 to age 64 for participants with at least 30 years for credited service. 100% retirement at age 65 for all others.
 - Inactive vested participants: 100% retirement is assumed at age 65.
- Marital Status - 80% of participants are assumed to be married and males are assumed to be 3 years older than their female spouses.
- Administrative expenses - \$920,000 and \$790,000 for 2025 and 2024, respectively.

The present value of the annual administrative expenses included in the present value of accumulated plan benefits is equal to the expected expenses for the upcoming year payable as a perpetuity, discounted at the Plan's actuarial interest rate.

In developing the actuarial present value of accumulated plan benefits as of September 30, 2025, the following changes in actuarial assumptions were made from the assumptions used for the September 30, 2024 valuation:

- The valuation interest rate was changed from 7.50% to 7.25%.
- The assumption for operating expenses was changed from \$790,000 as of the beginning of the year to \$920,000 for the prior year's actual expenses, rounded up to the nearest \$10,000.

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

The Plan's contributions met the minimum funding requirements of ERISA for the year ended September 30, 2025.

4. Building Held for Sale

During the fiscal year ended September 30, 2025, the Board of Trustees committed to a plan to sell its office building located at Long Island City, New York. The building was actively marketed for sale and met all criteria for classification as held for sale under ASC 360-10-45 as of September 30, 2025. Accordingly, the building was reclassified from property and equipment to assets held for sale and is presented separately in the accompanying statement of net assets available for benefits. Upon reclassification, the asset was measured at the lower of its carrying amount or fair value less costs to sell. As a result, the Plan recognized a loss of approximately \$1.6 million, which is included in the accompanying statement of changes in net assets available for benefits for the year ended September 30, 2025.

Depreciation expense related to the building ceased upon classification as held for sale. Management expected to complete the sale within one year of the classification date.

The building was ultimately sold in January 2026 for total proceeds of \$2,325,000.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

5. 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 under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique 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 technique include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the techniques used on September 30, 2025 and 2024.

The following is a description of the valuation methodologies used for assets measured at fair value:

Registered investment companies: Valued based upon quoted market prices

Money Market Funds: Valued at the quoted net asset value ("NAV") of shares held by the Plan at year end.

Common collective trusts, pooled separate accounts and limited partnerships: Valued based upon the unit values of such pooled accounts held by the Plan at year end. Unit values are based on the fair value of the underlying assets of the fund derived from inputs principally from or corroborated by observable market data by correlation or other means, although are not based upon quoted market prices in an active market. The underlying investments of the pooled separate accounts consist of mutual funds, each of which follows a separate investment strategy. Due to the nature of these pooled accounts, there are no unfunded commitments or redemption restrictions.

U.S. Government and Agency Obligations: Shares in U.S. government and agency obligations, which include U.S. Treasury bonds and the obligations of other financing corporations sponsored by the U.S. government, are valued based on a dealer supplied bid evaluation (i.e., an estimated price at which a dealer would pay for a security) and computerized pricing models if reported quoted market prices are not available. These models consider appropriate factors such as institutionalized trading markets in similar groups of securities, yield, quality, coupon rate, maturity, type of issue, trading characteristics, and other market data.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

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

	2025			Total Fair Value
	Level 1	Level 2	Level 3	
U.S. government and agency obligations	\$ 6,621,703	\$ 500,210	\$ -	\$ 7,121,913
Corporate debt instruments	852,552	-	-	852,552
Money market funds	50,379	-	-	50,379
Registered investment companies	689,098	-	-	689,098
Total assets in the fair value hierarchy	8,213,732	500,210	-	8,713,942
*Investments measured at net asset value	-	-	-	59,852,821
Total investments at fair value	\$ 8,213,732	\$ 500,210	\$ -	\$ 68,566,763

	2024			Total Fair Value
	Level 1	Level 2	Level 3	
U.S. government and agency obligations	\$ 6,041,632	\$ 73,566	\$ -	\$ 6,115,198
Money market funds	68,382	-	-	68,382
Registered investment companies	234,670	-	-	234,670
Total investments in the fair value hierarchy	6,344,684	73,566	-	6,418,250
*Investments measured at net asset value	-	-	-	60,157,140
Total investments at fair value	\$ 6,344,684	\$ 73,566	\$ -	\$ 66,575,390

*Funds are valued using net asset value and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to line items presented in the consolidated statements of net assets available for benefits.

The following investments are measured at fair value without any adjustment by the Plan, based on NAV as of September 30, 2025 and 2024:

	2025		2024	
	Fair Value	Unfunded Commitments	Fair Value	Unfunded Commitments
Common collective trusts				
AFL-CIO Equity Index Fund (a)	\$ 38,713,610	\$ -	\$ 38,981,499	\$ -
Prudential Core Plus Bond Fund (b)	10,514,634	-	9,120,928	-
Invesco Balanced-Risk Allocation (c)	3,568,110	-	3,487,958	-
Pooled separate accounts				
Principal U.S. Property Separate Account (d)	2,520,702	-	4,196,983	-
Limited partnerships				
Boyd Watterson GSA Fund, L.P. (e)	4,535,765	-	4,369,772	-
	\$ 59,852,821	\$ -	\$ 60,157,140	\$ -

(a) The objective is to track the returns of the broad U.S. large cap equity market as represented by the S&P 500 Index. Full redemption of units is allowed with 60 days' notice before the end of the quarter and partial redemptions are allowed with 30 days notice before the end of the quarter.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

(b) The objective is to invest primarily in fixed income securities. Redemption of units is allowed on a upon written request 5 business days prior to the valuation date. No notice may be countermanded or cancelled within 3 business days before the effective date of the withdrawal. The Trustee shall have the discretion to limit the maximum withdrawal as of any valuation date to the greater of \$2,000,000 or 5% of the value of the assets in the fund as of the valuation date.

(c) The objective is to seek total return with a low to moderate correlation to traditional financial market indexes. Redemption of units is allowed on a daily basis.

(d) The objective is to invest the majority of assets in commercial real estate and focus on properties that return both lease income and appreciation of the buildings' marketable value. Redemption of units is allowed on a daily basis.

(e) The objective is to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. Redemption of units is allowed with written notice at least 60 days prior to a calendar quarter end and redemption of units shall only be permitted in increments of \$250,000.

6. Priorities Upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, the Plan may be terminated in the manner prescribed by the governing documents, in accordance with applicable law. In the event of termination, the assets of the Plan will continue to be used for the payment of benefits and administrative expenses and will not revert to any employer to or to the Local Union under any condition or be used for purposes other than for the exclusive benefit of the Plan's participants.

The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. Moreover, the PBGC guarantees apply only when the Plan becomes insolvent, that is, when available resources are insufficient to pay benefits under the Plan. Additional information describing pension guarantees can be found in the Summary Plan Description, as well as the annual funding notice

7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Trustees by a letter dated July 23, 2015, that the Plan and related trust are designed in accordance with Sections 401(a) and 501(a) of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require management to evaluate income tax positions taken and recognize an income tax liability if the Plan, TSR LLC or Gary J Schnetzler LLC have taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the income tax positions taken and concluded that as of September 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability in the consolidated financial statements.

The Plan, including TSR LLC and Gary J Schnetzler LLC, is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties incurred for the periods presented in these consolidated financial statements.

8. Contributions From Major Employers

The Plan has three employers which accounted for approximately 69% and 71% of employer contributions for each of the years ended September 30, 2025 and 2024, respectively.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

9. Related-Party and Party In Interest Transactions

The Plan's operations are located in a building owned by Gary J Schnetzler LLC. During March 2025, the Plan relocated to a new building located in Chappaqua, NY owned by Gary J Schnetzler LLC. Two related organizations, the Local Union and the Local 808 I.B.T. Health and Welfare Fund (the "Health and Welfare Fund") occupy portions of the TSR LLC and Gary J Schnetzler LLC buildings under leases with termination dates of May 31, 2027 and February 28, 2035, respectively. Rental income from the Health and Welfare Fund was recognized in the amount of \$19,112 and \$37,482, respectively, for the years ended September 30, 2025 and 2024 for the TSR LLC building. Rental income from the Health and Welfare Fund was recognized in the amount of \$14,537 for the year ended September 30, 2025 for the Gary J Schnetzler LLC building. Rental income from the Local Union was recognized in the amount of \$33,572 and \$65,992, respectively, for the years ended September 30, 2025 and 2024 for the TSR LLC building. Rental income from the Local Union was recognized in the amount of \$108,850 and \$0, respectively, for the years ended September 30, 2025 and 2024 for the Gary J Schnetzler LLC building.

As of September 30, future minimum annual lease payments due to TSR LLC under non-cancelable leases with the Health and Welfare Fund and the Local Union for the years ending September 30 are as follow:

2026	\$	109,776
2027		74,633
	\$	<u>184,409</u>

As of September 30, future minimum annual lease payments due to Gary J Schnetzler LLC under non-cancelable leases with the Health and Welfare Fund and the Local Union for the years ending September 30 are as follow:

2026	\$	135,014
2027		139,065
2028		143,236
2029		147,534
2030		151,960
Thereafter		726,953
	\$	<u>1,443,762</u>

The Plan and the Health and Welfare Fund jointly incur and allocate certain personnel expenses, which are paid by the Health and Welfare Fund, in connection with the collection of contributions from participating employers and the administration of benefit programs for participating employees and retirees. These expenses consist primarily of employee salaries, payroll taxes, employee benefits and fiduciary insurance. The Plan's share of these expenses totaled \$283,784 and \$273,580, respectively, for the years ended September 30, 2025 and 2024, and these amounts are included in administrative expenses on the consolidated statements of changes in net assets available for benefits. The Health and Welfare Fund's share of these expenses totaled \$301,057 and \$242,282, respectively for the years ended September 30, 2025 and 2024.

During the years ended September 30, 2025 and 2024, the Plan paid the Health and Welfare Fund \$41,440 and \$39,682, respectively, for health coverage for the Plan's employees. These amounts are included in the administrative expenses on the consolidated statements of changes in net assets available for benefits.

The Plan, the Health and Welfare Fund and the Local Union jointly incur and allocate certain office expenses that are paid by the Health and Welfare Fund. These expenses include office supplies, storage, computer consultant fees and miscellaneous expenses. The Plan's portion of these expenses totaled \$91,181 and \$76,712 for the years ended September 30, 2025 and 2024, respectively. Amounts allocated to the Plan are included in administrative expenses on the consolidated statements of changes in net assets available for benefits. The Health and Welfare Fund's share of these expenses totaled \$123,135 and \$166,898 for the years ended September 30, 2025 and 2024, respectively. The Local Union's share of these expenses totaled \$4,943 and \$5,248 for the years ended September 30, 2025 and 2024, respectively.

Local 808 I.B.T. Pension Fund
Notes to Consolidated Financial Statements
September 30, 2025 and 2024

The Local Union remitted \$15,019 and \$17,060, respectively, and the Health and Welfare Fund remitted \$20,000 and \$16,752, respectively, in contributions to the Plan for their covered employees for the years ended September 30, 2025 and 2024.

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the Custodian. These transactions qualify as party-in-interest transactions.

10. Risks and Uncertainties

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

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

Financial instruments that potentially subject the Plan concentrations of credit risk include cash, accounts receivable and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition results of operations, and cash flows. Credit risk associated with accounts receivable is considered limited due to the large number of employers that make up the receivable balance and historical high collection rate of receivables.

11. Form 5500 Reconciliation

In accordance with accounting principles generally accepted in the United States of America, land is reported at cost and buildings are reported at cost less accumulated depreciation in these consolidated financial statements. On the Form 5500, land and buildings are reported at fair value as determined by the Trustees. The difference between the book value reported on the consolidated financial statements and the fair value reported on Form 5500 totaled \$1,165,377 and \$329,281 as of September 30, 2025 and 2024, respectively.

	<u>2025</u>	<u>2024</u>
Land cost	\$ 340,000	\$ 530,000
Building and improvements		
Cost	1,360,000	3,362,800
Accumulated Depreciation	(727,422)	(623,519)
	<u>632,578</u>	<u>2,739,281</u>
Book value of land, building and improvements	972,578	3,269,281
Fair value as reported on Form 5500	3,700,000	2,940,000
Total difference	<u>\$ (2,727,422)</u>	<u>\$ 329,281</u>

12. Subsequent Events Footnote

In preparing these consolidated financial statements, management of the Plan has evaluated events and transactions that occurred after September 30, 2025, for potential recognition or disclosure in the consolidated financial statements. These events and transactions were evaluated through July 9, 2026, the date that the consolidated financial statements were available to be issued. During January 2026, the Plan sold the building held by TSR LLC for \$2,325,000 at 5-28 51st Ave, Long Island City, NY 11101.

Supplementary Information

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Independent Auditor's Report

To the Trustees and Participants of
Local 808 I.B.T. Pension Fund:

We have audited the financial statements of Local 808 I.B.T. Pension Fund (the "Plan") as of and for the years ended September 30, 2025 and 2024, and have issued our report thereon, dated July 9, 2026, which contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of September 30, 2025 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

In our opinion, the information in the accompanying supplemental schedules 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.

WithumSmith+Brown, PC

July 9, 2026

Local 808 I.B.T. Pension Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
September 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value				(d) Cost	(e) Current Value
Interest bearing cash							
	JP MORGAN PRIME MONEY MARKET FUND	Money Market	N/A	N/A	50,379	\$ 50,379	\$ 50,379
U.S. Government Securities							
	FNMA 0.75% 10/08/2027	Bonds	10/8/2027	0.750%	80,000	72,561	75,600
	FHLMC REMIC SERIES 4269 4.00% 08/15/2041	Bonds	8/15/2041	4.000%	100,660	102,153	100,367
	FHLMC REMIC SERIES 4861 3.5% 11/15/2047	Bonds	11/15/2047	3.500%	95,612	94,316	94,188
	GNMA REMIC 2018-036 3.00% 07/20/2045	Bonds	7/20/2045	3.000%	103,496	100,212	100,875
	GNMA REMIC TRUST 1.75% 01/20/2041	Bonds	1/20/2041	1.750%	133,924	128,504	129,180
	U.S. TREASURY NOTE 1.25% 11/30/2026	Notes	11/30/2026	1.250%	1,500,000	989,701	1,020,674
	U.S. TREASURY NOTE 2.25% 02/15/2027	Notes	2/15/2027	2.250%	300,000	285,449	294,270
	U.S. TREASURY NOTE 2.75% 07/31/2027	Notes	7/31/2027	2.750%	300,000	285,357	295,314
	U.S. TREASURY NOTE 3.75% 08/31/2026	Notes	8/31/2026	3.750%	600,000	597,961	600,018
	U.S. TREASURY NOTES 1.625% 09/30/2026	Notes	9/30/2026	1.625%	495,000	465,825	484,981
	U.S. TREASURY NOTES 1.625% 10/31/26	Notes	10/31/2026	1.625%	280,000	261,242	273,876
	U.S. TREASURY NOTES 1.875% 07/31/2026	Notes	7/31/2026	1.875%	195,000	183,879	192,001
	U.S. TREASURY NOTES 2.25% 08/15/2027	Notes	8/15/2027	2.250%	870,000	827,279	848,424
	U.S. TREASURY NOTES 2.875% 05/15/2028	Notes	5/15/2028	2.875%	700,000	680,531	686,903
	U.S. TREASURY NOTES 2.875% 08/15/2028	Notes	8/15/2028	2.875%	550,000	534,274	538,764
	U.S.TREASURY NOTE 2.875% 04/30/2029	Notes	4/30/2029	2.875%	310,000	303,413	301,791
	U.S.TREASURY NOTE 3.875% 12/31/2027	Notes	12/31/2027	3.875%	600,000	599,391	603,306
	U.S. TREASURY NT INFL IX 0.375% 07/15/27	Notes	7/15/2027	0.375%	224,494	216,261	222,967
	U.S. TREASURY NT INFL IX 0.75% 07/15/28	Notes	7/15/2028	0.750%	128,689	125,988	128,094
	U.S.T BONDS (TIPS) INFL 2% 01/15/26	Bonds	1/15/2026	2.000%	126,776	122,078	130,320
						<u>6,976,375</u>	<u>7,121,913</u>
Corporate Debt Instruments							
	BANK OF AMERICA CORP	Bonds	4/24/2028	3.705%	170,000	167,173	168,904
	CATERPILLAR FINL SERVICE	Bonds	9/14/2027	1.100%	170,000	159,537	161,329
	DUKE ENERGY CORP NEW	Bonds	6/15/2029	3.400%	150,000	144,474	145,764
	MISSISSIPPI POWER CO	Bonds	3/30/2028	3.950%	180,000	177,867	179,865
	NORTHROP GRUMAN CORP	Bonds	1/15/2028	3.250%	200,000	194,418	196,690
						<u>843,469</u>	<u>852,552</u>
Common Collective Trusts							
	AFL-CIO EQUITY INDEX FUND	CCT	N/A	N/A	590,012	9,509,790	38,713,610
	INVESCO BALANCED-RISK ALLOCATION CL C	CCT	N/A	N/A	115,398	2,411,821	3,568,110
	PRUDENTIAL CORE PLUS BOND FUND	CCT	N/A	N/A	51,603	9,411,534	10,514,634
						<u>21,333,145</u>	<u>52,796,354</u>
Pooled Separate Accounts							
	PRINCIPAL U.S. PROPERTY SEPARATE ACCOUN	PSA	N/A	N/A	38,873	1,605,104	2,520,702
Partnerships							
	BOYD WATTERSON GSA FD LP	Partnership	N/A	N/A	4,619	5,173,396	4,535,765
Registered Investment Companies							
	SPDR PORT SHORT TERM CORP BD ETF	Mutual Fund	N/A	N/A	22,750	693,051	689,098
						\$ 36,674,919	\$ 68,566,763

See Independent Auditor's Report on Supplementary Information.

Local 808 I.B.T. Pension Fund
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended September 30, 2025

(a) (b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Value of Asset on Transaction Date	Net Gain or (Loss)
Single reportable security transactions exceeding 5% of Plan assets:							
N/A							
Series of reportable security transactions exceeding 5% of Plan assets:							
AB INTEREST BEARING ACCOUNT	4,379,780.00	-	N/A	N/A	4,379,780.00	4,379,780.00	-
AB INTEREST BEARING ACCOUNT	-	4,379,782.00	N/A	N/A	4,379,782.00	4,379,782.00	-

See Independent Auditor's Report on Supplementary Information.

Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	637,521	333,147	4,688,761	5,659,429
2025	751,745	380,734	4,489,895	5,622,374
2026	869,028	427,638	4,277,090	5,573,756
2027	1,051,442	504,721	4,063,255	5,619,418
2028	1,197,929	561,756	3,843,762	5,603,447
2029	1,410,269	629,794	3,628,997	5,669,060
2030	1,525,410	691,339	3,423,672	5,640,421
2031	1,617,471	742,096	3,221,893	5,581,460
2032	1,732,040	797,596	3,024,046	5,553,682
2033	1,818,417	851,493	2,830,427	5,500,337
2034	1,942,859	899,886	2,641,267	5,484,012
2035	2,070,555	918,714	2,456,764	5,446,033
2036	2,176,250	962,621	2,277,118	5,415,989
2037	2,238,881	976,941	2,102,543	5,318,365
2038	2,286,809	995,097	1,933,293	5,215,199
2039	2,299,423	982,614	1,769,670	5,051,707
2040	2,318,608	978,030	1,612,038	4,908,676
2041	2,318,779	992,016	1,460,800	4,771,595
2042	2,325,792	973,408	1,316,387	4,615,587
2043	2,307,400	960,431	1,179,266	4,447,097
2044	2,282,579	961,432	1,049,912	4,293,923
2045	2,227,918	955,022	928,778	4,111,718
2046	2,196,195	926,730	816,254	3,939,179
2047	2,142,843	901,924	712,645	3,757,412
2048	2,087,404	861,051	618,117	3,566,572



Schedule MB, Line 8b(1)

Schedule of Projection of Expected Benefit Payments

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	2,021,694	818,336	532,699	3,372,729
2050	1,958,169	785,241	456,259	3,199,669
2051	1,881,006	738,444	388,513	3,007,963
2052	1,800,730	694,188	329,023	2,823,941
2053	1,711,962	654,345	277,235	2,643,542
2054	1,621,430	609,378	232,512	2,463,320
2055	1,538,331	562,586	194,169	2,295,086
2056	1,443,565	517,240	161,506	2,122,311
2057	1,349,015	472,397	133,837	1,955,249
2058	1,257,770	429,102	110,517	1,797,389
2059	1,165,810	391,246	90,952	1,648,008
2060	1,076,191	354,901	74,604	1,505,696
2061	992,265	319,057	60,996	1,372,318
2062	909,303	285,243	49,702	1,244,248
2063	829,016	253,850	40,354	1,123,220
2064	755,103	224,697	32,638	1,012,438
2065	683,107	197,876	26,293	907,276
2066	615,427	173,450	21,095	809,972
2067	552,318	151,272	16,855	720,445
2068	494,333	131,205	13,413	638,951
2069	440,807	113,141	10,633	564,581
2070	391,810	96,971	8,396	497,177
2071	346,994	82,587	6,605	436,186
2072	306,352	69,878	5,177	381,407
2073	269,621	58,733	4,041	332,395

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



Schedule MB, Line 8b(3)

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

<u>Plan Year</u>	<u>Employer Contributions</u>	<u>Withdrawal Liability Payments</u>	<u>Total</u>
2024	1,817,388	-	1,817,388
2025	1,817,388	-	1,817,388
2026	1,817,388	-	1,817,388
2027	1,817,388	-	1,817,388
2028	1,817,388	-	1,817,388
2029	1,817,388	-	1,817,388
2030	1,817,388	-	1,817,388
2031	1,817,388	-	1,817,388
2032	1,817,388	-	1,817,388
2033	1,817,388	-	1,817,388

Notes

- The projection above was used for the Plan's 2024 status certification, completed by the prior actuary. The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024		Annual Payment
				Period	Balance	
Amendment	10/1/1980	2.00	Not Available	1.00	\$ 1,585	\$ 1,585
Amendment	10/1/1990	2.00	Not Available	1.00	25,308	25,308
Amendment	10/1/1991	3.00	Not Available	2.00	190,181	98,530
Assumption	10/1/1992	4.00	Not Available	3.00	45,353	16,225
Amendment	10/1/1992	4.00	Not Available	3.00	299,495	107,129
Amendment	10/1/1993	5.00	Not Available	4.00	159,897	44,409
Amendment	10/1/1994	6.00	Not Available	5.00	282,177	64,881
Amendment	10/1/1995	7.00	Not Available	6.00	585,404	116,018
Amendment	10/1/1996	8.00	Not Available	7.00	1,631,954	286,615
Amendment	10/1/1997	9.00	Not Available	8.00	2,899,297	460,452
Amendment	10/1/1998	10.00	Not Available	9.00	509,876	74,354
Amendment	10/1/1999	11.00	Not Available	10.00	148,460	20,121
Amendment	10/1/2003	15.00	Not Available	14.00	598,512	65,584
Exper Loss	10/1/2006	3.00	Not Available	2.00	10,002	5,178
Exper Loss	10/1/2008	5.00	Not Available	4.00	3,327,613	924,201
Exper Loss	10/1/2009	6.00	Not Available	5.00	1,243,704	285,953
Exper Loss	10/1/2010	2.00	Not Available	1.00	341,577	341,577
Exper Loss	10/1/2011	3.00	Not Available	2.00	1,005,899	521,130
Amendment	10/1/2013	5.00	Not Available	4.00	668,677	185,715
Exper Loss	10/1/2014	6.00	Not Available	5.00	1,491,216	342,862
Exper Loss	10/1/2015	7.00	Not Available	6.00	1,640,194	325,056
Exper Loss	10/1/2016	8.00	Not Available	7.00	601,457	105,632
Exper Loss	10/1/2017	9.00	Not Available	8.00	1,351,312	214,610
Exper Loss	10/1/2017	9.00	Not Available	8.00	474,721	75,394
Exper Loss	10/1/2019	11.00	Not Available	10.00	2,187,048	296,393
Exper Loss	10/1/2022	14.00	Not Available	13.00	352,247	40,325
Exper Loss	10/1/2023	15.00	Not Available	14.00	534,259	58,543
Exper Loss	10/1/2024	15.00	1,840,430	15.00	1,840,430	193,951
Assumption	10/1/2024	15.00	354,153	15.00	354,153	37,322
Total Charges					\$ 24,802,008	\$ 5,335,053



Schedule MB, Lines 9c and 9h

Schedule of Funding Standard Account Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024		Annual Payment
				Period	Balance	
Exper Gain	10/1/2012	4.00	Not Available	3.00	\$ 785,498	\$ 280,979
Exper Gain	10/1/2013	5.00	Not Available	4.00	2,229,647	619,257
Exper Gain	10/1/2018	10.00	Not Available	9.00	241,306	35,190
Exper Gain	10/1/2020	12.00	Not Available	11.00	1,802,960	229,265
Exper Gain	10/1/2021	13.00	Not Available	12.00	2,364,210	284,316
Method	10/1/2024	10.00	3,778,620	10.00	3,778,620	512,085
Total Credits					\$ 11,202,241	\$ 1,961,092
Net Total					\$ 13,599,767	\$ 3,373,961

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

Different types of amortization bases are as follows:

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



Schedule MB, Line 11

Justification for Change in Actuarial Assumptions

Changes in Assumptions and Methods

The following assumptions have been changed since the prior measurement date:

- The non-disabled mortality assumption was changed from the sex-distinct RP-2014 Blue Collar Mortality Tables with separate rates for employees and annuitants and no projection for future mortality improvement to the sex-distinct Pri-2012 Amount Weighted Blue Collar Mortality Tables, with separate rates for employees, annuitants, and contingent survivors, and with 50% of Scale MP-2021 Generational Projection.
- The disabled mortality assumption was changed from the Revenue Ruling 96-7 (post 1994) mortality tables with no projection for future mortality improvement to the sex-distinct Pri-2012 Amount Weighted Disabled Mortality Tables, with separate rates for employees, annuitants, and contingent survivors, and with 50% of Scale MP-2021 Generational Projection.
- The assumption for operating expenses was changed from \$765,126 as of the beginning of the year to \$790,000 as of the beginning of the year.
- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Justification for Changes in Assumptions

The changes in the mortality assumption and operating expenses were made to better reflect the anticipated experience of the plan.

The changes in the interest rate and mortality tables used to determine the Plan's RPA current liability were mandated legislative changes.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name	Local 808 IBT Pension Plan
Plan Sponsor	Joint Board of Trustees of Local 808 IBT Pension Fund
EIN / PN	11-6204268 / 001
Interest Rates	7.50% per annum, compounded annually, net of investment expenses for determining costs and liabilities. The valuation interest rate was chosen in consideration of current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate reflects professional judgment.
Retirement Age	Active participants: 25% per year from age 62 to age 64 for participants with at least 30 years of Credited Service. 100% retirement at age 65 for all others. Inactive vested participants: 100% retirement is assumed at age 65. The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.
Hours Worked	For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours as they worked in the year preceding the valuation date. The hours worked assumption is based on actual prior and anticipated future experience, adjusted to reflect information provided in good faith by the Plan Sponsor as appropriate.
Non-Disabled Mortality	The sex-distinct Pri-2012 Amount Weighted Blue Collar Mortality Tables, with separate rates for employees, annuitants, and contingent survivors, and with 50% of Scale MP-2021 Generational Projection. The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment.
Disabled Mortality	The sex-distinct Pri-2012 Amount Weighted Disabled Mortality Tables with 50% of Scale MP-2021 Generational Projection. The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Disability

Disability rates vary by age and are the same for males and females. Illustrations of the annual rates of disability are shown in the table below for selected ages:

Age	Rate
20	0.00090
25	0.00100
30	0.00110
35	0.00130
40	0.00150
45	0.00240
50	0.00330
55	0.00755
60	0.01180

The disability assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgment.

Withdrawal

Withdrawal rates vary by age and are the same for males and females. Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

Age	Rate
20	0.0800
25	0.0600
30	0.0400
35	0.0275
40	0.0150
45	0.0103
50	0.0057
55	0.0010

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgment.

Marriage

80% of male and female non-retired participants are assumed to be married. Male spouses are assumed to be 3 years older than female spouses.

Form of Payment

Single participants are assumed to elect a Life Annuity with a 60-month guarantee. Married participants are assumed to elect a 50% Joint & Survivor Annuity.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Operating Expenses Operating expenses are assumed to be \$790,000 as of the beginning of the year.

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

Participant Data and Financial Information Participant census data as of the valuation date was provided by Savasta and Company, Inc.

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial information was provided by Withum as of the valuation date.

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

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



2024 Schedule MB

Statement by Enrolled Actuary

Plan Sponsor: Joint Board of Trustees of the Local 808 IBT Pension Fund
EIN / PN: 11-6204268 / 001
Plan Year: Beginning October 1, 2024 and ending September 30, 2025
Plan Name: Local 808 IBT Pension Plan
Enrolled Actuary: Benjamin P. Ablin
Enrollment Number: 26-07725

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the Plan auditor. Contributions were made throughout the year.

Attached as separate exhibits are:

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

j:\ret_teamsters 808\shared documents\general\ret_teamsters 808\2026\gov\2024 schedule mb\ibt_808_2024_schmb_attach.docx



SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 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 808 IBT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOINT BOARD OF TRUSTEES OF LOCAL 808 IBT PENSION FUND	D Employer Identification Number (EIN) 11-6204268

E Type of plan: (1) 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) 70,588,115
(2) Actuarial value of assets for funding standard account	1b(2) 68,348,575
c (1) Accrued liability for plan using immediate gain methods	1c(1) 66,097,223
(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) 66,097,223
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) 102,480,602
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,948,130
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 6,598,694
(3) Expected plan disbursements for the plan year	1d(3) 6,252,007

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

SIGN HERE  Signature of actuary	5/12/2026 Date
Benjamin P. Ablin Type or print name of actuary	2607725 Most recent enrollment number
Horizon Actuarial Services, LLC Firm name	240-247-4542 Telephone number (including area code)

8601 Georgia Avenue Suite 905
Silver Spring MD 20910
Address of the firm

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	3.07 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	9P
(2) Females	6c(2)	9FP
d Valuation liability interest rate	6d	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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	19.9 %
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)	790,000
(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	1,840,430	193,951
4	354,153	37,322
5	-3,778,620	-512,085

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	1,796,160

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)	24,802,008	5,335,053
(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	534,841
e Total charges. Add lines 9a through 9d.....	9e	7,666,054

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	15,851,119
g Employer contributions. Total from column (b) of line 3.....	9g	2,221,513

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	11,202,241	1,961,092

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1,419,223
--	-----------	-----------

j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	16,550,622	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	25,846,329	
(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	21,452,947
---	-----------	------------

m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	13,786,893
--	-----------	------------

n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
--	-----------	--

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

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
--	--

Schedule MB, Line 6

Summary of Plan Provisions

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

Plan Name	Local 808 IBT Pension Plan
Plan Sponsor	Joint Board of Trustees of Local 808 IBT Pension Fund
EIN / PN	11-6204268 / 001
Effective Date and Most Recent Amendment	The Plan was established under the provisions of an Agreement and Declaration of Trust effective December 9, 1968. The Plan was most recently restated effective October 1, 2022.
Plan Year	The twelve-month period beginning October 1 and ending September 30.
Participation	Immediate.
Credited Service	One-twelfth (1/12) of a Pension Credit is granted for each 140 of employment to a maximum of 1 Pension Credit per plan year.
Vesting Service	One year of Vesting Service is awarded for each plan year in which a participant works at least 750 hours.
Normal Retirement Age	The later of the attainment of age 65 or the fifth anniversary of the date of participation.
Break-In-Service	Completion of less than 375 Hours of Service in a Plan Year. <i>Note:</i> For non-vested benefits, cancellation of credited service and vesting service occurs after the greater of (i) five consecutive Break-in-Service years or (ii) the aggregate number of years of pre-Break Vesting Service.
Regular Pension-Eligibility	Age 65 with at least 5 years of Benefit Service or age 62 with 30 years of Credited Service.



Schedule MB, Line 6

Summary of Plan Provisions

***Regular Pension –
Amount of Benefit***

A Participant's Normal Retirement Benefit shall be equal to the product of their total Pension Credits, multiplied by the benefit rate corresponding to the highest contribution rate at which he had earned at least 6/12ths Pension Credits.

The resulting benefits are generally between \$32 and \$55 per month per year of Service.

***Early Retirement
Pension – Eligibility***

Age 55 with 5 Pension Credits (10 Pension Credits prior to December 1, 2015).

***Early Retirement
Pension – Amount of
Benefit***

Reduced by ½ of 1% for each month that retirement age is less than 65.

***Disability Pension –
Eligibility***

Termination from Covered Employment as a result of Disability (as determined by Social Security) after completing at least 10 years of Credited Service.

***Disability Pension –
Amount of Benefit***

Normal Retirement Benefit accrued to date of disability payable beginning at age 50.

***Vested Benefit –
Eligibility***

5 years of Vesting Service.

***Vested Benefit –
Amount of Benefit***

Equal to the Normal Retirement Benefit, payable at Normal Retirement Age, or the Early Retirement Benefit, paid on or after age 55.

***Pre-Retirement
Death Benefits***

If a deceased married participant had not retired but had met service requirement for a Vested, Early, or Normal Pension, his spouse receives a survivor's annuity. The survivor's annuity is payable for life, commencing when the participant would have reached the earliest eligible age for Early or Normal Pension. The monthly benefit is 50% of the benefit the participant would have received had he stopped working at the time of his death and retired under the joint and 50% survivor option on his earliest retirement date.



Schedule MB, Line 6

Summary of Plan Provisions

Forms of Payment

Normal Form

- (a) Single Participants: Life annuity payable with 5 years certain.
- (b) Married Participants: 50% Joint & Survivor annuity.

Optional Forms

- (a) 75% Joint and Survivor Annuity.
 - (b) 100% Joint and Survivor Annuity.
-

Changes in Plan Provisions

There have been no changes in Plan provisions since the prior valuation.



Schedule MB, Line 8b(2)

Schedule of Active Participant Data

Measurement Date: October 1, 2024

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

Years of Credited Service

Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	16	6	-	-	-	-	-	-	-	-	22
25 - 29	15	13	3	-	-	-	-	-	-	-	31
30 - 34	18	18	11	-	-	-	-	-	-	-	47
35 - 39	26	20	6	3	6	1	-	-	-	-	62
40 - 44	18	20	6	9	6	1	-	-	-	-	60
45 - 49	16	19	11	8	14	6	2	-	-	-	76
50 - 54	11	20	11	6	18	10	12	8	-	-	96
55 - 59	23	16	8	2	9	16	5	4	2	-	85
60 - 64	13	21	6	9	10	5	7	6	8	1	86
65 - 69	1	8	3	4	4	4	7	5	5	1	42
70 +	1	8	-	-	1	-	-	-	1	-	11
Total	158	169	65	41	68	43	33	23	16	2	618



Local 808 IBT Pension Plan

EIN 11-6204268

Plan No. 001

Plan Year Ended September 30, 2025

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

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Local 808 IBT Pension Plan

EIN 11-6204268

Plan No. 001

Plan Year Ended September 30, 2025

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Local 808 IBT Pension Plan

EIN 11-6204268

Plan No. 001

Plan Year Ended September 30, 2025

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan Local 808 IBT Pension Plan
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1974
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) Joint Board of Trustees of Local 808 IBT Pension Fund 9 Hunts Lane Chappaqua NY 10514
2b	Employer Identification Number (EIN) 11-6204268
2c	Plan Sponsor's telephone number (914) 458-5371
2d	Business code (see instructions) 333900

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	box SIGN 155Y3XV2 4ZY35XZQ	Jul 10, 2026	Paul DeMasi
	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 ☒ 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 1,743
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 618 6a(2) 664 6b 651 6c 350 6d 1,665 6e 119 6f 1,784 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 18

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

1B

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____